

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 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B	\$27,095,746.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$31,285,560.17
1c. Total of all property: Copy line 92 from Schedule A/B	\$58,381,306.17

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$35,482,288.67
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	UNDETERMINED
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ \$5,767,248.64
4. Total liabilities Lines 2 + 3a + 3b	\$41,249,537.31

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 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

2.1. ¹	PETTY CASH	\$4,750.00
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¹BALANCE AS OF JULY 10, 2017**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MERCHANT BANKCARD ACCOUNT	0744	\$0.00
3.2. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	INSURANCE DEDUCTIBLE ACCT	2287	\$17,031.76
3.3. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD HOSPITALIST PHYSICIAN GROUP	2655	\$0.00
3.4. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD UROLOGY ASSOCIATES	2663	\$0.00

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.5. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MATTHEWS HEALTH CENTER	2671	\$0.00
3.6. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	PIEDMONT SURGICAL ASSOCIATES	2698	\$0.00
3.7. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	WOMENS HEALTH CENTER	2700	\$0.00
3.8. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD ORTHOPAEDIC ASSOCIATES	2719	\$0.00
3.9. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD NEUROLOGY ASSOCIATES	2727	\$0.00
3.10. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	GI ASSOCIATES	2735	\$0.00
3.11. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD PATHOLOGY ASSOCIATES	2751	\$0.00
3.12. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD EMERGENCY DEPARTMENT PHYSICIANS REFUND ACCT	2866	\$0.00
3.13. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD EMERGENCY DEPARTMENT PHYSICIANS	2874	\$0.00
3.14. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD FAMILY MEDICINE	3666	\$0.00
3.15. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD ENT ASSOCIATES	3682	\$0.00
3.16. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	FAMILY PRACTICE OF EDEN	3834	\$0.00
3.17. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD DIGESTIVE HEALTH	4132	\$0.00
3.18. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD PAIN MANAGEMENT	4183	\$0.00

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.19. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD NEUROSPINE	4335	\$0.00
3.20. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD MEMORIAL HOSPITAL	5004	\$36,361.09
3.21. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	MOREHEAD PEDIATRIC ASSOCIATES	5135	\$0.00
3.22. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	CHECKING	5530	\$268.01
3.23. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	CHECKING	5872	\$0.00
3.24. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	CHECKING	6242	\$17,114.91
3.25. ¹	FIRST CITIZENS BANK ATTN CASEY VINCENT BART WILLEY 231 WEST KINGS HWY EDEN NC 27288	CHECKING	6250	\$304,833.10
3.26. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD MEMORIAL HOSPITAL OPERATING ACCOUNT	1021	\$0.00
3.27. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD MEMORIAL HOSPITAL PAYROLL ACCOUNT	1045	\$0.00
3.28. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD MEMORIAL HOSPITAL INSURANCE TRUST ACCOUNT	1059	\$0.00
3.29. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD MEMORIAL HOSPITAL MASTER ACCOUNT	1014	\$3,015,928.99
3.30. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD MEMORIAL HOSPITAL	2519	\$101,577.96

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.31. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD MEMORIAL HOSPITAL	5012	\$16,598.82
3.32. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MOREHEAD NURSING CENTER RESIDENT TRUST ACCOUNT	3395	\$98,834.41
3.33. ¹	WELLS FARGO BANK, N.A ATTN JERRY BAILEY 500 SOUTH MAIN ST. BOX 61 BURLINGTON NC 27216	MERCHANT BANKCARD ACCOUNT	2243	\$8,081.06
3.34.	FIRST NATIONAL BANK FKA NEWBRIDGE BANK ATTN GRAYSON WHITT 801 SOUTH VAN BUREN ST EDEN NC 27288	MOREHEAD MEMORIAL HOSPITAL	1362	\$92,387.59
3.35.	FIRST NATIONAL BANK FKA NEWBRIDGE BANK ATTN GRAYSON WHITT 801 SOUTH VAN BUREN ST EDEN NC 27288	MONEY MARKET	5513	\$1,008,161.39
3.36.	HOMETRUST BANK ATTN JONATHAN JOBE 106 SOUTH VAN BUREN ST EDEN NC 27288	MOREHEAD MEMORIAL HOSP PLANT FUND	6637	\$393,585.11
3.37.	BB&T ATTN MARK COLLINS 680 SOUTH VAN BUREN ROAD EDEN NC 27288	MOREHEAD MEMORIAL HOSPITAL BUSINESS ANALYZED CHECKING	3370	\$27,227.83

¹BALANCE AS OF JULY 10, 2017**4. Other cash equivalents (Identify all)**

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	\$ _____

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,142,742.03**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	VENDOR DEPOSIT CARDINAL HEALTH, INC. 10221 WATERIDGE CIRCLE SAN DIEGO CA 92121	\$135,000.00
7.2.	SECURITY DEPOSIT ROMA REALTY LLC 26 WEST CHURCH STREET PO BOX 952 MARTINSVILLE VA 24114	\$10,332.32

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	EXECUTORY CONTRACT 3M	\$18,038.89
8.2.	EXECUTORY CONTRACT AGFA	\$12,706.88
8.3.	EXECUTORY CONTRACT AHA AND NCHA	\$20,551.50
8.4.	EXECUTORY CONTRACT API	\$16,768.50
8.5.	INSURANCE ARTHUR J. GALLAGHER	\$138,536.00
8.6.	INSURANCE ARTHUR J. GALLAGHER	\$0.00
8.7.	INSURANCE ARTHUR J. GALLAGHER	\$4,415.49
8.8.	INSURANCE ARTHUR J. GALLAGHER	\$8,865.00
8.9.	INSURANCE ARTHUR J. GALLAGHER	\$0.00
8.10.	INSURANCE ARTHUR J. GALLAGHER	\$12,884.25
8.11.	INSURANCE ARTHUR J. GALLAGHER	\$2,062.97
8.12.	INSURANCE ARTHUR J. GALLAGHER	\$2,779.78
8.13.	INSURANCE ARTHUR J. GALLAGHER	\$0.00
8.14.	INSURANCE ARTHUR J. GALLAGHER	\$34,002.05

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

	Description, including name of holder of prepayment	Current value of debtor's interest
8.15.	INSURANCE ARTHUR J. GALLAGHER	\$0.00
8.16.	INSURANCE BERKADIA COMMERICAL MORTGAGE, LLC	\$88,602.26
8.17.	INSURANCE BERKADIA COMMERICAL MORTGAGE, LLC	\$16,479.01
8.18.	EXECUTORY CONTRACT CASTLE	\$2,000.00
8.19.	EXECUTORY CONTRACT CRANEWEAR	\$14,732.72
8.20.	EXECUTORY CONTRACT CRANEWEAR	\$13,015.22
8.21.	EXECUTORY CONTRACT DRFIRST.COM	\$3,205.79
8.22.	EXECUTORY CONTRACT ELEKTA	\$69,055.56
8.23.	EXECUTORY CONTRACT ESC	\$8,498.83
8.24.	EXECUTORY CONTRACT GHX	\$5,500.08
8.25. ¹	EXECUTORY CONTRACT GRANT THORNTON LLP	\$50,000.00
8.26. ¹	EXECUTORY CONTRACT HANLON HAMMOND AND CAMP LLC	\$100,000.00
8.27.	EXECUTORY CONTRACT INTELLIGENT MEDICAL OBJECTS	\$4,650.00
8.28.	EXECUTORY CONTRACT MEDISOLV	\$2,294.70
8.29.	EXECUTORY CONTRACT MICROSOFT	\$0.00
8.30.	EXECUTORY CONTRACT MSDI	\$0.00
8.31.	EXECUTORY CONTRACT OMNICELL	\$0.00
8.32.	EXECUTORY CONTRACT OTIS ELEVATOR	\$5,684.40
8.33.	EXECUTORY CONTRACT PRESS GANEY	\$14,006.74

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment		Current value of debtor's interest
8.34.	EXECUTORY CONTRACT SHI	\$16,687.28
8.35.	EXECUTORY CONTRACT SIRIUS COMPUTER SOLUTIONS	\$69,132.14
8.36.	EXECUTORY CONTRACT SOFTWARE ONE	\$0.00
8.37.	EXECUTORY CONTRACT SSI	\$27,412.50
8.38. ¹	EXECUTORY CONTRACT WALDREP LLP	\$103,695.20
8.39. ¹	EXECUTORY CONTRACT WOMBLE CARLYLE SANDRIDGE & RICE, LLP	\$0.00

¹AS OF 7/10/17**9. Total of part 2**

Add lines 7 through 8. Copy the total to line 81.

\$1,031,596.06

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

	Face amount	Doubtful or uncollectible accounts		
11a. ¹ 90 days old or less:	\$19,353,954.28	- \$12,564,213.34	= →	\$6,789,740.94
	Face amount	Doubtful or uncollectible accounts		
11b. ¹ Over 90 days old:	\$10,951,898.87	- \$6,882,382.97	= →	\$4,069,515.90

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$10,859,256.84

¹REPORTED AS OF JULY 10, 2017 AND INCLUDES MANAGEMENT'S BEST ESTIMATE FOR UNCOLLECTABLE ACCOUNTS

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value	Current value of debtor's interest
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14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity % of ownership

15.1. ADVANCED HOME CARE, INC. 1.2% Cost Method \$1,133,003.35
P.O. BOX 18049
GREENSBORO NC 27419

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

\$1,133,003.35**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

19.1. _____ \$ _____

20. Work in progress

20.1. _____ \$ _____

21. Finished goods, including goods held for resale

21.1. _____ \$ _____

22. Other inventory or supplies

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1. PHARMACY ¹	9/30/16	\$379,397.00	COST METHOD	\$379,397.00
22.2. OR CHG SUPPLIES	9/30/16	\$278,130.37	COST METHOD	\$278,130.37
22.3. M & S CHARGEABLE	9/30/16	\$110,118.24	COST METHOD	\$110,118.24
22.4. M & S NON CHG	9/30/16	\$74,880.79	COST METHOD	\$74,880.79
22.5. OTHER SUPPLIES	9/30/16	\$27,402.56	COST METHOD	\$27,402.56

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****22. Other inventory or supplies**

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.6.	PAIN MGMT	9/30/16	\$22,499.45	COST METHOD	\$22,499.45
22.7.	IV FLUIDS	9/30/16	\$19,494.85	COST METHOD	\$19,494.85
22.8.	FOOD ¹	9/30/16	\$18,096.47	COST METHOD	\$18,096.47
22.9.	FORMS	9/30/16	\$10,246.97	COST METHOD	\$10,246.97
22.10.	X-RAY SUPPLIES	9/30/16	\$4,416.14	COST METHOD	\$4,416.14
22.11.	X-RAY FILM	9/30/16	\$2,496.93	COST METHOD	\$2,496.93
22.12.	INHALATION	9/30/16	\$880.06	COST METHOD	\$880.06
22.13.	LAB SUPPLIES	9/30/16	\$694.55	COST METHOD	\$694.55
22.14.	OFFICE SUPPLIES	9/30/16	\$461.44	COST METHOD	\$461.44

¹VALUE AS OF SEPTEMBER 30, 2016**23. Total of part 5**

Add lines 19 through 22. Copy the total to line 84.

\$949,215.82

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

- ☐ No
☒ Yes

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

- ☐ No
☒ Yes Book value: \$147,074.54 Valuation method: COST METHOD Current value: \$147,074.54

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

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

28.1. _____ \$ _____

29. Farm animals. Examples: Livestock, poultry, farm-raised fish

29.1. _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

30.1. _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

31.1. _____ \$ _____

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****32. Other farming and fishing-related property not already listed in Part 6**

32.1. _____ \$ _____ \$ _____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. SEE RESPONSE AT QUESTION # 50	\$ _____	_____	\$ _____
40. Office fixtures			
40.1. SEE RESPONSE AT QUESTION # 50	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. SEE RESPONSE AT QUESTION # 50	\$ _____	_____	\$ _____
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			
Add lines 39 through 42. Copy the total to line 86.			\$0.00

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1.	1987 CHEVROLET G30, VIN 2GBJG31M4H4111530 ¹	\$26,473.85	net book value	\$26,473.85
47.2.	2002 CHEVROLET EXPRESS G3500, VIN 1GAHG39R221243588 ¹	\$ _____	_____	\$ _____
47.3.	1999 FORD ECONOLINE COMM SDUT, VIN 1FDWE37L9XHA82427 ¹	\$ _____	_____	\$ _____
47.4.	1999 FORD ECONOLINE E150, VIN 1FMRE11W6XHB07840 ¹	\$ _____	_____	\$ _____
47.5.	1999 FORD F250 SUPER DUTY, VIN 1FTNX20L2XEB68792 ¹	\$ _____	_____	\$ _____
47.6.	2010 FORD TRANSIT CONNECT, VIN NM0LS6BN9AT004385 ¹	\$ _____	_____	\$ _____
47.7.	2008 FORD E350, VIN 1FDWE35L08DB25421 ¹	\$ _____	_____	\$ _____

¹\$26,473.85 IS THE VALUE OF ALL THE PROPERTY LISTED THEREIN**48. Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. _____ \$ _____ _____ \$ _____

49. Aircraft and accessories

49.1. _____ \$ _____ _____ \$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

50.1.	LAND IMPROVEMENTS	\$111,845.57	Net book value	\$111,845.57
50.2.	LEASEHOLD IMPROVEMENTS	\$245,802.81	Net book value	\$245,802.81
50.3.	OFFICE BUILDING FIXTURES	\$1,718,423.73	Net book value	\$1,718,423.73
50.4.	CONSTRUCTION IN PROGRESS	\$166,351.27	Net book value	\$166,351.27
50.5.	FIXED EQUIPMENT	\$0.00	Net book value	\$0.00
50.6.	MAJOR MOVABLE EQUIPMENT - NURSING CENTER	\$62,234.07	Net book value	\$62,234.07
50.7.	MAJOR MOVABLE EQUIPMENT - MMH	\$3,276,711.19	Net book value	\$3,276,711.19
50.8.	LEASEHOLD INTEREST EQUIPMENT	\$0.00	Net book value	\$0.00
50.9.	MINOR EQUIPMENT	\$1,479.06	Net book value	\$1,479.06

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****51. Total of part 8**

Add lines 47 through 50. Copy the total to line 87.

\$5,609,321.55

52. Is a depreciation schedule available for any of the property listed in Part 8?☐ No☒ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1.	TAX PARCEL # 177419 LAND LAND PARCEL ADJACENT TO 618 S. PIERCE ST SOUTH PIERCE STREET EDEN NC 27288	OWNED	\$ _____	Assessed Taxation Value	\$205,840.00
55.2.	TAX PARCEL # 141594 HOSPITAL & MEDICAL FACILITIES HOSPITAL 117 E. KINGS HIGHWAY, EDEN NC 27288 (NURSING HOME) 205 E KINGS HWY, EDEN NC 27288 (MEDICAL FACILITY) 520 S VAN BUREN BLVD EDEN NC 27288 (WOMENS HEALTH MEDICAL FACILITY) 522 S VAN BUREN BLVD, EDEN 27288	OWNED	\$ _____	Assessed Taxation Value	\$21,376,930.00
55.3.	TAX PARCEL # 141290 MEDICAL FACILITY DAYSPRING 250 W. KINGS HIGHWAY EDEN NC 27288	OWNED	\$ _____	Assessed Taxation Value	\$1,073,533.00
55.4.	TAX PARCEL # 109464 MEDICAL FACILITY MOREHEAD CANCER CENTER 516 S VAN BUREN RD EDEN NC 27288 (MOB 1: NEUROSPINE, OCCUPATIONAL HEALTH, JAMES AUSTIN CLINIC) 518 S VAN BUREN RD EDEN NC 27288	OWNED	\$ _____	Assessed Taxation Value	\$1,161,701.00

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

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.5.	TAX PARCEL # 169261 MEDICAL FACILITY WRIGHT DIAGNOSTIC CENTER AND WOUND CARE HEALING CENTER; MOREHEAD UROLOGY 618 S. PIERCE ST EDEN NC 27288	OWNED	\$ _____	Assessed Taxation Value	\$2,148,728.00
55.6.	TAX PARCEL # 141542 MEDICAL FACILITY ROCKINGHAM EYE ASSOCIATES, PIEDMONT SURGICAL, MOREHEAD DIGESTIVE HEALTH & FAMILY PRACTICE OF EDEN 515 THOMPSON ST EDEN NC 27288	OWNED	\$ _____	Assessed Taxation Value	\$1,129,014.00
55.7.	_____ MEDICAL FACILITY MOREHEAD URGENT CARE WEST 6701 NC HIGHWAY 135 MAYODAN NC 27027	LEASED	\$0.00	N/A	\$0.00
55.8.	_____ MEDICAL FACILITY MATTHEWS HEALTH CENTER 6701 NC HIGHWAY 135 MAYODAN NC 27027	LEASED	\$0.00	N/A	\$0.00
55.9.	_____ MEDICAL FACILITY MOREHEAD REHABILITATION CENTER MEADOW GREENS SHOPPING CENTER EDEN NC 27288	LEASED	\$0.00	N/A	\$0.00
55.10.	_____ STORAGE FACILITY SPRAY COTTON MILLS 413 CHURCH ST PO BOX 3207 EDEN NC 27288	LEASED	\$0.00	N/A	\$0.00

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

\$27,095,746.00

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No☒ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
60.1. _____	\$ _____	_____	\$ _____
61. Internet domain names and websites			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. WWW.MOREHEAD.ORG	\$0.00	net book value	\$0.00
61.2. WWW.MOREHEADMEDICALGROUP.COM	\$0.00	net book value	\$0.00
62. Licenses, franchises, and royalties			
62.1. NORTH CAROLINA HEALTH & HUMAN SERVICES - HOSPITAL OPERATION LICENSE # H0072	UNDETERMINED	N/A	UNDETERMINED
62.2. CITY OF EDEN, NC - PRIVILEGE LICENSE # 7867	UNDETERMINED	N/A	UNDETERMINED
62.3. NORTH CAROLINA HEALTH & HUMAN SERVICES - RADIOACTIVE MATERIALS LICENSE # 079-0324-2	UNDETERMINED	N/A	UNDETERMINED
62.4. CITY OF EDEN, NC - CERTIFICATES OF OCCUPANCY	UNDETERMINED	N/A	UNDETERMINED
62.5. US DEPARTMENT OF JUSTICE - CONTROLLED SUBSTANCE REGISTRATION, DEA # AM3176066	UNDETERMINED	N/A	UNDETERMINED
62.6. NORTH CAROLINA BOARD OF PHARMACY - PERMIT # 02075	UNDETERMINED	N/A	UNDETERMINED
62.7. CENTERS FOR MEDICARE & MEDICAID SERVICES - CERTIFICATE OF ACCREDITATION # 34D0238377	UNDETERMINED	N/A	UNDETERMINED
62.8. NORTH CAROLINA CLIA VERIFICATION OF CERTIFICATION # 184641-2015-AHC-USA-NIAHO	UNDETERMINED	N/A	UNDETERMINED
62.9. UST UNDERGROUND STORAGE TANK OPERATING PERMIT, # 201604638O1	UNDETERMINED	N/A	UNDETERMINED
62.10. FEDERAL COMMUNICATIONS COMMISSION - TELEVISION OPERATIONS PERMIT, # 0013399761	UNDETERMINED	N/A	UNDETERMINED
62.11. NORTH CAROLINA DEPARTMENT OF LABOR - ELEVATOR OPERATIONS LICENSE	UNDETERMINED	N/A	UNDETERMINED
63. Customer lists, mailing lists, or other compilations			
63.1. PATIENT LISTS	UNDETERMINED	N/A	UNDETERMINED
64. Other intangibles, or intellectual property			
64.1. _____	\$ _____	_____	\$ _____
65. Goodwill			
65.1. _____	\$ _____	_____	\$ _____
66. Total of part 10			UNDETERMINED
Add lines 60 through 65. Copy the total to line 89.			

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

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____ = →	\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. NORTH CAROLINA DEPARTMENT OF REVENUE - SALES & USE TAX	\$180,434.72	\$ _____	2017	\$180,434.72
72.2. NORTH CAROLINA DEPARTMENT OF REVENUE - SALES & USE TAX	\$75,483.84	\$ _____	2017	\$75,483.84

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. MEDPRO	HN006509	_____	_____	_____	UNDETERMINED
73.2. MEDPRO	EN006509	_____	_____	_____	UNDETERMINED
73.3. AIG SPECIALTY INSURANCE CO	018809177	_____	_____	_____	UNDETERMINED
73.4. TRAVELERS CASUALTY & SURETY CO	106599543	_____	_____	_____	UNDETERMINED
73.5. FIREMAN'S FUND INSURANCE COMPANY	DZJ80973299	_____	_____	_____	UNDETERMINED
73.6. IRONSHORE SPECIALTY	001793601	_____	_____	_____	UNDETERMINED
73.7. THE FIRST LIBERTY INS. CORP	AS6-Z51-291211-016	_____	_____	_____	UNDETERMINED
73.8. TRAVELERS CASUALTY & SURETY CO	105685779	_____	_____	_____	UNDETERMINED

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

73.9.	TRAVELERS CASUALTY & SURETY CO	103119113	_____	_____	_____	UNDETERMINED
73.10.	NCHEWCF	NCWCMORE16	_____	_____	_____	UNDETERMINED
73.11.	UNIMERICA INSURANCE COMPANY	UNI-201877	_____	_____	_____	UNDETERMINED
73.12. ¹	MML BAY STATE LIFE INSURANCE COMPANY	7886050	_____	_____	_____	\$411,715.84
73.13. ²	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	6653490	_____	_____	_____	\$396,679.08

¹VALUE AS OF NOVEMBER 14, 2016²VALUE AS OF SEPTEMBER 30, 2016**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	_____	\$ _____	\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1.	_____	\$ _____
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77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	MORTGAGE RESERVE FUND	\$5,496,111.04
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78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

\$6,560,424.52

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

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$5,142,742.03	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,031,596.06	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$10,859,256.84	
83. Investments. <i>Copy line 17, Part 4.</i>	\$1,133,003.35	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$949,215.82	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$5,609,321.55	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$27,095,746.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> UNDETERMINED		
90. All other assets. <i>Copy line 78, Part 11.</i> +	\$6,560,424.52	
91. Total. Add lines 80 through 90 for each column.91a.	\$31,285,560.17	+ 91b. \$27,095,746.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$58,381,306.17

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 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Column A
Amount of
Claim**Do not deduct
the value of
collateral.**Column B
Value of
collateral that
supports this
claim****2.1. Creditor's name and address**BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
DEERFIELD IL 60015**Creditor's email address, if known**
_____**Date debt was incurred:** 11/2/2015**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 11/2/2015,
DOCUMENT # 20150103530A; TERMINATED
12/3/2015 DOCUMENT # 20150113409H;**Describe the lien**ALL EQUIPMENT MORE SPECIFICALLY
DESCRIBED, INCLUDED SERIAL NUMBERS**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

UNDETERMINED UNDETERMINED

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****2.2. Creditor's name and address**BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
DEERFIELD IL 60015**Creditor's email address, if known**
_____**Date debt was incurred:** 12/3/2015**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED 12/3/2015, DOCUMENT # 20150113411M

\$53,961.74

UNDETERMINED

Describe the lien

ALL EQUIPMENT MORE SPECIFICALLY DESCRIBED, INCLUDED SERIAL NUMBERS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.3. Creditor's name and address**BECKMAN COULTER, INC
4300 NORTH HARBORD BLVD
FULLERTON CA 92834-3100**Creditor's email address, if known**
_____**Date debt was incurred:** 8/25/2011**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED 8/25/2011, DOCUMENT # 20110073319J; LAPSED 8/25/2016

UNDETERMINED UNDETERMINED

Describe the lien

ALL TITLE, RIGHTS AND INTEREST IN A REMISOL ADVANCE SERVER – DELL POWEREDGE T310, SERIAL 6DC615J, ITEM A87448, CONTRACT 40600US, INCLUDING ALL CONSUMABLES, REAGENT STREAM, ATTACHED HARDWARE/SOFTWARE

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.4. **Creditor's name and address**

BECKMAN COULTER, INC
4300 NORTH HARBORD BLVD
FULLERTON CA 92834-3100

Creditor's email address, if known**Date debt was incurred:** 8/26/2011**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 8/26/2011,
DOCUMENT # 20110073645M; LAPSED
8/26/2016

\$5,530.59

UNDETERMINED

Describe the lien

ALL TITLE, RIGHTS AND INTEREST IN A
UNICEL DXC 600I SYSTEM, PACKAGED;
UNICEL CLOSED TUBE ALIQUOTTER
(UCTA), PACKAGED; DXC 600 PRO, UCTA
AND CTA READY, PACKAGED & DXI 600
ACCESS IMMASSY W/ DUAL GANTRY,
SERIAL 786/800694/5161; 545; 5291 &
900522, ITEM A71461, CONTRACT 39889US,
INCLUDING ALL CONSUMABLES, REAGENT
STREAM, ATTACHED
HARDWARE/SOFTWARE

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.5. **Creditor's name and address**

BECKMAN COULTER, INC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 12/15/2004**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PERSONAL PROPERTY LIEN REJECTED BY UNDETERMINED UNDETERMINED
ROCKINGHAM COUNTY REGISTER OF
DEEDS, BOOK 1226, PAGE 1738-1739
12/15/2004

Describe the lien

2 LXI 725, 1 17' FLAT PANEL MONITOR, 26"
KEYBOARD, PC MOUSE, SPINCHRON DLX
CENTRIFUGE, PTS DLX72001 2 LX RACK
CONNISTERS ATTACHED HERETO AND
MADE A PART HEREOF INCLUDING ALL
ADDITIONS, ATTACHMENTS, ACCESSIONS,
SUBSTITUTIONS, REPLACEMENTS AND
PROCEEDS OF THE FOREGOING. THE
FILING IS FOR PRECAUTIONARY
PURPOSES IN CONNECTION WITH AND
EQUIPMENT LEASING TRANSACTION AND
IS NOT TO BE CONSTRUED AS INDICATING
THAT THE TRANSACTION IS OTHER THAN
A TRUE LEASE

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****2.6. Creditor's name and address**

BERKADIA COMMERCIAL MORTGAGE LLC
& SECRETARY OF HOUSING AND URBAN
DEVELOPMENT
118 WELSH ROAD
HORSHAM PA 19044

Creditor's email address, if known
_____**Date debt was incurred:** 12/13/2012**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 12/13/2012,
DOCUMENT # 20120014847A; LIEN
RECORDED ROCKINGHAM COUNTY, NC
12/12/2012, BOOK 1447, PAGE 71; FHA
PROJECT # 053-13010

\$33,848,885.00 UNDETERMINED

Describe the lien

ALL PROPERTY MORE SPECIFICALLY
IDENTIFIED ON SCHEUDLE A, WITH
SPECIFIC EXCEPTIONS; FHA PROJECT #
053-13010

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed**2.7. Creditor's name and address**

CARDINAL HEALTH 200, INC
7000 CARDINAL PLACE
QWEST BUILDING
DUBLIN OH 43017

Creditor's email address, if known
_____**Date debt was incurred:** 3/9/2008**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 3/9/2008,
DOCUMENT # 20080020809M AND AS
CONTINUED DOCUMENT # 20130027095M

\$247,172.11 UNDETERMINED

Describe the lien

SPECIFICALLY DESCRIBED EQUIPMENT
PLUS ANY ADDITIONS, SUBSTITUTIONS,
OR REPLACEMENTS UNDER CAPITAL
LEASE AGREEMENT #14693, BM-27671 (1)
VITEK 2 COMPACT 60 SERIAL # C22897

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.8. **Creditor's name and address**

CARDINAL HEALTH 200, INC
7000 CARDINAL PLACE
QWEST BUILDING
DUBLIN OH 43017

Creditor's email address, if known**Date debt was incurred:** 3/4/2008**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE ORIGINALLY
RECORDED 3/4/2008, DOCUMENT #
20080020809M AND AS CONTINUED
11/16/2013, DOCUMENT # 20130005353C

Describe the lien

(1) BM-27671 BACT VITEK 2 COMPACT 60,
SERIAL #C22897 PLUS ANY ADDITIONS,
SUBSTITUTIONS OR REPLACEMENTS OF
THE FOREGOING, UNDER CAPITAL LEASE
AGREEMENT #14693

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

UNDETERMINED UNDETERMINED

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.9. **Creditor's name and address**CARDINAL HEALTH 200, INC.
1450 WAUKEGAN ROAD
MC GAW HILL PARK IL 60085**Creditor's email address, if known**
_____**Date debt was incurred:** 5/3/2007**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.
_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 5/3/2007,
DOCUMENT # 20070044583E AND AS
CONTINUED 11/17/2011, DOCUMENT #
20110097563F; LAPSED 5/3/2017

UNDETERMINED UNDETERMINED

Describe the lien(1) BM-210159 BACT ALERT 3D
INCUBATOR, LEFT SERIAL #CR1211; (1)
BM-200291 BACT ALERT 3D COMBO,
RIGHT; PLUS ANY ADDITIONS,
SUBSTITUTIONS OR REPLACEMENTS OF
THE FOREGOING, UNDER CAPITAL LEASE
AGREEMENT #14400**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed2.10. **Creditor's name and address**FIRST CITIZENS BANK & TRUST COMPANY
231 WEST KINGS HWY
EDEN NC 27288**Creditor's email address, if known**
_____**Date debt was incurred:** _____**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.
_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**DAYSPRING BUILDING AND THOMSON
STREET BUILDING

\$1,309,165.95 UNDETERMINED

Describe the lienMORTGAGE DEBT SECURED BY
DAYSPRING BUILDING AND THOMSON
STREET BUILDING**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****2.11. Creditor's name and address**

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known

Date debt was incurred: 12/7/2007

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

UCC-1 ORIGINALLY RECORDED NC SECRETARY OF STATE 12/7/2007, DOCKET # 20070114676F AND AS CONTINUED BY DOCUMENT # 20120102363A

UNDETERMINED UNDETERMINED

Describe the lien

EQUIPMENT AS MORE SPECIFICALLY IDENTIFIED IN SCHEDULE A, INCLUDING ALL ADDITIONS, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

2.12. Creditor's name and address

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known

Date debt was incurred: 5/14/2008

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

UCC-1 ORIGINALLY RECORDED NC SECRETARY OF STATE 5/14/2008, DOCUMENT # 20080044680C AND AS CONTINUED DOCUMENT # 20130027095M

UNDETERMINED UNDETERMINED

Describe the lien

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY PURSUANT TO SECURED PARTY'S CONTRACT NUMBER PH009053, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES, AND SUBSTITUTIONS TO OR FOR THE SALE AND ALL PROCEEDS

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.13. **Creditor's name and address**

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 8/15/2008**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED 8/15/2008,
DOCUMENT # 20080074792M AND AS
CONTINUED DOCUMENT # 20130049770E

UNDETERMINED UNDETERMINED

Describe the lien

(1) EVOLVE EXAM MIG PH 11443P,
INCLUDING ALL COMPONENTS,
ADDITIONS, UPGRADES, ATTACHMENTS,
ACCESSIONS, SUBSTITUTIONS,
REPLACEMENTS AND PROCEEDS.

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed2.14. **Creditor's name and address**

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 8/15/2008**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 8/15/2008,
DOCUMENT # 20080074793A AND AS
CONTINUED DOCUMENT # 20130049758M

UNDETERMINED UNDETERMINED

Describe the lien

ALL EQUIPMENT LEASED OR FINANCED
BY SECURED PARTY PURSUANT TO
SECURED PARTY'S CONTRACT NUMBER
PH009052, TOGETHER WITH ALL
ADDITIONS, ATTACHMENTS,
ACCESSORIES, AND SUBSTITUTIONS TO
OR FOR THE SALE AND ALL PROCEEDS

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.15. **Creditor's name and address**

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 9/11/2008**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 9/11/2008,
DOCUMENT # 20080082764J AND AS
CONTINUED DOCUMENT # 20130059233K
AND 20130085677M

UNDETERMINED UNDETERMINED

Describe the lien

(2) FUJI FILM XG5000 HIGH CAPACITY
READER SYSTEMS INCLUDING ALL
ADDITIONS, ATTACHMENTS, ACCESSIONS,
SUBSTITUTIONS, REPLACEMENTS AND
PROCEEDS OF SUCH COLLATERAL

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.16. **Creditor's name and address**

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 8/24/2012**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 8/24/2012,
DOCUMENT # 20120079900A

UNDETERMINED UNDETERMINED

Describe the lien

ALL EQUIPMENT LEASED OR FINANCED
BY SECURED PARTY PURSUANT TO
SECURED PARTY'S CONTRACT NUMBER
PH009174, TOGETHER WITH ALL
ADDITIONS, ATTACHMENTS,
ACCESSORIES, AND SUBSTITUTIONS TO
OR FOR THE SALE AND ALL PROCEEDS.
NOT INTENDED TO CREATE OR PERFECT
A LIEN ON ALL OF THE DEBTOR'S ASSETS.

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.17. **Creditor's name and address**

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 4/25/2014**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 4/25/2014,
DOCUMENT # 20140038620H

\$5,435.52

UNDETERMINED

Describe the lien

(2) PHILLIPS IE33 XMATRIX ULTRASOUNDS INCLUDING ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF THE FOREGOING. THIS FILING IS FOR PRECAUTIONARY PURPOSES IN CONNECTION WITH AN EQUIPMENT LEASING TRANSACTION AND IS NOT TO BE CONSIDERED AS INDICATING THAT THE TRANSACTION IS OTHER THAN A TRUE LEASE

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.18. **Creditor's name and address**

SOURCEONE HEALTHCARE
TECHNOLOGIES, INC.
8020 TYLER BLVD
MENTOR OH 44060

Creditor's email address, if known**Date debt was incurred:** 8/26/2013**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 8/26/2013
DOCUMENT # 20130082283M; TERMINATED
6/11/2014 BY DOCUMENT # 20140055842B

\$2,755.38

UNDETERMINED

Describe the lien

MEDICAL IMAGING EQUIPMENT,
ACCESSORIES AND/OR COMPUTER
SOFTWARE PROGRAMS EMBEDDED OR
DELIVERED THEREWITH THAT ARE
CUSTOMARILY PART OF THE EQUIPMENT
AND SUPPORTING INFORMATION AS
MORE PARTICULARLY DESCRIBED IN
QUOTATION NO. 071613-15 DATED 7-16-
2013, INCLUDING BUT NOT LIMITED TO ALL
PARTS, REPLACEMENTS, ATTACHMENTS
OR SUBSTITUTIONS MADE A PART
THEREOF. KONICA NANO P+PACKAGE
(5900907) SYSTEM

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.19. **Creditor's name and address**

STRYKER SALES CORPORATION
1901 ROMENCE ROAD PARKWAY
PORTAGE MI 49002

Creditor's email address, if known

Date debt was incurred: 3/9/2017

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE AS DOCUMENT #
20170024239A

\$9,382.38

UNDETERMINED

Describe the lien

ALL EQUIPMENT MORE SPECIFICALLY
DESCRIBED IN FINANCING STATEMENT

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

2.20. **Creditor's name and address**

SYSTEL BUSINESS EQUIPMENT
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known

Date debt was incurred: 5/29/2007

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 5/29/2007,
DOCUMENT # 20070052126G AND AS
CONTINUED 4/11/2012 DOCUMENT #
20120033393H; LAPSED 5/29/2017

UNDETERMINED UNDETERMINED

Describe the lien

HP 4730 JPNLH07249; HP 4730
JPNLH07226; HP 4730 JPNLH07606;
INCLUDING ALL COMPONENTS,
ADDITIONS, UPGRADES, ATTACHMENTS,
ACCESSIONS, SUBSTITUTIONS,
REPLACEMENT AND PROCEEDS.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☒ Unliquidated

☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.21. **Creditor's name and address**

SYSTEL BUSINESS EQUIPMENT
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 11/18/2011**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 11/18/2011,
DOCUMENT # 20110097951G; LAPSED
11/18/2016

UNDETERMINED UNDETERMINED

Describe the lien

ALL EQUIPMENT LEASE OR FINANCED BY
SECURED PARTY PURSUANT TO
CONTRACT NUMBER 24941241,
TOGETHER WITH ALL ADDITIONS,
ATTACHMENTS, ACCESSORIES AND
SUBSTITUTIONS TO OR FOR THE SAME
AND ALL PROCEEDS OF THE FOREGOING.
NOT INTENDED TO CREATE OR PERFECT
A LIEN ON ALL THE DEBTOR'S ASSETS.

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.22. **Creditor's name and address**

SYSTEL BUSINESS EQUIPMENT
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 11/28/2011**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 11/28/2011,
DOCUMENT # 20110100207F; LAPSED
11/28/2016

UNDETERMINED UNDETERMINED

Describe the lien

ALL EQUIPMENT LEASE OR FINANCED BY
SECURED PARTY PURSUANT TO
CONTRACT NUMBER 24941241,
TOGETHER WITH ALL ADDITIONS,
ATTACHMENTS, ACCESSORIES AND
SUBSTITUTIONS TO OR FOR THE SAME
AND ALL PROCEEDS OF THE FOREGOING.
NOT INTENDED TO CREATE OR PERFECT
A LIEN ON ALL THE DEBTOR'S ASSETS.

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.23. **Creditor's name and address**

SYSTEL BUSINESS EQUIPMENT
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

Creditor's email address, if known**Date debt was incurred:** 7/14/2016**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC
SECRETARY OF STATE 7/14/2016,
DOCUMENT # 20160072030B

UNDETERMINED UNDETERMINED

Describe the lien

ALL EQUIPMENT LEASED OR FINANCE BY
SECURED PARTY PURSUANT TO
SECURED PARTY'S CONTRACT #
25399774, TOGETHER WITH ALL
ADDITIONS, ATTACHMENTS,
ACCESSORIES AND SUBSTITUTIONS TO
OR FOR THE SAME, AND ALL PROCEEDS
OF THE FOREGOING. LEASE # 2539974.

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.24. **Creditor's name and address**

US BANK NATIONAL ASSOCIATION, AS TRUSTEE
 ASSIGNEE OF WACHOVIA BANK, NATIONAL ASSOCIATION
 C/O MIDLAND LOAN SERVICE
 10851 MASTIN
 OVERLAND PARK KS 66210

Creditor's email address, if known
 _____**Date debt was incurred:** 6/14/2005**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.
 _____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

UCC-1 ORIGINALLY RECORDED NC SECRETARY OF STATE 6/16/2005, DOCUMENT # 20050057789E AS AMENDED # 20080084746M 9/17/2008 AND ASSIGNED 11/18/2009, DOCUMENT #20090086862B AND LIEN RECORDED 6/14/2005, ROCKINGHAM COUNTY REGISTER OF DEEDS, BOOK 1245, PAGES 1163-1169, AND AS AMENDED AND ASSIGNED, BOOK 1386, PAGE 36, AND CONTINUED BOOK 1387, PAGE 1944

UNDETERMINED UNDETERMINED

Describe the lien

INCLUDES EQUIPMENT, INVENTORY, FURNITURE, GENERAL INTANGIBLES SECURED BY THE DEED OF TRUST; RECEIPTS, REVENUE, INCOME, PROFIT, ACCOUNTS AND UNRESTRICTED CASH AND INVESTMENTS DERIVED FROM PROPERTIES OWNED OR LEASED BY DEBTOR; DEBTOR'S RIGHT, TITLE AND INTEREST TO ALL JUDGMENTS, AWARDS, PAYMENTS, PROCEEDS OR SETTLEMENTS. EXCLUDES THE LEASED EQUIPMENT LOCATED AT THE MAIN HOSPITAL BUILDING, THE MOREHEAD NURSING CENTER, THE JOHN SMITH CANCER CENTER, AND THE OUTPATIENT CLINICAL SERVICES SATELLITE. FHA PROJECT NO. 053-13005

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
 Check all that apply.☒ Contingent☒ Unliquidated☐ Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$35,482,288.67**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

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

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	KILPATRICK TOWNSEND & STOCKTON LLP JAMES H PULLIAM 214 NORTH TYRON ST STE 2400 CHARLOTTE NC 28202	Line 2.6	_____
3.2.	KILPATRICK TOWNSEND & STOCKTON LLP COLIN M. BERNARDINO 1100 PEACHTREE ST STE 2800 ATLANTA GA 30309	Line 2.6	_____
3.3.	SECRETARY OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET NW WASHINGTON DC 20410	Line 2.6	_____
3.4.	SECRETARY OF HOUSING AND URBAN DEVELOPMENT GREENSBORO FIELD OFFICE ASHEVILLE BUILDING 1500 PINECROFT RD STE 401 GREENSBORO NC 27407-3838	Line 2.6	_____
3.5.	SECRETARY OF HOUSING AND URBAN DEVELOPMENT OFFICE OF HOSPITAL FACILITIES 451 SEVENTH STREET, S.W. WASHINGTON DC 20410	Line 2.6	_____
3.6.	UNITED STATES DEPT. OF JUSTICE CIVIL DIVISION RODNEY MORRIS PO BOX 875 WASHINGTON DC 20044	Line 2.6	_____
3.7.	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 - 7TH STREET SW WASHINGTON DC 20410	Line 2.24	_____
3.8.	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT CURTIS L. DAVIS GREENSBORO FIELD OFFICE 1500 PINECROFT ROAD SUITE 401 GREENSBORO NC 27407-3838	Line 2.24	_____
3.9.	WACHOVIA BANK NATIONAL ASSOCIATION NKA WELLS FARGO BANK NA ATTN LEGAL DEPT BANKRUPTCY 464 CALIFORNIA ST SAN FRANCISCO CA 94104	Line 2.24	_____
3.10.	WACHOVIA BANK NATIONAL ASSOCIATION NKA WELLS FARGO BANK NA ATTN LEGAL DEPT BANKRUPTCY 420 MONTGOMERY ST SAN FRANCISCO CA 94104	Line 2.24	_____
3.11.	WACHOVIA BANK NATIONAL ASSOCIATION NKA WELLS FARGO BANK NA ATTN LEGAL DEPT BANKRUPTCY 401 SOUTH TYRON ST NC 1179 CHARLOTTE NC 28288	Line 2.24	_____
3.12.	WARD AND SMITH, P.A. PAUL A FANNING P O BOX 8088 GREENVILLE NC 27835-8088	Line 2.10	_____

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
CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	<i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
	TAXES		UNDETERMINED
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <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
CITY OF EDEN NORTH CAROLINA SHERALENE S THOMPSON CITY CLERK MANAGER PO BOX 70 EDEN NC 28289	<i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
	TAXES		UNDETERMINED
Last 4 digits of account number:	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

2.3.	Priority creditor's name and mailing address CITY OF EDEN NORTH CAROLINA MORRISON MANAGEMENT SPECIALIST INC TAX AND LICENSE 4721 MORRISON DR STE 300 MOBILE AL 33609 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES 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>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.4.	Priority creditor's name and mailing address COMMONWEALTH/VIRGINIA DEPT TAXATION PO BOX 27407 RICHMOND VA 23261-7407 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES 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>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.5.	Priority creditor's name and mailing address FORSYTH COUNTY-CITY TAX COLLECTOR PO BOX 082 WINSTON SALEM NC 27102-0082 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES 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>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

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2.6.	Priority creditor's name and mailing address INTERNAL REVENUE SVC GEORGIA ATLANTA SVC CENTER 401 W PEACHTREE ST NW ATLANTA GA 39901 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.7.	Priority creditor's name and mailing address IRS PO BOX 258666 RICHMOND VA 23260 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.8.	Priority creditor's name and mailing address IRS-PHILADELPHIA SVC CENTER PO BOX 57 BENSALEM PA 19020 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.9. Priority creditor's name and mailing address NC STATE TREASURER NC STATE UNIVERSITY ACCTS RECEIVABL CAMPUS BOX 7203 RALEIGH NC 27695-7203 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.10. Priority creditor's name and mailing address NORTH CAROLINA DEPT OF REVENUE 501 N WILMINGTON ST RALEIGH NC 27604 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.11. Priority creditor's name and mailing address NORTH CAROLINA STATE TREASURER UNCLAIMED PROPERTY DIVISION 325 N SALISBURY ST RALEIGH NC 27603 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

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2.12. Priority creditor's name and mailing address ROCKINGHAM COUNTY TAX COLLECTOR PO BOX 986 MOUNT AIRY NC 27030 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.13. Priority creditor's name and mailing address ROCKINGHAM COUNTY TAX COLLECTOR PO BOX 580368 CHARLOTTE NC 28258-0368 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.14. Priority creditor's name and mailing address ROCKINGHAM COUNTY TAX COLLECTOR 371 NC HWY 65 STE 107 WENTWORTH NC 27375 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

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

2.15. Priority creditor's name and mailing address SCOTLAND COUNTY TAX DEPT PO BOX 488 LAURINBURG NC 28353 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.16. Priority creditor's name and mailing address TREASURER OF VIRGINIA/MEDICAID CITY TREASURER MUNICIPAL CENTER BLDG 2401 COURTHOUSE DR 1ST FLOOR VIRGINIA BEACH VA 23456-9018 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.17. Priority creditor's name and mailing address VIRGINIA DEPT OF TAXATION OFFICE OF CUSTOMER SVC PO BOX 1115 RICHMOND VA 23218-1115 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="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 style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**2.18. **Priority creditor's name and mailing address**

VIRGINIA DEPT OF TREASURY
UNCLAIMED PROPERTY DIVISION
101 NORTH 14TH ST
RICHMOND VA 23219

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

2.19. **Priority creditor's name and mailing address**

VIRGINIA STATE CORP COMMISSION
DIVISION OF SECURITIES AND RETAIL
FRANCHISING
ADMINISTRATION
PO BOX 1197
RICHMOND VA 23218

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	Nonpriority creditor's name and mailing address A SAFE HANDS TRANSPORTATION LLC 220 E MEADOW RD STE 11 EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,925.00
3.2.	Nonpriority creditor's name and mailing address ABBVIE US LLC 62671 COLLECTION CTR DR CHICAGO IL 60693-0626 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,942.00
3.3.	Nonpriority creditor's name and mailing address AC CORPORATION PO BOX 16367 GREENSBORO NC 27416-0367 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,462.38

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

3.4.	Nonpriority creditor's name and mailing address ACCELERATED CLAIMS INC PO BOX 742319 ATLANTA GA 30374 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,746.03
3.5.	Nonpriority creditor's name and mailing address ACCOUNTABLE HEALTHCARE STAFFING PO BOX 732800 DALLAS TX 75373-2800 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$42,306.75
3.6.	Nonpriority creditor's name and mailing address ACPL ACCELERATED CARE PLUS 13828 COLLECTIONS CENTER DRIVE CHICAGO IL 60693 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$756.00

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3.7.	Nonpriority creditor's name and mailing address ADAMS ELECTRIC COMPANY 401 N GREENE ST GREENSBORO NC 27401 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,432.42
3.8.	Nonpriority creditor's name and mailing address ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,750.25
3.9.	Nonpriority creditor's name and mailing address ADLER INSTRUMENT CO. PO BOX 536486 ATLANTA GA 30353-6486 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$854.00

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3.10.	Nonpriority creditor's name and mailing address ADVANCED DOOR AUTOMATION OVERHEAD 4122 BENNETT MEMORIAL RD STE 305B DURHAM NC 27705 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,053.33
3.11.	Nonpriority creditor's name and mailing address ADVANCED HOME CARE INC INSTITUTIONAL SERVICES PO BOX 890492 CHARLOTTE NC 28289-0492 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,492.03
3.12.	Nonpriority creditor's name and mailing address ADVANCED MEDICAL DESIGNS INC 1241 ATLANTA INDUSTRIAL DR MARIETTA, GA 30066 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$120.40

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3.13.	Nonpriority creditor's name and mailing address AESCULAP INC 1000 GATEWAY BLVD PRESS 3 SOUTH SAN FRANCISCO CA 94080-7030 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,454.25
3.14.	Nonpriority creditor's name and mailing address AIRFLOW DIRECTION INC 2 LIVINGSTON LN NEWBURY MA 01951 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,748.00
3.15.	Nonpriority creditor's name and mailing address AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$33,720.89

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3.16.	Nonpriority creditor's name and mailing address AIV, INC 7485 SHIPLEY AVE HARMANS MD 21077 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$169.95
3.17.	Nonpriority creditor's name and mailing address AKM CALIBRATIONS ROBERT D PEARLSTEIN PHD 146 STANCELL DR - BLDG 8 CHAPEL HILL NC 27517 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$230.38
3.18.	Nonpriority creditor's name and mailing address ALCO SALES AND SERVICES 6851 HIGH GROVE BLVD BURR RIDGE IL 60527 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$564.95

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3.19.	Nonpriority creditor's name and mailing address ALIMED INC 297 HIGH ST DEDHAM MA 02026-990 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$865.25
3.20.	Nonpriority creditor's name and mailing address ALLIED CASTER & EQUIPMENT CO 3841 CORPORATION CIR PO BOX 11583 CHARLOTTE NC 28216 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,478.49
3.21.	Nonpriority creditor's name and mailing address A-M SYSTEMS INC 131 BUSINESS PK LOOP SEQUIM WA 98382 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$221.83

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3.22.	Nonpriority creditor's name and mailing address AMEDISTAF LLC DBA THE RIGHT SOLUTIO PO BOX 595 TONTITOWN AR 72770 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$39,045.50
3.23.	Nonpriority creditor's name and mailing address AMERICAN ACADEMY OF PEDIATRICS PUBLICATION DEPT PO BOX 747 FAX 847-228-1281 ELK GROVE VILLAGE IL 60009-0747 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57.80
3.24.	Nonpriority creditor's name and mailing address AMERICAN CATHETER CORP 357 CYPRESS DR STE 9 JUPITER FL 33469-3060 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,286.02

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3.25.	Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO BOX 1270 NEWARK NJ 07101-1270 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$181,876.34
3.26.	Nonpriority creditor's name and mailing address AMERICAN HEALTHTECH PO BOX 936171 ATLANTA GA 31193-6171 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$983.12
3.27.	Nonpriority creditor's name and mailing address AMERICAN RED CROSS BLOOD CTR PO BOX 730040 DALLAS TX 75373-0040 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,466.00

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3.28.	Nonpriority creditor's name and mailing address AMERICAN SOCIETY HOSPITAL PHARM 7272 WISCONSIN AVE BETHESDA MD 20814 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$438.00
3.29.	Nonpriority creditor's name and mailing address AMN HEALTHCARE INC 12400 HIGH BLUFF DR STE 100 SAN DIEGO CA 92130 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$19,825.00
3.30.	Nonpriority creditor's name and mailing address AMOS WELDING LLC 243 SW MARKET ST REIDSVILLE NC 27320 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,329.62

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3.31.	Nonpriority creditor's name and mailing address ANEWMED CORP 1 Y Y ANEWMED CORP 514 HWY 43 SOUTH TUSCUMBIA AL 35674 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,728.44
3.32.	Nonpriority creditor's name and mailing address ANGIODYNAMICS 603 QUEENSBURY AVE 800-77ANGIO QUEENSBURY NY 12804 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$302.10
3.33.	Nonpriority creditor's name and mailing address APPLIED MEDICAL 22872 AVENIDA EMPRESA RANCHO SANTA MARGARI CA 92688 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,248.65

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3.34.	Nonpriority creditor's name and mailing address ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$303,917.40
3.35.	Nonpriority creditor's name and mailing address ARGON MEDICAL DEVICES 5151 HEADQUARTERS DR STE 210 PLANO TX 75024 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,060.00
3.36.	Nonpriority creditor's name and mailing address ARMSTRONG MEDICAL 575 KNIGHTSBRIDGE PKWY LINCOLNSHIRE IL 60069 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$128.10

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3.37.	Nonpriority creditor's name and mailing address ARROW INTERNATIONAL 3000 BERNVILLE RD READING PA 19605 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,874.23
3.38.	Nonpriority creditor's name and mailing address ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,681.90
3.39.	Nonpriority creditor's name and mailing address ARTHUR GALLAGHER/MCNEARY HEALTHCARE 6525 MORRISON BLVD STE 200 CHARLOTTE NC 28211 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,262.20

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3.40.	Nonpriority creditor's name and mailing address ASHLAND SPECIALTY INGREDIENTS 8145 BLAZER DR WILMINGTON DE 19808 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$410.99
3.41.	Nonpriority creditor's name and mailing address AUREUS RADIOLOGY MEDICAL 13609 CALIFORNIA ST OMAHA NE 68154 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,538.01
3.42.	Nonpriority creditor's name and mailing address B BRAUN MEDICAL INC B BRAUN/MCGAW 2525 MCGAW AVE 88 IRVINE CA 92614-5895 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$117.65

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3.43.	Nonpriority creditor's name and mailing address BARD ACCESS SYSTEM 5425 WEST AMELIA EARHART DR SALT LAKE CITY UT 84116 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,847.68
3.44.	Nonpriority creditor's name and mailing address BARD INC. CR PO BOX 75767 CHARLOTTE NC 28275 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$280.19
3.45.	Nonpriority creditor's name and mailing address BARD, C.R. INC PO BOX 75767 CHARLOTTE NC 28275 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,451.64

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3.46.	Nonpriority creditor's name and mailing address BAUERFEIND US 55 CHASTAIN RD STE 112 KENNESAW GA 30144 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$390.25
3.47.	Nonpriority creditor's name and mailing address BAXTER HEALTHCARE CORP ONE BAXTER PKWY DEERFIELD IL 60015 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$53,961.74
3.48.	Nonpriority creditor's name and mailing address BAYER HEALTHCARE PO BX 360172 PITTSBURGH PA 15251-6172 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,677.46

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3.49.	Nonpriority creditor's name and mailing address BCI-BRENTWOOD COMMUNICATIONS INC 215 JAMESTOWN PK RD STE 203 BRENTWOOD TN 37027 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$17,041.26
3.50.	Nonpriority creditor's name and mailing address BEACON MEDAES LEGAL DEPT BANKRUPTCY 1059 PARAGON WAY ROCK HILL SC 29730 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,073.52
3.51.	Nonpriority creditor's name and mailing address BECKMAN COULTER INC 250 S KRAEMER BLVD PO BOX 550 BREA CA 92822-0550 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,530.59

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3.52.	Nonpriority creditor's name and mailing address BEEKLEY CORP. PRESTIGE LN BRISTOL CT 06010 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$280.00
3.53.	Nonpriority creditor's name and mailing address BIOMET BRACING X6000 CUST SVC PO BOX 587 WARSAW IN 46581-0587 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,778.75
3.54.	Nonpriority creditor's name and mailing address BIONIX 5154 ENTERPRISE BLVD TOLEDO, OH 43612 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$54.25

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3.55.	Nonpriority creditor's name and mailing address BIO-TECH PROSTHETICS & ORTHOTICS KATHY 2301 N CHURCH ST GREENSBORO, NC 27405 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$40,390.90
3.56.	Nonpriority creditor's name and mailing address BLACK BOX 1000 PARK DR LAWRENCE, PA 15055 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$149.67
3.57.	Nonpriority creditor's name and mailing address BLUE CAFFE 4995 REYNOLDA RD WINSTON SALEM NC 27106 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$42.68

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3.58.	Nonpriority creditor's name and mailing address BMP PRINT SOLUTIONS 500 EDWARDIA DR GREENSBORO NC 27409 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,226.31
3.59.	Nonpriority creditor's name and mailing address BOSTON SCIENTIFIC/MICROVASIVE DIV 31 MAPLE ST MILFORD MA 01757 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,832.04
3.60.	Nonpriority creditor's name and mailing address BRACCO DIAGNOSTICS INC 107 COLLEGE RD EAST PRINCETON NJ 08540 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,863.67

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3.61.	Nonpriority creditor's name and mailing address BRADY P O BOX 13587 GREENSBORO NC 27415-3587 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,103.00
3.62.	Nonpriority creditor's name and mailing address BRASSELER USA ONE BRASSELER BLVD SAVANNAH GA 31419 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$199.71
3.63.	Nonpriority creditor's name and mailing address BRIGGS CORPORATION DON ARMOUR X 4881 7887 UNIVERSITY BLVD DES MOINES IA 50306-1698 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$381.95

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3.64.	Nonpriority creditor's name and mailing address BSN MEDICAL INC 2500 DISTRIBUTION ST CHARLOTTE NC 28203 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5.44
3.65.	Nonpriority creditor's name and mailing address BUILDERS MART INC 137 COX ST EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$84.28
3.66.	Nonpriority creditor's name and mailing address C A SHORT COMPANY INC 4205 EAST DIXON BLVD PO BOX 310 SHELBY NC 28150 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,097.94

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3.67.	Nonpriority creditor's name and mailing address CABARRUS HEALTH ALLIANCE DR WILLIAM F PILKINGTON EXECUTIVE DIRECTOR 300 MOORESVILLE RD KANNAPOLIS NC 28081 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,380.40
3.68.	Nonpriority creditor's name and mailing address CANOPY PARTNERS INC LISA FERGUSON 1317 N ELM ST GREENSBORO NC 27401-1023 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,418.52
3.69.	Nonpriority creditor's name and mailing address CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$247,172.11

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3.70.	Nonpriority creditor's name and mailing address CARDINAL HEALTH PHAR REMOTE ORDER E 1330 ENCLAVE PKWY HOUSTON TX 77077 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,195.00
3.71.	Nonpriority creditor's name and mailing address CARDINAL HEALTH-NUCLEAR PHARMACY PO BOX 70609 CHICAGO IL 60673-0609 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,051.82
3.72.	Nonpriority creditor's name and mailing address CAREFUSION 25146 NETWORK PLACE CHICAGO IL 60673-1250 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$420.33

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3.73.	Nonpriority creditor's name and mailing address CAREFUSION 2200, INC 25146 NETWORK PLACE CHICAGO IL 60673-1250 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$988.47
3.74.	Nonpriority creditor's name and mailing address CAROLINA DOOR AND HARDWARE 1380 VIRGINIA AVE MARTINSVILLE VA 24112 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$101.41
3.75.	Nonpriority creditor's name and mailing address CAROLINA SPEECH PATHOLOGY LLC 130 SALEM TOWNE CT APEX NC 27502 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,370.00

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3.76.	Nonpriority creditor's name and mailing address CAROLON 601 FORUM PKWY RURAL HALL NC 27045 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$464.30
3.77.	Nonpriority creditor's name and mailing address CARSTENS HEALTH INDUST. 7310 W WILSON AVE CHICAGO IL 60656 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,302.51
3.78.	Nonpriority creditor's name and mailing address CDW GOVERNMENT INC 1 JENNIFER MINK 8 200 N MILWAUKEE AVE 4 VERNON HILLS IL 60061 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,723.57

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3.79.	Nonpriority creditor's name and mailing address CENTRICITY PERINATAL USER GROUP 316 NORTH COURT STREET MEDINA OH 44256 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$300.00
3.80.	Nonpriority creditor's name and mailing address CENTURION MEDICAL PRODUCTS PO BOX 842816 BOSTON MA 02284-2816 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30,501.76
3.81.	Nonpriority creditor's name and mailing address CENTURY LINK 1 SUSAN LONG 3 PO BOX 96064 CHARLOTTE NC 28296-0064 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,268.93

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3.82.	Nonpriority creditor's name and mailing address CERTICODE LLC SUSAN MOYE 1112 MAGNOLIA ST GREENSBORO NC 27401 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,316.90
3.83.	Nonpriority creditor's name and mailing address CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,034.78
3.84.	Nonpriority creditor's name and mailing address CHEMGARD PO BOX 25061 GREENVILLE SC 29616 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,670.48

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3.85.	Nonpriority creditor's name and mailing address CHOICE HEALTH INC 1900 SOUTH HAWTHORNE RD E STE 108 WINSTON SALEM NC 27103 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,256.71
3.86.	Nonpriority creditor's name and mailing address CINCINNATI SURGICAL 12256 CORNELL PK DR CINCINNATI OH 45242 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$62.00
3.87.	Nonpriority creditor's name and mailing address CIOX HEALTH HEALTHPORT TECHNOLOGIE PO BOX 409669 ATLANTA GA 30384 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11.90

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3.88.	Nonpriority creditor's name and mailing address CITY'S PLUMBING AND POOLS INC 1830 S SCALES ST REIDSVILLE NC 27320 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,312.00
3.89.	Nonpriority creditor's name and mailing address CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,440.48
3.90.	Nonpriority creditor's name and mailing address CIVCO MEDICAL SOLUTION RADIOTHERAPY 1401 8TH ST SE PO BOX 320 ORANGE CITY IA 51041 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$224.18

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3.91.	Nonpriority creditor's name and mailing address CIVCO MEDICAL SOLUTIONS 1401 8TH ST SE PO BOX 320 ORANGE CITY IA 51041 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$241.27
3.92.	Nonpriority creditor's name and mailing address CLARO GROUP 321 N CLARK STE 1200 CHICAGO IL 60654 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,000.00
3.93.	Nonpriority creditor's name and mailing address CLINICAL INNOVATIONS 2840 MOMENTUM PLACE CHICAGO IL 60689-5327 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$438.30

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3.94.	Nonpriority creditor's name and mailing address CNP TECHNOLOGIES 806 TYVOLA RD STE 102 CHARLOTTE NC 28217 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,130.72
3.95.	Nonpriority creditor's name and mailing address COASTAL LIFE SYSTEMS INC 7027 FAIRGROUNDS PKWY STE 101 SAN ANTONIO TX 78238 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$357.05
3.96.	Nonpriority creditor's name and mailing address COBEX RECORDERS INC 6601 LYONS RD F7 COCONUT CREEK FL 33073 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$77.50

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3.97.	Nonpriority creditor's name and mailing address COLEMAN, ANNA B Address Intentionally Omitted Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.98.	Nonpriority creditor's name and mailing address COMMUNICATION SERVICES FOR THE DEAF AND HARD OF HEARING 1175 REVOLUTION MILL DR STE 15 GREENSBORO NC 27405 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$172.45
3.99.	Nonpriority creditor's name and mailing address COMPLIANT HEALTHCARE TECH 110 TRADITION TRL HOLLY SPRINGS NC 27540 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,573.60

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3.100.	Nonpriority creditor's name and mailing address CONMED CORP/BARD PO BOX 6814 NEW YORK NY 10249-6814 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,427.10
3.101.	Nonpriority creditor's name and mailing address CONVERGENCE MEDICAL STAFFING CONVERGENCE SVC GROUP STAFFING 5200 SEVENTY-SEVEN CTR DR STE 550 CHARLOTTE NC 28217 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,256.75
3.102.	Nonpriority creditor's name and mailing address COOK MEDICAL INC P O BOX 489 BLOOMINGTON IN 47402-0489 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$448.14

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3.103.	Nonpriority creditor's name and mailing address COOK MEDICAL INCORPORATED P O BOX 489 BLOOMINGTON IN 47402-0489 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,875.13
3.104.	Nonpriority creditor's name and mailing address COOPER SURGICAL 95 CORPORATE DR TRUMBULL CT 06611 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,834.98
3.105.	Nonpriority creditor's name and mailing address COVIDIEN PO BX 120823 DALLAS TX 75312-0823 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$38,445.85

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3.106.	Nonpriority creditor's name and mailing address COVIDIEN PO BX 120823 DALLAS TX 75312-0823 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,226.55
3.107.	Nonpriority creditor's name and mailing address COVIDIEN PO BX 120823 DALLAS TX 75312-0823 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$95.11
3.108.	Nonpriority creditor's name and mailing address COVISINT CORPORATION DRAWER # 674600 DETROIT MI 48267-4600 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,880.00

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3.109.	Nonpriority creditor's name and mailing address COX, PAM 230 COUNTRY CLUB DR EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30.00
3.110.	Nonpriority creditor's name and mailing address CREED REFRIGERATION PO BOX 1020 SUMMERFIELD NC 27358 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,513.18
3.111.	Nonpriority creditor's name and mailing address CRESENT LASER TECHNOLOGIES INC 349-L COOPERFIELD BLVD STE 361 CONCORD NC 28025 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,456.82

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3.112.	Nonpriority creditor's name and mailing address CROSS COUNTRY STAFFING ANN FERREANO PO BOX 404674 ATLANTA GA 30384-4674 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$54,643.78
3.113.	Nonpriority creditor's name and mailing address CROTHALL 1500 LIBERTY RIDGE DR STE 210 WAYNE PA 19087 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$277,985.50
3.114.	Nonpriority creditor's name and mailing address CURBELL MEDICAL PRODUCTS INC 7 COBHAM DR ORCHARD PARK NY 14127 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$327.00

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3.115. Nonpriority creditor's name and mailing address CUSTOM MEDICAL SPECIALTIES, INC 306 E BROWN ST BOX 177 PINE LEVEL NC 27568 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$329.60
3.116. Nonpriority creditor's name and mailing address DATA DISTRIBUTING LLC 107 DAKOTA AVE SANTA CRUZ CA 95060 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$207.00
3.117. Nonpriority creditor's name and mailing address DATABASE SOLUTIONS INC 3205 WESTSIDE PK CT MOBILE AL 36695-8553 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,706.80

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3.118.	Nonpriority creditor's name and mailing address DATEX-OHMEDA/GE HEALTHCARE DATEX-OHMEDA PO BOX 641936 PITTSBURGH PA 15264-1936 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,149.80
3.119.	Nonpriority creditor's name and mailing address DAVITA TOTAL RENAL CARE OF NC PO BOX 781607 PHILADELPHIA PA 19178-1607 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,065.45
3.120.	Nonpriority creditor's name and mailing address DEBS CLEANING SERVICE 100 PLEASANT RIDGE RD STONEVILLE NC 27048 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$265.00

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3.121.	Nonpriority creditor's name and mailing address DEPUY SYNTHES 1690 RUSSELL RD (06) PAOLI PA 19301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$20,458.00
	Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.122.	Nonpriority creditor's name and mailing address DERMA SCIENCES INC 1694 SOLUTION CTR CHICAGO IL 60677	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,141.27
	Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123.	Nonpriority creditor's name and mailing address DEROYAL INDUSTRIES 200 DEBUSK LN POWELL TN 37849	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,045.80
	Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.124.	Nonpriority creditor's name and mailing address DILON TECHNOLOGIES 12050 JEFFERSON AVE NEWPORT NEWS VA 23606 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$831.68
3.125.	Nonpriority creditor's name and mailing address DIRECT SUPPLY INC 6767 N INDUSTRIAL RD MILWAUKEE WI 53223 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$367.10
3.126.	Nonpriority creditor's name and mailing address DIXON HUGHES GOODMAN FRANKIE WILSON 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,000.00

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3.127. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$13,617.74
DNV GL HEALTHCARE USA INC DEPT 3479 PO BOX 123479 DALLAS TX 75312-3479		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.128. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$7,692.27
DRY-TECH COMMERCIAL ROOFING 310 OSTWALT AMITY RD TROUTMAN NC 28166		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.129. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$579.89
DUTCH OPHTHALMIC 10 CONTINENTAL DR EXETER NH 03833		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.130.	Nonpriority creditor's name and mailing address DYERS INC 233 S HAMILTON STREET EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,211.05
3.131.	Nonpriority creditor's name and mailing address E CLINICAL WORKS LLC 555 NORTH PT CTR E #515 ALPHARETTA GA 30022 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,211.77
3.132.	Nonpriority creditor's name and mailing address EAGLE SURGICAL PRODUCTS LLC LEGAL DEPT BANKRUPTCY 3 DASHWOOD CT THE HILLS TX 78738 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,000.00

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3.133. Nonpriority creditor's name and mailing address EAST CAROLINA UNIVERSITY BRODY SCH 600 MOYE BLVD GREENVILLE NC 27858-4354 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,744.20
3.134. Nonpriority creditor's name and mailing address EATON CORPORATION DEVONA BLAKE MICHAEL P BAKER A P 7008 HARPS MILLS RD STE 105 RALEIGH NC 27615 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,593.45
3.135. Nonpriority creditor's name and mailing address ECOLAB FOOD SAFETY SPECIALTIES SALES REP MIKE SECRIST 370 N WABASHA ST ST PAUL MN 55102 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,789.81

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3.136.	Nonpriority creditor's name and mailing address ECOLAB/MICROTEK MEDICAL 512 LEHMBERG RD COLUMBUS MS 39704 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$468.20
3.137.	Nonpriority creditor's name and mailing address EDEN CHAMBER OF COMMERCE 678 S VAN BUREN RD EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$460.00
3.138.	Nonpriority creditor's name and mailing address EDEN'S OWN LISA FINNEY DOSS 5197 NC HWY 14 EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$405.90

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3.139.	Nonpriority creditor's name and mailing address ELEKTA INC 400 PERIMETER CENTER TERRACE STE 50 ATLANTA GA 30346 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$127,115.16
3.140.	Nonpriority creditor's name and mailing address EMI IMAGING RECYCLING SERVICES 636 COMMERCE ST STUART VA 24171 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$801.13
3.141.	Nonpriority creditor's name and mailing address ENDO CHOICE INC 11810 WILLS RD STE 100 ALPHARETTA GA 30009-2089 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,277.27

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3.142. Nonpriority creditor's name and mailing address ENTERPRISE MEDICAL SERVICES 12825 FLUSHING MEADOW DR ST LOUIS MO 63131 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,000.00
3.143. Nonpriority creditor's name and mailing address ERBE INC ERBE USA INC 2225 NORTHWEST PKWY #218 MARIETTA GA 30067 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,892.55
3.144. Nonpriority creditor's name and mailing address EXIT SERVICES LLC 5554 N CHURCH STREET GREENSBORO NC 27455 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$350.00

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3.145.	Nonpriority creditor's name and mailing address EXPERIAN PASSPORT HEALTH COMMUN PO BOX 2318 COLUMBUS GA 31902-2318 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,095.17
3.146.	Nonpriority creditor's name and mailing address FASTENAL COMPANY 701 LOYAL ST DANVILLE VA 24541 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$466.00
3.147.	Nonpriority creditor's name and mailing address FIRSTPOINT RESOURCES INC FIRSTPOINT COLLECTION RESOURCES INC 2840 ELECTRIC RD ROANOKE VA 24018 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,324.86

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3.148.	Nonpriority creditor's name and mailing address FISHER SCIENTIFIC /ATLANTA LEGAL DEPT BANKRUPTCY PO BOX 4829 NORCROSS GA 30091 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,263.09
3.149.	Nonpriority creditor's name and mailing address FOLLETT CORPORATION 801 CHURCH LN EASTON PA 18044 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$728.50
3.150.	Nonpriority creditor's name and mailing address FORTIFIED HEALTH SECURITY 501 CORPORATE CENTRE DR FRANKLIN TN 37067 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,000.00

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3.151.	Nonpriority creditor's name and mailing address FREEMAN ELECTRONICS INC PO BOX 7244 GREENSBORO NC 27417 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,334.13
3.152.	Nonpriority creditor's name and mailing address FUSION MEDICAL STAFFING LLC PO BOX 82674 LINCOLN NE 68501-2674 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,478.10
3.153.	Nonpriority creditor's name and mailing address GE HEALTHCARE/402076 JERRI 61 BARNES PK RD NORTH WALLINGFORD CT 06492-0333 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,762.84

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3.154.	Nonpriority creditor's name and mailing address GEDDIS INCORPORATED 2221 PADDOCK CIR DUNEDIN FL 34698 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$395.00
3.155.	Nonpriority creditor's name and mailing address GEORGE J WHITE CONSULTING GEORGE J WHITE PE 1035 PARTRIDGE CIR SALISBURY NC 28147 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,397.96
3.156.	Nonpriority creditor's name and mailing address GOLDEN EAGLE TECH RESOURCE, LLC 2170 ABBOTTS CREEK CHURCH RD HIGH POINT NC 27265 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$768.60

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3.157.	Nonpriority creditor's name and mailing address GOODMAN COMPANY LP PO BOX 203071 HOUSTON TX 77216-3071 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,563.86
3.158.	Nonpriority creditor's name and mailing address GORE & ASSOCIATES HOLLY 1500 N 4TH ST FLAGSTAFF AZ 86004 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$900.00
3.159.	Nonpriority creditor's name and mailing address GRAINGER INC DEPT 803816990 PALATINE IL 60038-0001 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,830.38

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3.160.	Nonpriority creditor's name and mailing address GREENSBORO AHEC 1200 N ELM ST GREENSBORO NC 27401 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$420.00
3.161.	Nonpriority creditor's name and mailing address GREENSBORO RADIOLOGY MISSY PRUITT 1331 N ELM ST STE 200 GREENSBORO NC 27401-6304 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,318.53
3.162.	Nonpriority creditor's name and mailing address HALEY, PATRICIA ANN WALTER K BURTON BURTON SUE & ANDERSON LLP 419 N. ELM STREET P.O. BOX 20083 GREENSBORO NC 27420 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ALLEGED LITIGATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.163.	Nonpriority creditor's name and mailing address HAND CRAFT LINEN SERVICES 2828 COFER RD RICHMOND VA 23224 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,812.85
3.164.	Nonpriority creditor's name and mailing address HEALTH CARE LOGISTICS INC PO BOX 400 CIRCLEVILLE OH 43113-0400 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$506.44
3.165.	Nonpriority creditor's name and mailing address HEALTH INFORMATION ASSOCIATES INC REBECCA 406 N MAIN ST ABBEVILLE SC 29620 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,590.00

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3.166.	Nonpriority creditor's name and mailing address HEALTHCARE RECEIVABLES GROUP PO BOX 11685 KNOXVILLE TN 37919 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$32,294.28
3.167.	Nonpriority creditor's name and mailing address HEALTHCARE SOURCE HR INC PO BOX 783577 PHILADELPHIA PA 19178-3577 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,495.00
3.168.	Nonpriority creditor's name and mailing address HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$47,405.02

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3.169.	Nonpriority creditor's name and mailing address HEFF MEDICAL LLC LEGAL DEPT BANKRUPTCY 46 MILDRED CT NESCONSET NY 11767 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$176.63
3.170.	Nonpriority creditor's name and mailing address HEMOCUE/AMERICA 32669 COLLECTION CTR DR CHICAGO IL 60693-0326 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$120.63
3.171.	Nonpriority creditor's name and mailing address HENRY SCHEIN BOX 382023 PITTSBURGH PA 15250-8023 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$58.06

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3.172. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,195.00
HFMA 2 WESTBROOK CORPORATE CTR STE 700 WESTCHESTER IL 60154		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.173. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$338.35
HIGH COUNTRY MEDICAL 286-A HOWELL RD LANSING NC 28643		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$6,452.27
HILL ROM PO BX 643592 PO BOX 643592 PITTSBURGH PA 15264-3592		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.175.	Nonpriority creditor's name and mailing address HIPSAVER INC DERMASAYER PRODUCTS 70 HUBBARD ST CANTON MA 02021 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$593.69
3.176.	Nonpriority creditor's name and mailing address HOLOGIC INC 35 CROSBY DR BEDFORD MA 01730 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,201.28
3.177.	Nonpriority creditor's name and mailing address HOLOGIC/CYTYC SURGICAL LIMITED 1047 ELWELL CT PALO ALTO CA 94303 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,186.41

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3.178.	Nonpriority creditor's name and mailing address HOSPITAL PORTAL NET 5105 TOLLVIEW DR STE 109 ROLLING MEADOWS IL 60008 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,983.52
3.179.	Nonpriority creditor's name and mailing address HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,600.00
3.180.	Nonpriority creditor's name and mailing address HUFFMAN MEDICAL INC KEVIN HUFFMAN KAREN LUNSFORD 2260 HARRINGTON HWY EDEN NC 27289 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$450.00

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3.181.	Nonpriority creditor's name and mailing address HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,736.00
3.182.	Nonpriority creditor's name and mailing address IATRIC SYSTEMS 27 GREAT POND DR BOXFORD MA 01921 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,506.51
3.183.	Nonpriority creditor's name and mailing address IHS-INDEPENDENT HEALTHCARE STAFFING 7460 WARREN PKWY STE 250 FRISCO TX 75034 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,323.75

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3.184.	Nonpriority creditor's name and mailing address IMD INTERNATIONAL MEDICAL 560 HIGHWAY 39 HUNTSVILLE UT 84317 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$249.00
3.185.	Nonpriority creditor's name and mailing address INNOVATIVE GROUP PO BX 5183 WINSTON SALEM NC 27113-5183 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,407.62
3.186.	Nonpriority creditor's name and mailing address INSTRUMENTATION LAB/WERFEN USA LLC PO BOX 347934 PITTSBURGH PA 15251-4934 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,360.16

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3.187. Nonpriority creditor's name and mailing address INTERSTATE ALL BATTERY CENTER 418 TRADE ST STE D DANVILLE VA 24540 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$59.05
3.188. Nonpriority creditor's name and mailing address IRON EAGLE TIRE & BODY BARRY 217 W MEADOW RD EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13.60
3.189. Nonpriority creditor's name and mailing address IRON MOUNTAIN RECORDS MANAGEMENT GEOFF HORN TAMMY 1020 WINSTON ST GREENSBORO NC 27405 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,028.25

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3.190.	Nonpriority creditor's name and mailing address IT'S NEVER 2 LATE MATTHEW VALDEZ 7330 S ALTON WAY STE O CENTENNIAL CO 80112 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$314.92
3.191.	Nonpriority creditor's name and mailing address IVEY MECHANICAL CO 695 N HOLLAND AVE DUNN NC 28334 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,542.48
3.192.	Nonpriority creditor's name and mailing address JACOB ADAMS COMMERCIAL MAINTENANCE AND LANDSCAPING 225 BRANDON CT DANVILLE VA 24541 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,050.00

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3.193.	Nonpriority creditor's name and mailing address JENKINS WASTE MANAGEMENT INC PO BOX 216 BROWNS SUMMIT NC 27214 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.194.	Nonpriority creditor's name and mailing address JFS CONSULTING INC JOHN F SWEENEY PO BOX 41260 GREENSBORO NC 27404 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,896.48
3.195.	Nonpriority creditor's name and mailing address JOHNSON AND JOHNSON 425 HOES LN PO BOX 6800 PISCATAWAY NJ 08855-6800 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,978.99

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3.196.	Nonpriority creditor's name and mailing address JOHNSON CONTROLS INC RONNIE JENNINGS CONNIE - AP 5757 N GREEN BAY AVE PO BOX 591 MILWAUKEE WI 53201 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$191.98
3.197.	Nonpriority creditor's name and mailing address JUST MEDICAL INC 1071 JAMESTOWN BLVD D-6 WATKINSVILLE GA 30677 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,933.20
3.198.	Nonpriority creditor's name and mailing address KCI THERAPEUTIC SERVICES INC MARY ARMSTRONG 6300-A WESTGATE RD RALEIGH NC 27613 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,528.17

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3.199.	Nonpriority creditor's name and mailing address KERMA MEDICAL PRODUCTS TRINA (98) 215 SUBURBAN DR SUFFOLK VA 23434 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$810.14
3.200.	Nonpriority creditor's name and mailing address KEY SURGICAL ACCOUNTS RECEIVABLE 7101 YORK AVE SOUTH MINNEAPOLIS MN 55435 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$262.60
3.201.	Nonpriority creditor's name and mailing address KIDS LOVE STICKERS/MEDIBADGE INC 7250 REYNOLDS ST OMAHA NE 68122 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57.94

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3.202.	Nonpriority creditor's name and mailing address LABORATORY CORP OF AMERICA PO BOX 12140 BURLINGTON NC 27216-2190 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,836.72
3.203.	Nonpriority creditor's name and mailing address LAMAR COMPANIES OUTDOOR ADVERTISING PO BOX 96030 BATON ROUGE LA 70896 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,250.00
3.204.	Nonpriority creditor's name and mailing address LANDAUER INC 2 SCIENCE RD GLENWOOD IL 60425-1586 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$639.21

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3.205.	Nonpriority creditor's name and mailing address LANGUAGE LINE SERVICES 1 LOWER RAGSDALE DR BLDG 2 MONTEREY CA 93940 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$677.78
3.206.	Nonpriority creditor's name and mailing address LANIER, WANDA 10715 FRANKLIN TPKE DR DRYFORK VA 24549 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72.00
3.207.	Nonpriority creditor's name and mailing address LANTHEUS MEDICAL IMAGING INC 331 TREBLE COVE RD BILLERICA MA 01862 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$836.30

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3.208.	Nonpriority creditor's name and mailing address LARAYAN SPRING WATER 7449 NC HIGHWAY 14 EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$421.13
3.209.	Nonpriority creditor's name and mailing address LDI CORPORATION 3560 LAFAYETTE RD BLDG 2 STE C PORTSMOUTH NH 03801 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$375.12
3.210.	Nonpriority creditor's name and mailing address LEGACY HEALTHCARE SERVICES INC PO BOX 743715 ATLANTA GA 30384-3715 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$568,154.05

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3.211. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,259.11
LR PRICE EQUIPMENT HOBART PO BOX 16051 GREENSBORO NC 27406		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.212. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$29,047.50
LRS HEALTHCARE 14748 W CTR RD STE 300 OMAHA NE 68144		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.213. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$23,051.16
M*MODAL SERVICES LTD LTD PO BOX 530504 ATLANTA GA 30353-8504		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.214.	Nonpriority creditor's name and mailing address MADISON MAYODAN ROTARY CLUB PO BOX 557 MADISON NC 27025 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.215.	Nonpriority creditor's name and mailing address MAINLINE MEDICAL INC 3250-J PEACHTREE CORNER CIR NORCROSS GA 30092-4301 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$717.60
3.216.	Nonpriority creditor's name and mailing address MARKETLAB INC 6850 SOUTHBELT DR SE CALEDONIA MI 49316 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$102.95

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3.217.	Nonpriority creditor's name and mailing address MARTIN, SUE 65 ZIMMERMAN RD BLANCH NC 27212 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.218.	Nonpriority creditor's name and mailing address MCKESSON MEDICAL-SURGICAL INC 1585 DEER RUN CT OAK RIDGE NC 27310 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,781.24
3.219.	Nonpriority creditor's name and mailing address MCR MEDICAL SUPPLY 3341 CENTERPOINT DR STE C GROVE CITY OH 43123 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$49.90

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3.220.	Nonpriority creditor's name and mailing address MCWHORTER, DENISE 4180 STONEY MOUNTAIN RD MARTINSVILLE VA 24112 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$34.99
3.221.	Nonpriority creditor's name and mailing address MEAD JOHNSON NUTRITION 15919 COLLECTIONS CTR DR CHICAGO IL 60693 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66.59
3.222.	Nonpriority creditor's name and mailing address MECTRA LABS INC 350 TWO QUALITY WAY PO BOX BLOOMFIELD IN 47424 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$48.00

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3.223. Nonpriority creditor's name and mailing address MEDASSIST FIRSTSOURCE SOLUTIONS 6455 RELIABLE PKWY CHICAGO IL 60686 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$81,397.54
3.224. Nonpriority creditor's name and mailing address MEDELA INC DAN STANCZAK 1101 CORPORATE DR P O BOX 660 MCHENRY IL 60051-0660 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$567.60
3.225. Nonpriority creditor's name and mailing address MEDESTAR 1603 LBJ FREEWAY SUITE 700 DALLAS TX 75234 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$26,617.25

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3.226. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MEDICAL INFORMATION TECHNOLOGY INC MEDITECH CIR WESTWOOD MA 02090		\$44,162.00
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.227. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MEDICAL SOLUTIONS LLC 1010 NORTH 102ND ST STE 300 OMAHA NE 68114		\$57,319.96
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.228. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MEDISOLV INC 10440 LITTLE PATUXENT PKWY STE 1000 COLUMBIA MD 21044		\$12,400.00
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.229.	Nonpriority creditor's name and mailing address MEDIVATORS INC 14605 28TH AVE NORTH MINNEAPOLIS MN 55447 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,268.60
3.230.	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$46,438.64
3.231.	Nonpriority creditor's name and mailing address MED-PAT INC 1750 BRIELLE AVE BLDG A6 WANAMASSA NJ 07712 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$111.80

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3.232.	Nonpriority creditor's name and mailing address MEDTRONIC SD USA INC 1800 PYRAMID PL MEMPHIS TN 38132 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$19,680.51
3.233.	Nonpriority creditor's name and mailing address MEDTRONIC USA INC 11811 WILLOWS RD NE REDMOND WA 98052 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$77,349.35
3.234.	Nonpriority creditor's name and mailing address MERCURY MEDICAL X MAUREEN MULLER 11300 49TH ST NORTH CLEARWATER FL 33762 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$455.99

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3.235. Nonpriority creditor's name and mailing address MERCY SURGICAL DRESSING GR INC 4 ZESTA DR PITTSBURGH PA 15205 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$891.78
3.236. Nonpriority creditor's name and mailing address MERICLE, JEFF 213 HOMESTEAD DR STONEVILLE NC 27048 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$120.99
3.237. Nonpriority creditor's name and mailing address MERIT MEDICAL SYSTEMS, INC 1600 WEST MERIT PKWY SOUTH JORDAN UT 84095 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$944.91

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3.238.	Nonpriority creditor's name and mailing address MERRILL COMMUNICATIONS CORPORATION LEGAL DEPT BANKRUPTCY ONE MERRILL CIR ST PAUL MN 55108 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,265.40
3.239.	Nonpriority creditor's name and mailing address MES, INC 1968 E US HWY 90 SEGUIN TX 78155 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$83.30
3.240.	Nonpriority creditor's name and mailing address METROPOLITAN ROOFING CO DAVID MCCOLLUM 2199 MOIR MILL RD REIDSVILLE NC 27320 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,233.15

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3.241. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MICROTEK MEDICAL PO BOX 911633 FILE 4033P DALLAS TX 75391-1633		\$67.78
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.242. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MID-STATE PLUMBING 1585 BROOKFORD INDUSTRIAL KERNERSVILLE NC 27284		\$11,308.90
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.243. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MILLENIA MEDICAL STAFFING SERVICES PO BOX 162713 ATLANTA GA 30321-2713		\$32,087.80
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.244.	Nonpriority creditor's name and mailing address MINDRAY/DATASCOPE CORPORATION MINDRAY DS USA INC 800 MACARTHUR BLVD MAHWAH NJ 07430 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,112.09
3.245.	Nonpriority creditor's name and mailing address MOONLIGHTING SOLUTIONS 1155 OREVOLUTION MILL DR STUDIO 12 GREENSBORO NC 27405 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$182,143.34
3.246.	Nonpriority creditor's name and mailing address MOORE MEDICAL CORP. 1690 NEW BRITAIN AVE PO BOX 4066 FARMINGTON CT 06032-4066 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,133.56

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3.247. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MOORE, BRENDA @ SHC 360 PINE RD EDEN NC 27288		\$22.42
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.248. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201		\$281.84
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.249. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
MORRISON HEALTHCARE PO BOX 102289 ATLANTA GA 30368-2289		\$358,256.90
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.250.	Nonpriority creditor's name and mailing address MOUNTAIN PARK SPRING WATER 2835 LOWERY ST WINSTON SALEM NC 27101 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22.22
3.251.	Nonpriority creditor's name and mailing address MSDS ON LINE INC 27185 NETWORK PL CHICAGO IL 60673-1271 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,430.00
3.252.	Nonpriority creditor's name and mailing address MUSCULOSKELETAL TRANSPLANT FOUNDATI 125 MAY ST EDISON EDISON NJ 08837 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,640.20

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3.253.	Nonpriority creditor's name and mailing address NAPA OF EDEN 730 S VAN BUREN RD EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$61.50
3.254.	Nonpriority creditor's name and mailing address NATIONAL FIRE PROTECTION ASSOC PO BOX 8977 QUINCY MA 02169 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$472.95
3.255.	Nonpriority creditor's name and mailing address NATUS MEDICAL INC 1501 INDUSTRIAL RD SAN CARLOS CA 94070 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,826.64

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3.256. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,716.00
NC DEPT HEALTH & HUMAN SERVICES CONTROLLER'S OFFICE 101 BLAIR DR RALEIGH NC 27603		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.257. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$29,860.00
NC EMERGENCY PHYSICIAN SERVICES PO BOX 82368 LAFAYETTE LA 70598-2368		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.258. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,180.00
NC RADIATION PROTECTION SECTION 1645 MAIL SERVICE CTR RALEIGH NC 27699-1645		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.259.	Nonpriority creditor's name and mailing address NCHEWC FUND 6525 MORRISON BLVD STE 200 CHARLOTTE NC 28221 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57,671.00
3.260.	Nonpriority creditor's name and mailing address NEWMATIC MEDICAL 6850 SOUTHBELT DR CALEDONIA MI 49316 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$264.34
3.261.	Nonpriority creditor's name and mailing address NEWS AND RECORD-GREENSBORO 200 EAST MARKET ST GREENSBORO NC 27409 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,904.37

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3.262.	Nonpriority creditor's name and mailing address NH WINSTON NEUROLOGY DR LEROY SEAX 1492 RYMCO DR WINSTON SALEM NC 27103 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$412.50
3.263.	Nonpriority creditor's name and mailing address NICHOLS, HAROLD MD 4107 HIGH ROCK RD GIBSONVILLE NC 27249 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,600.00
3.264.	Nonpriority creditor's name and mailing address NORTHFIELD INSTRUMENT SERVICES NORTHFIELD RAPAIR 4210 TUDOR LN GREENSBORO NC 27410 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$939.02

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3.265.	Nonpriority creditor's name and mailing address NOVA BIOMEDICAL 200 PROSPECT ST WALTHAM MA 02454-9141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$10,376.10
	Date or dates debt was incurred <hr/>	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: <hr/>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.266.	Nonpriority creditor's name and mailing address NOVANT HEALTH CARDIOLOGY KEVIN BENSON 518 S VAN BUREN RD STE 3 EDEN NC 27288-5017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$34,710.00
	Date or dates debt was incurred <hr/>	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: <hr/>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.267.	Nonpriority creditor's name and mailing address NOVANT HEALTH SHARED SERVICES 2085 FRONTIS PLZ WINSTON SALEM NC 27103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$120,821.00
	Date or dates debt was incurred <hr/>	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: <hr/>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.268.	Nonpriority creditor's name and mailing address NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$9,466.84
	Date or dates debt was incurred <hr/>	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: <hr/>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.269.	Nonpriority creditor's name and mailing address NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$631,629.94
	Date or dates debt was incurred <hr/>	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: <hr/>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.270.	Nonpriority creditor's name and mailing address OCELCO, INC 1111 INDUSTRIAL PK RD BRAINERS MN 56401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$331.44
	Date or dates debt was incurred <hr/>	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: <hr/>	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**3.271. **Nonpriority creditor's name and mailing address**OLYMPUS/GYRUS
3500 CORPORATE PKWY
CENTER VALLEY PA 18034-0610**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$105.54

3.272. **Nonpriority creditor's name and mailing address**OPTIMUM OUTCOMES
2 CHASE CORPORATE DR
STE 160
HOOVER AL 35244**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$551.95

3.273. **Nonpriority creditor's name and mailing address**OPTUM 360
11000 OPTUM CIR
EDEN PRAIRIE MN 55344**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$410.32

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

3.274. Nonpriority creditor's name and mailing address ORGANOGENESIS INC 150 DAN RD CANTON MA 02021 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,295.00
3.275. Nonpriority creditor's name and mailing address ORKIN PO BX 638898 CINCINNATI OH 45263-8898 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,745.98
3.276. Nonpriority creditor's name and mailing address PARALLON /CHICAGO IL 1100 CHARLOTTE AVE STE 1600 NASHVILLE TN 37203 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$155,170.75

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

3.277. Nonpriority creditor's name and mailing address PATHOLOGISTS DIAGNOSTIC LABORATORY PO BOX 30369 WINSTON SALEM NC 27130 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$480.00
3.278. Nonpriority creditor's name and mailing address PATHPROOF, LLC 3630 W MAPLE RD 107 BLOOMFIELD HILLS MI 48301 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$178.00
3.279. Nonpriority creditor's name and mailing address PATIENT TELEPHONE SUPPLY PO BOX 84372 BATON ROUGE LA 70884-4372 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$188.00

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

3.280. Nonpriority creditor's name and mailing address PATTERSON MEDICAL 28100 TORCH PKWY STE 700 WARRENVILLE IL 60555-3938 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,873.94
3.281. Nonpriority creditor's name and mailing address PCI RIPPEY'S ADVERTISING ANDWERS 413 CHURCH ST EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$503.18
3.282. Nonpriority creditor's name and mailing address PEM FILLINGS DAVID WAGNER MANAGING MEMBER 50 WATERBURY RD #357 PROSPECT CT 06712 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,275.68

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**3.283. **Nonpriority creditor's name and mailing address**

PENSION BENEFIT GUARANTY CORP
OFFICE OF CHIEF COUNSEL
1200 K ST NW
WASHINGTON DC 20005

Date or dates debt was incurred
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

PENSION LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNDETERMINED

3.284. **Nonpriority creditor's name and mailing address**

PENTAX
ESTEE
3 PARAGON DR
MONTVALE NJ 07645-1856

Date or dates debt was incurred
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$480.31

3.285. **Nonpriority creditor's name and mailing address**

PHARMEDIUM SERVICES LLC
150 N FIELD DR STE 350
LAKE FOREST IL 60045

Date or dates debt was incurred
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$8,277.71

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

3.286.	Nonpriority creditor's name and mailing address PHARMERICA BANK OF AMERICA PO BOX 409251 ATLANTA GA 30384-9251 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72,045.33
3.287.	Nonpriority creditor's name and mailing address PHCI DBA GREAT LAKES SURGICAL 2563 WEST CREEDY ROAD WARHOUSE 1 BELLOTT WI 53511 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$630.70
3.288.	Nonpriority creditor's name and mailing address PHILIPS MEDICAL HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,791.36

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

3.289.	Nonpriority creditor's name and mailing address PHILLIPS HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.20
3.290.	Nonpriority creditor's name and mailing address PHILLIPS MED CAPITAL 92449/951307 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,435.52
3.291.	Nonpriority creditor's name and mailing address PHILLIPS MEDICAL SYST N.A.CO/100355 PO BX 100355 ATLANTA GA 30384-0355 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,040.00

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

3.292.	Nonpriority creditor's name and mailing address PIEDMONT SHOPPER 3157 WESTOVER DR DANVILLE VA 24541 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$188.90
3.293.	Nonpriority creditor's name and mailing address PIEDMONT SIGN & ELECTRIC 350 HIGHLAND RIDGE DR MARTINSVILLE VA 24112 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$640.00
3.294.	Nonpriority creditor's name and mailing address PIEDMONT STONE CENTER YANA 1907 S HAWTHORNE RD WINSTON SALEM NC 27103 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$40,700.00

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

3.295.	Nonpriority creditor's name and mailing address POL CONSULTANTS INC WANDA THOMAS 4336 TWISTING CREEK DR HIGH POINT NC 27265 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,450.00
3.296.	Nonpriority creditor's name and mailing address POSEY 5635 PECK RD ARCADIA CA 91006-0020 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,244.64
3.297.	Nonpriority creditor's name and mailing address POSITIVE PROMOTIONS JACKIE SEIFTER 15 GILPIN AVE HAUPPAUGE NY 11788 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$693.43

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

3.298.	Nonpriority creditor's name and mailing address PRECISION DYNAMICS/PDC 13880 DEL SUR ST SAN FERNANDO CA 91340-3490 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,465.49
3.299.	Nonpriority creditor's name and mailing address PREFERRED MEDICAL MARKETING CORP 15720 J JOHN DELANEY DR CHARLOTTE NC 28277 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,122.00
3.300.	Nonpriority creditor's name and mailing address PRESS GANEY ASSOCIATES 404 COLUMBIA PL SOUTH BEND IN 46601 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,210.40

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

3.301.	Nonpriority creditor's name and mailing address PRIME POWER SERVICES 8225 TROON CIR AUSTELL GA 30168 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,639.85
3.302.	Nonpriority creditor's name and mailing address PRIVATE DIAGNOSTIC CLINIC PDC FINANCE 4825 CREEKSTONE DR STE 160 DURHAM NC 27703 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,113.62
3.303.	Nonpriority creditor's name and mailing address PROFESSIONAL FINANCE COMPANY INC 5754 W 11TH ST STE 100 GREELEY CO 80634 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,802.32

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

3.304.	Nonpriority creditor's name and mailing address PROPHYSICS INNOVATIONS INC 410 MILLSTONE DR STE D MORRISVILLE NC 27560-6601 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,550.00
3.305.	Nonpriority creditor's name and mailing address Q-CENTRIX LLC ONE NORTH FRANKLIN STE 1800 CHICAGO IL 60606 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,396.02
3.306.	Nonpriority creditor's name and mailing address QUESET MEDICAL PO BOX 1287 BROCKSTON MA 02030 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$141.00

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

3.307. Nonpriority creditor's name and mailing address RADIOLOGICAL PHYSICS ASSOC -SOUTH 2340 WESTOVER DR WINSTON SALEM NC 27103 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$450.00
3.308. Nonpriority creditor's name and mailing address RANDOLPH COMMUNITY COLLEGE LEGAL DEPT BANKRUPTCY 629 INDUSTRIAL PK AVE ASHEBORO NC 27205 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$149.00
3.309. Nonpriority creditor's name and mailing address RCS WIRELESS COMMUNICATIONS GROUP PO BOX 12609 WINSTON SALEM NC 27117-2609 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,909.74

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

3.310. Nonpriority creditor's name and mailing address REVELS CONTRACTING SERVICES INC 5620 GALLAGHER DR GASTONIA NC 28052 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$190.34
3.311. Nonpriority creditor's name and mailing address REVENUE CYCLE SOLUTIONS GROUP PO BOX 10928 KNOXVILLE TN 37939-0928 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,760.11
3.312. Nonpriority creditor's name and mailing address RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,338.12

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

3.313. Nonpriority creditor's name and mailing address ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,300.28
3.314. Nonpriority creditor's name and mailing address ROLLCALL/IDL TELECOMMUNICATIONS AR DEPT 5000 SAWGRASS VLG CIR STE 30 PONTE VEDRA FL 32082-5042 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$204.63
3.315. Nonpriority creditor's name and mailing address ROYSTER, CINDY S Address Intentionally Omitted Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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

3.316. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
RUHOF CORPORATION LEGAL DEPT BANKRUPTCY 393 SAGAMORE AVE MINEOLA NY 11501		\$483.24
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.317. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SAFETY & HEALTH CONNECTIONS TOM IMBUS 2903 SPENCERS WAY BROWNS SUMMIT NC 27214		\$485.00
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.318. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SAGE SERVICES GROUP 506 DEANNA LN CHARLESTON SC 29492		\$720.00
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	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**

3.319. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
SASSER, PAUL MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.320. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$185.75
SCITECK DIAGNOSTICS PO BOX 562 ARDEN NC 28704-0562		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.321. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$34.95
SECURITY CENTRAL PO BOX 602371 CHARLOTTE NC 28260-2371		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.322. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SHAMROCK SCIENTIFIC 34 DAVIS DRIVE BELWOOD IL 60104		\$123.82
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.323. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SHARN 4517 GEORGE RD STE 200 TAMPA FL 33634		\$1,245.00
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.324. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SHI INTERNATIONAL CORP PO BOX 952121 DALLAS TX 75395-2121		\$23,751.55
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.325. Nonpriority creditor's name and mailing address SIEMENS MEDICAL SOLUTIONS 40 LIBERTY BLVD MALVERN PA 19355 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,850.48
3.326. Nonpriority creditor's name and mailing address SIMPLEX GRINNELL- TYCO DEPT CH 10320 PALATINE IL 60055-0320 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,326.47
3.327. Nonpriority creditor's name and mailing address SMITH ADDRESSING MACHINE 151 TECHNOLOGY DR GARNER NC 27529 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$103.32

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**3.328. **Nonpriority creditor's name and mailing address**SMITH, BRYAN C
Address Intentionally Omitted**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

WORKERS COMPENSATION CLAIM

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.329. **Nonpriority creditor's name and mailing address**SMITHS MEDICAL
LEGAL DEPT BANKRUPTCY
5200 UPPER METRO PL
STE 200
DUBLIN OH 43017**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$939.34

3.330. **Nonpriority creditor's name and mailing address**SOURCEMARK LLC
100 WINNERS CIR
STE 250
BRENTWOOD TN 37027**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$260.04

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3.331. Nonpriority creditor's name and mailing address SOURCEONE/MERRY XRAY MARGARET ENGLAND 10405 K GRANITE ST DIST CTR CHARLOTTE NC 28273 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,755.38
3.332. Nonpriority creditor's name and mailing address SOUTHERN ATLANTIC HEALTHCARE ALLIAN CINDY NOBLING 125 EDINBURGH SOUTH DR STE 200 CARY NC 27511 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,972.94
3.333. Nonpriority creditor's name and mailing address SPECTRA CORP 8131 LBJ FWY STE 360 DALLAS TX 75251 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,275.68

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3.334. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SPRAY COTTON MILLS 413 CHURCH ST PO BOX 3207 EDEN NC 27288		\$300.00
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.335. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
SSI GROUP INC PO BX 11407 BIRMINGHAM AL 35246-2455		\$1,719.00
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.336. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim
STANDARD REGISTER/TAYLOR COMM LEGAL DEPT BANKRUPTCY 12113 W BEAVER ST JACKSONVILLE FL 32220		\$218.91
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.337.	Nonpriority creditor's name and mailing address STANLEY BENEFITS PO BOX 8249 GREENSBORO NC 27419-0249 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$33,395.00
3.338.	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,454.63
3.339.	Nonpriority creditor's name and mailing address STERILMED INC MMH244 MMH040204 11400 73RD AVE NORTH MAPLE GROVE MN 55369 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,518.83

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3.340.	Nonpriority creditor's name and mailing address STERIS CORPORATION LEGAL DEPT BANKRUPTCY 5960 HEISLEY RD MENTOR OH 44060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$771.70
	Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.341.	Nonpriority creditor's name and mailing address STORZ, KARL 10111 W JEFFERSON BLVD CULVER CITY CA 90232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,869.65
	Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.342.	Nonpriority creditor's name and mailing address STRYKER ENDOSCOPY LEGAL DEPT BANKRUPTCY 2825 AIRVIEW BLVD KALAMAZOO MI 49002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$5,096.41
	Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.343. Nonpriority creditor's name and mailing address STRYKER INSTRUMENT SALE CORPORATION LEGAL DEPT BANKRUPTCY 2825 AIRVIEW BLVD KALAMAZOO MI 49002 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$26,318.31
3.344. Nonpriority creditor's name and mailing address STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,382.04
3.345. Nonpriority creditor's name and mailing address STRYKER SPINE MARLANE DUNCAN 21912 NETWORK PL CHICAGO IL 60673-1912 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,752.20

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3.346. Nonpriority creditor's name and mailing address SUMMIT HEALTHCARE SERVICES INC 35 BRAINTREE HILL PK STE 303 BRAINTREE MA 02184 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,440.00
3.347. Nonpriority creditor's name and mailing address SUN NUCLEAR CORP 3275 SUNTREE BLVD MELBOURNE FL 32940 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,222.95
3.348. Nonpriority creditor's name and mailing address SUPERIOR VISION SRVS INC/NGLIC LEGAL DEPT BANKRUPTCY 939 ELKRIDGE LANDING RD STE 200 LINTHICUM MD 21090 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,261.57

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3.349. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$50,325.73
SYNERGY HEALTH 12425 RACETRACK RD TAMPA FL 33626		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.350. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$163.45
SYSTEMS ELECTRONICS INC LEGAL DEPT BANKRUPTCY 4432 HELD RD KNIGHTDALE NC 27545		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.351. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$388.57
TELEFLEX MEDICAL LEGAL DEPT BANKRUPTCY 3015 CARRINGTON MILL BLVD MORRISVILLE NC 27560		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.352. Nonpriority creditor's name and mailing address TENNANT SALES AND SERVICE COMPANY PO BOX 71414 CHICAGO IL 60694-1414 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,214.53
3.353. Nonpriority creditor's name and mailing address THERACOM INC LEGAL DEPT BANKRUPTCY 10407 REGINA CT CLARKSBURG MD 20871 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,600.15
3.354. Nonpriority creditor's name and mailing address TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,540.80

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3.355.	Nonpriority creditor's name and mailing address TOTALMED STAFFING INC LEGAL DEPT BANKRUPTCY 10 E COLLEGE AVE SUITE 300 APPLETON WI 54911 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,093.75
3.356.	Nonpriority creditor's name and mailing address TOWN OF MAYODAN 210 W MAIN ST MAYODAN NC 27027 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30.38
3.357.	Nonpriority creditor's name and mailing address TRACKTRACE RX BCBS TECHNOLOGY DBA EPEDIGREE SOLUTIONS 1601 PARK CTR DR UNIT 10 ORLANDO FL 32835 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.00

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3.358.	Nonpriority creditor's name and mailing address TRANSWORLD SYSTEMS INC LEGAL DEPT BANKRUPTCY 150 N FIELD DR TWO CONWAY PARK STE 200 LAKE FOREST IL 60045 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$970.29
3.359.	Nonpriority creditor's name and mailing address TRIANGLE CERTIFICATION LLC 2224 PAGE RD STE 104 DURHAM NC 27703 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$208.65
3.360.	Nonpriority creditor's name and mailing address TRI-ANIM HEALTH SERVICES INC LEGAL DEPT BANKRUPTCY 5000 TUTTLE CROSSING BLVD DUBLIN OH 43016 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,100.94

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3.361. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$18,381.45
TRUSTAFF TRAVEL NURSES LLC LEGAL DEPT BANKRUPTCY 4675 CORNELL RD STE 100 CINCINNATI OH 45241		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.362. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,851.23
TRUVEN HEALTH ANALYTICS LEGAL DEPT BANKRUPTCY 100 PHOENIX DR ANN ARBOR MI 48108-2635		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.363. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$840.00
TYPENEX MEDICAL LLC LEGAL DEPT BANKRUPTCY 303 EAST WACKER DR STE 1200 CHICAGO IL 60601		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.364. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$534.87
ULINE ACCOUNTS REC PO BOX 88741 CHICAGO IL 60680-1741		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.365. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$24,079.80
ULTIMATE SOFTWARE GROUP INC LEGAL DEPT BANKRUPTCY 2000 ULTIMATE WAY WESTON FL 33326		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

3.366. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$28,891.58
UNUM LIFE INSURANCE CO OF AMERICA LEGAL DEPT BANKRUPTCY 1 FOUNTAIN SQ STE 1 CHATTANOOGA TN 37402		
Date or dates debt was incurred	Basis for the claim:	
_____	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.367.	Nonpriority creditor's name and mailing address US BANK LEGAL DEPT BANKRUPTCY CM-9690 PO BOX 70870 ST PAUL MN 55170-9690 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,963.13
3.368.	Nonpriority creditor's name and mailing address VALLEY BOILER & MECHANICAL LEGAL DEPT BANKRUPTCY 1129 SHENANDOAH AVE NW ROANOKE VA 24017 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,346.14
3.369.	Nonpriority creditor's name and mailing address VERATHON 20001 N CREEK PKWY BOTHELL WA 98011 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$260.91

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

3.370.	Nonpriority creditor's name and mailing address VERIZON PO BOX 660108 DALLAS TX 75266-0108 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3.63
3.371.	Nonpriority creditor's name and mailing address VERTIV SERVICES INC 610 EXECUTIVE CAMPUS DR WESTERVILLE OH 43082 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,846.68
3.372.	Nonpriority creditor's name and mailing address VITAL CARE REPS INC LEGAL DEPT BANKRUPTCY 7650 WEST 8THH ST STE C TINLEY PARK IL 60477 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$51.16

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**3.373. **Nonpriority creditor's name and mailing address**WAGSTAFF, CARL W
Address Intentionally Omitted**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

WORKERS COMPENSATION CLAIM

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

UNDETERMINED

3.374. **Nonpriority creditor's name and mailing address**WASTE MANAGEMENT
PO BOX 105453
ATLANTA GA 30348-5453**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$234.25

3.375. **Nonpriority creditor's name and mailing address**WEISER SECURITY SERVICES INC
LEGAL DEPT BANKRUPTCY
3939 TULANE AVE
NEW ORLEANS LA 70119**Date or dates debt was incurred**
_____**Last 4 digits of account number:****As of the petition filing date, the claim is:**
Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$16,151.76

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

3.376. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$948.00
WEST COAST MEDICAL PO BOX 839 CLEARWATER FL 33757		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.377. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$197.00
WESTON, DANA 419 DEER PATH EDEN NC 27288		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.378. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$572.64
WORKPLACE INTEGRA PO BOX 35767 GREENSBORO NC 27425-5757		
Date or dates debt was incurred _____	Basis for the claim: TRADE PAYABLE	
Last 4 digits of account number:	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**

3.379.	Nonpriority creditor's name and mailing address ZACK PRODUCTS CORPORATION LEGAL DEPT BANKRUPTCY PO BOX 1841 CRANBERRY TOWNSHIP PA 16066 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$716.08
3.380.	Nonpriority creditor's name and mailing address ZEBRA TECHNOLOGIES INTERNATIONAL LEGAL DEPT BANKRUPTCY 3 OVERLOOK PT LINCOLNSHIRE IL 60069 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,479.82
3.381.	Nonpriority creditor's name and mailing address ZIMMER INC LEGAL DEPT BANKRUPTCY 1800 WEST CTR ST PO BOX 70870 WARSAW IN 46581-0708 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,831.14

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775**3.382. **Nonpriority creditor's name and mailing address**

ZOLL MEDICAL CORPORATION
 LEGAL DEPT BANKRUPTCY
 269 MILL RD
 CHELMSFORD MA 01824-4105

Date or dates debt was incurred**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$798.71

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
CARRUTHERS & ROTH PA JUNE L BASDEN 235 N EDGEWORTH ST GREENSBORO NC 27401	Part 2 line 3.245	_____
PENSION BENEFIT GUARANTY CORP DEPT 77430 PO BOX 77000 DETROIT MI 48277-0430	Part 2 line 3.283	_____

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.		UNDETERMINED
5b. Total claims from Part 2	5b.	+	\$5,767,248.64
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$5,767,248.64

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 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. **Title of contract** AMENDMENT 6 TO THE SOFTWARE LICENSE AGREEMENT

State what the contract or lease is for SOFTWARE LICENSE

Nature of debtor's interest CUSTOMER

State the term remaining SEPTEMBER 22, 2019

List the contract number of any government contract _____

3M COMPANY
575 WEST MURRAY BOULEVARD
MURRAY UT 84123-4611

2.2. **Title of contract** EQUIPMENT LEASE

State what the contract or lease is for OMNICYCLE PORTABLE PRINTER LEASE - NURSING HOME

Nature of debtor's interest LESSEE

State the term remaining _____

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

ACCELERATED CARE PLUS / ACP
13828 COLLECTIONS CENTER
DRIVE
CHICAGO IL 60693

2.3. **Title of contract** EMPLOYMENT AGREEMENT

State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT

Nature of debtor's interest EMPLOYER

State the term remaining AUTO RENEWAL

List the contract number of any government contract _____

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

ADAMS, DOUGLAS H. M.D.
M.P.H. D/B/A OMTX
703 WEST CORNWALLIS DRIVE
GREENSBORO NC 27408

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

- 2.4. **Title of contract** MEMBER AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest PROVIDER
State the term remaining DATED AS OF 3/1/2010
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ADVANCED HOME CARE, INC.
 INSTITUTIONAL SERVICES
 PO BOX 890492
 CHARLOTTE NC 28289-0492
- 2.5. **Title of contract** PHYSICIAN HOSPITAL ORGANIZATION AGREEMENT
State what the contract or lease is for LIFE INSURANCE
Nature of debtor's interest PROVIDER
State the term remaining PHYSICIAN HOSPITAL ORGANIZATION AGREEMENT, EXECUTED AS OF 3/15/2002, BY AND BETWEEN AETNA U.S. HEALTHCARE AND PIEDMONT COMMUNITY HEALTHCARE ALLIANCE, AS AMENDED BY, WORKERS' COMPENSATION ADDENDUM TO YOUR PARTICIPATION AGREEMENT, DATED AS OF 11/1/2014, BY AND BETWEEN AETNA LIFE INSURANCE COMPANY AND PIEDMONT COMMUNITY HEALTHCARE ALLIANCE, AS AMENDED BY, WORKERS' COMPENSATION ADDENDUM TO YOUR PARTICIPATION AGREEMENT, DATED AS OF 3/24/2015, BY AND BETWEEN AETNA WORKERS' COMPENSATION ACCESS AND MOREHEAD MEMORIAL HOSPITAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 AETNA LIFE INSURANCE COMPANY
 5152 RIDGE RD
 SEAGROVE NC 27341
- 2.6. **Title of contract** CRICLES OF CARE SERVICE MAINTENANCE AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining OCTOBER 27, 2018
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 AGFA HEALTHCARE CORPORATION
 ATTN: LAUREN ABIDE
 10 S. ACADEMY STREET
 GREENVILLE SC 29601
- 2.7. **Title of contract** INSURANCE POLICY
State what the contract or lease is for CYBER LIABILITY POLICY # 018809177
Nature of debtor's interest INSURED
State the term remaining 10/01/17
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 AIG SPECIALTY INSURANCE CO
 70 PINE STREET
 NEW YORK NY 10270
- 2.8. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ALAMANCE COMMUNITY COLLEGE
 ATTN: DR. ALGIE GATEWOOD
 PRESIDENT
 P.O. BOX 8000
 GRAHAM NC 27253-8000

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

- 2.9. **Title of contract** LICENSE AGREEMENT
State what the contract or lease is for LICENSE AGREEMENT
Nature of debtor's interest LICENSEE
State the term remaining 1 YEAR
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ALDRETE SCORE INC.
PO BOX 4627
SANTA ROSA BEACH FL 32459
- 2.10. **Title of contract** SOFTWARE LICENSE AGREEMENT
State what the contract or lease is for SOFTWARE LICENSE
Nature of debtor's interest USER
State the term remaining AGREEMENT IS EFFECTIVE UNTIL TERMINATED BY FURNISHING WRITTEN NOTICE OF TERMINATION
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN HEALTH TECH, INC.
ATTN: WILLIAM CALDWELL,
PRESIDENT
PO BOX 12310
JACKSON MS 39236-2310
- 2.11. **Title of contract** OPERATING LICENSE
State what the contract or lease is for FIRST DATABANK / E H R IT
Nature of debtor's interest USER
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN HEALTHTECH
PO BOX 936171
ATLANTA GA 31193-6171
- 2.12. **Title of contract** OPERATING LICENSE
State what the contract or lease is for LTC SYSTEM USED AT MNC
Nature of debtor's interest USER
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN HEALTHTECH
PO BOX 936171
ATLANTA GA 31193-6171
- 2.13. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN NATIONAL UNIVERSITY
ATTN: GARY D. JENKINS, RN
DIRECTOR OF HEALTH CARE
EDUCATION
905 NORTH MEMORIAL BOULEVARD
MARTINSVILLE VA 24112

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

- 2.14. **Title of contract** PARTICIPATING PROVIDER AGREEMENT
State what the contract or lease is for MANAGED CARE
Nature of debtor's interest PROVIDER
State the term remaining EXECUTED AS OF 3/23/2012
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 AMERIGROUP VIRGINIA, INC.
 D/B/A AMERIGROUP COMMUNITY CARE
 4425 CORPORATION LANE
 VIRGINIA BEACH VA 23462
- 2.15. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest TENANT
State the term remaining 07/31/2015 NO AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 AMY M. JOYCE, TRUSTEE
 F/B/O MORGAN LEIGH JOYCE TRUST
 PO BOX 17
 STONEVILLE NC 27048
- 2.16. **Title of contract** AMENDMENT 1 TO CONTRACT
State what the contract or lease is for EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ANWAR, MUHAMMAD M.D.
 165 GLENMOOR DR
 EDEN NC 27288
- 2.17. **Title of contract** PHYSICIAN EMPLOYMENT AGREEMENT
State what the contract or lease is for EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining 09/06/2016 AUTO MATIC RENEW FOR 1 YEAR 20 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ANWAR, MUHAMMAD M.D.
 57 BRIDGEWATER COURT
 CHAPEL HILL NC 27517
- 2.18. **Title of contract** API SOFTWARE LICENSE AND EQUIPMENT AND SERVICES PURCHASE AGREEMENT
State what the contract or lease is for LICENSE AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining 6 YEARS
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 API SOFTWARE, INC.
 ATTN: LUIS GARCIA, PRESIDENT
 1550 INNOVATION WAY
 HARTFORD WI 53027

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

- 2.19. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 APPALACHIAN STATE UNIVERISTY
 COLLEGE OF HEALTH SCIENCES
 ATTN: DONNA BROWN, CLINICAL EDUCATOR
 ASU BOX 32041
 BOONE NC 28608-2085
- 2.20. **Title of contract** OPERATING LICENSE
State what the contract or lease is for INTERNET IP NUMBER REGISTRY
Nature of debtor's interest USER
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ARIN
 PO BOX 759477
 BALTIMORE MD 21275-9477
- 2.21. **Title of contract** BUSINESS ASSOCIATE AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest COVERED ENTITY
State the term remaining COVERED ENTITY HAS THE RIGHT TO TERMINATE UPON VIOLATION OF MATERIAL TERM
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ASTRO-MED, INC. - GRASS TECHNOLOGIES
 ASTRO-MED, INC.
 600 EAST GREENWICH AVENUE
 WEST WARWICK RI 02893
- 2.22. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 AVERETT UNIVERSITY
 ATTN: MR. THOM DAVIS
 VICE PRESIDENT OF ACADEMIC AFFAIRS
 420 WEST MAIN STREET
 DANVILLE VA 24541
- 2.23. **Title of contract** PHYSICIAN EMPLOYMENT AGREEMENT
State what the contract or lease is for EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining 07/31/2015 AUTOMATICALLY RENEW FOR 1 YEAR 90 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 BAUER, BRAD M.D.
 2688 BROOKE MEADOW DRIVE
 BROWN SUMMITT NC 27214

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

- 2.24. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
DEERFIELD IL 60015
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.25. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
DEERFIELD IL 60015
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.26. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR BECKMAN COULTER, INC
4300 NORTH HARBORD BLVD
FULLERTON CA 92834-3100
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.27. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR BECKMAN COULTER, INC
4300 NORTH HARBORD BLVD
FULLERTON CA 92834-3100
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.28. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR BECKMAN COULTER, INC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087
- State the term remaining** _____
- List the contract number of any government contract** _____

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

- 2.29. **Title of contract** VARIOUS EQUIPMENT PURCHASE AGREEMENTS & ADDENDUMS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASE AGREEMENT
- Nature of debtor's interest** BUYER
- State the term remaining** AUTO RENEWAL 90 DAYS WRITTEN NOTICE TO CANCEL
- List the contract number of any government contract** _____
- BECKMAN COULTER, INC.
250 S. KRAEMER BLVD.
PO BOX 550
BREA CA 92822-0550
- 2.30. **Title of contract** PHYSICIAN SERVICES/EMPLOYMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER
- State the term remaining** 06/30/2015 AUTO RENEW 90 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
- List the contract number of any government contract** _____
- BENSON, CHRIS M.D.
492 LAKEHURST FARM ROAD
NORWOOD NC 28128
- 2.31. **Title of contract** DEED OF TRUST AND ASSIGNMENT OF RENTS, PROFITS AND INCOME **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MORTGAGE
- Nature of debtor's interest** GRANTOR
- State the term remaining** _____
- List the contract number of any government contract** FHA PROJECT # 053-13010
- BERKADIA COMMERCIAL
MORTGAGE LLC
118 WELSH ROAD
HORSHAM PA 19044
- 2.32. **Title of contract** NEWBRIDGE BANK - CONTROL AGREEMENT FOR DEPOSIT ACCOUNT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADDITIONAL COLLATERAL FOR RECORDED MORTGAGE
- Nature of debtor's interest** BORROWER
- State the term remaining** _____
- List the contract number of any government contract** FHA PROJECT # 053-13010
- BERKADIA COMMERCIAL
MORTGAGE LLC
118 WELSH ROAD
HORSHAM PA 19044
- 2.33. **Title of contract** HOME TRUST BANK - CONTROL AGREEMENT FOR DEPOSIT ACCOUNT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADDITIONAL COLLATERAL FOR RECORDED MORTGAGE
- Nature of debtor's interest** BORROWER
- State the term remaining** _____
- List the contract number of any government contract** FHA PROJECT # 053-13010
- BERKADIA COMMERCIAL
MORTGAGE LLC
118 WELSH ROAD
HORSHAM PA 19044

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

- 2.34. **Title of contract** WELLS FARGO BANK NA - CONTROL AGREEMENT FOR DEPOSIT ACCOUNT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADDITIONAL COLLATERAL FOR RECORDED MORTGAGE
- Nature of debtor's interest** BORROWER **BERKADIA COMMERCIAL MORTGAGE LLC**
118 WELSH ROAD
HORSHAM PA 19044
- State the term remaining** _____
- List the contract number of any government contract** FHA PROJECT # 053-13010
- 2.35. **Title of contract** FIRST CITIZENS BANK & TRUST - CONTROL AGREEMENT FOR DEPOSIT ACCOUNT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADDITIONAL COLLATERAL FOR RECORDED MORTGAGE
- Nature of debtor's interest** BORROWER **BERKADIA COMMERCIAL MORTGAGE LLC**
118 WELSH ROAD
HORSHAM PA 19044
- State the term remaining** _____
- List the contract number of any government contract** FHA PROJECT # 053-13010
- 2.36. **Title of contract** CHANGE ORDER FOR BIT9 PROFESSIONAL SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER **BIT9, INC.**
ATTN: CAROLYN M. URBAN
VP, SERVICES & SUPPORT
266 2ND AVE
WALTHAM MA 02451
- State the term remaining** MARCH 25, 2016
- List the contract number of any government contract** _____
- 2.37. **Title of contract** LETTER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EXTENSION LETTER
- Nature of debtor's interest** CUSTOMER **BIT9, INC.**
ATTN: GORDON POTHIER
VP OF FINANCE
266 2ND AVE
WALTHAM MA 02451
- State the term remaining** APRIL 26, 2016
- List the contract number of any government contract** _____
- 2.38. **Title of contract** CONFIDENTIALITY AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CONFIDENTIALITY AGREEMENT
- Nature of debtor's interest** COMPANY **BIT9, INC.**
ATTN: ERIC PYENSON
VP, GENERAL COUNSEL
266 2ND AVE
2ND FLOOR
WALTHAM MA 02451
- State the term remaining** ONE YEAR UNLESS EXTENDED BY MUTUAL AGREEMENT OR TERMINATED BY 5 BUSINESS DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____

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

- | | | | |
|-------|--|---|---|
| 2.39. | Title of contract | STATEMENT OF WORK FOR BIT9 PROFESSIONAL SERVICES | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICE AGREEMENT | |
| | Nature of debtor's interest | CUSTOMER | BIT9, INC.
ATTN: SANDRA M. O'SULLIVAN
VP, PRESSIONAL SERVICES
266 2ND AVE
WALTHAM MA 02451 |
| | State the term remaining | 03/27/2015 | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.40. | Title of contract | MAINTENANCE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | HVAC MAINTENANCE | |
| | Nature of debtor's interest | USER | BLACKMON SERVICE INC
1601 CROSS BEAM DRIVE
CHARLOTTE NC 28217 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.41. | Title of contract | NETWORK PARTICIPATION AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | MANAGED CARE | |
| | Nature of debtor's interest | PROVIDER | BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA
1968 IVY CREEK BLVD
DURHAM NC 27707 |
| | State the term remaining | DATED 2/15/2014, BY AND BETWEEN BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA AND MOREHEAD MEMORIAL HOSPITAL, AS AMENDED BY, FIRST AMENDMENT TO THE NETWORK PARTICIPATION AGREEMENT, DATED 2/15/2015, BY AND BETWEEN BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA AND MOREHEAD MEMORIAL HOSPITAL, AS AMENDED BY, SECOND AMENDMENT TO THE NETWORK PARTICIPATION AGREEMENT, DATED 7/1/2016, BY AND BETWEEN BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA AND MOREHEAD MEMORIAL HOSPITAL | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.42. | Title of contract | DRAUDITOR SOFTWARE LICENSE & MAINTENANCE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SOFTWARE LICENSE | |
| | Nature of debtor's interest | CUSTOMER | BLUE ELM COMPANY LLC
ATTN: JOHN J. MACKEY,
PRESIDENT
220 ALDER RD
WESTWOOD MA 02090 |
| | State the term remaining | 3 YEARS | |
| | List the contract number of any government contract | _____ | |

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- 2.43. **Title of contract** BUSINESS ASSOCIATE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** COVERED ENTITY BLUE ELM COMPANY LLC
220 ALDER RD
WESTWOOD MA 02090
- State the term remaining** COVERED ENTITY HAS THE RIGHT TO TERMINATE UPON VIOLATION OF MATERIAL TERM
- List the contract number of any government contract** _____
- 2.44. **Title of contract** BUSINESS ASSOCIATE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** COVERED ENTITY BLUEHEALTH TECHNOLOGY
890 NAHUNTA ROAD
PIKEVILLE NC 27863
- State the term remaining** COVERED ENTITY HAS THE RIGHT TO TERMINATE UPON VIOLATION OF MATERIAL TERM
- List the contract number of any government contract** _____
- 2.45. **Title of contract** PHYSICIAN EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER BRADLEY, CANDACE D.O.
8311 CHARTWELL
OAK RIDGE NC 27310
- State the term remaining** 2 YEARS COMMENCING ON 04/01/2016
- List the contract number of any government contract** _____
- 2.46. **Title of contract** SUBSCRIBER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MARKETING
- Nature of debtor's interest** CLIENT BRENTWOOD COMMUNICATIONS INC.
ATTN: CHUCK SNYDER, PRESIDENT
215 JAMESTOWN PARK ROAD
SUITE 203
NASHVILLE TN 37207
- State the term remaining** 1 YEAR
- List the contract number of any government contract** _____
- 2.47. **Title of contract** SUBSCRIBER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MARKETING
- Nature of debtor's interest** _____ BRENTWOOD COMMUNICATIONS, INC.
ATTN: CHUCK SNYDER, PRESIDENT
215 JAMESTOWN PARK ROAD
SUITE 203
NASHVILLE TN 37207
- State the term remaining** 1 YEAR
- List the contract number of any government contract** _____

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- 2.48. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 BROOKSTONE COLLEGE OF BUSINESS
 ATTN: SHANTEA GENTRY
 CAREER PLACEMENT SERVICES/COMMUNITY RELATIONS COORDINATOR
 424 GALLIMORE DAIRY ROAD
 GREENSBORO NC 27409
- 2.49. **Title of contract** PHYSICIAN SERVICES/EMPLOYMENT
State what the contract or lease is for EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining 03/31/2013 AUTO RENEW 120 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 BUIST, NIGEL M.D.
 414 NEW ST.
 EDEN NC 27288
- 2.50. **Title of contract** PRINT MANAGEMENT AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining 36 MONTH TERM PERFORMANCE STARTING 04/14/2015
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 BUSINESS MACHINE PRODUCTS, INC.
 A/K/A BMP PRINT SOLUTIONS
 500 EDWARDIA DRIVE
 GREENSBORO NC 27409
- 2.51. **Title of contract** PHYSICIAN SERVICES/EMPLOYMENT
State what the contract or lease is for EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining 03/31/2013 AUTO RENEW WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 BUTLER, CYNTHIA M.D.
 177 VICTORIA CIRCLE
 MADISON NC 27025
- 2.52. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 CAMPBELL UNIVERSITY, INCORPORATED
 ATTN: JEAN A. WHITE
 COORDINATOR OF EXPERIENTIAL PROGRAMS
 JP RIDDLE PHARMACY CENTER
 207 MAIN STREET
 P.O. BOX 1090 NC 27506

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

- 2.53. **Title of contract** CHANGE ORDER FOR CARBON BLACK, INC. PROFESSIONAL SERVICES
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER
- State the term remaining** 02/28/2016
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CARBON BLACK, INC.
ATTN: CAROLYN URBAN
VP, SERVICES & SUPPORT
1100 WINTER ST
WALTHAM MA 02451
- 2.54. **Title of contract** EQUIPMENT LEASE
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CARDINAL HEALTH 200, INC
7000 CARDINAL PLACE
QWEST BUILDING
DUBLIN OH 43017
- 2.55. **Title of contract** EQUIPMENT LEASE
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CARDINAL HEALTH 200, INC
7000 CARDINAL PLACE
QWEST BUILDING
DUBLIN OH 43017
- 2.56. **Title of contract** EQUIPMENT LEASE
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CARDINAL HEALTH 200, INC.
1450 WAUKEGAN ROAD
MC GAW HILL PARK IL 60085
- 2.57. **Title of contract** PROCUREMENT CONTRACT FOR PROVISIONS OF SERVICES
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** PROVIDER
- State the term remaining** EXECUTED AS OF 8/18/2016
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- CARDINAL INNOVATIONS
HEALTHCARE
4855 MILESTONE AVE
KANNAPOLIS NC 28081

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

- 2.58. **Title of contract** FACILITY SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** PROVIDER **CARE N' CARE INSURANCE COMPANY NORTH CAROLINA, INC.**
- State the term remaining** EXECUTED AS OF 12/22/2015 **1701 RIVER RUN**
- List the contract number of any government contract** _____ **STE 402**
- FORT WORTH TX 76107**
- 2.59. **Title of contract** PHYSICIAN SERVICES/EMPLOYMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **CASE, STEVEN M.D.**
- State the term remaining** 02/03/2015 AUTO RENEW CANCEL FOR CAUSE **532 BRIARWOOD DR**
- List the contract number of any government contract** _____ **EDEN NC 27288**
- 2.60. **Title of contract** OPERATING LICENSE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OFF SITE SAN REPLICATION FOR MEDITECH
- Nature of debtor's interest** USER **CASTLE SYSTEMS**
- State the term remaining** _____ **125 COMMERCE COURT**
- List the contract number of any government contract** _____ **BUILDING #4**
- CHESHIRE CT 06410**
- 2.61. **Title of contract** OPERATING LICENSE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OSDR CENTRAL DISASTER RECOVERY
- Nature of debtor's interest** USER **CASTLE SYSTEMS**
- State the term remaining** _____ **125 COMMERCE COURT**
- List the contract number of any government contract** _____ **BUILDING #4**
- CHESHIRE CT 06410**
- 2.62. **Title of contract** PHYSICIAN SERVICES/EMPLOYMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **CATHEY, LAMONT M.D.**
- State the term remaining** 02/03/2015 AUTO RENEW 90 DAYS WRITTEN NOTICE TO CANCEL **515 THOMPSON STREET**
- List the contract number of any government contract** _____ **STE B**
- EDEN NC 27288**

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

- 2.63. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HP 1 Y ABS DDS PREM
- Nature of debtor's interest** USER CDW GOVERNMENT
75 REMITTANCE DRIVE
SUITE 1515
CHICAGO IL 60675-1515
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.64. **Title of contract** SERVICE & EQUIPMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER CENTRAL TELEPHONE COMPANY
665 LEXINGTON AVENUE
MAILSTOP: OHMANB0107-1163
MANSFIELD OH 44907
- State the term remaining** DECEMBER 18, 2014
- List the contract number of any government contract** _____
- 2.65. **Title of contract** CENTURYLINK CUSTOM COVER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER CENTURYLINK SALES SOLUTIONS, INC.
1 SUSAN LONG 3
PO BOX 96064
CHARLOTTE NC 28296-0064
- State the term remaining** JUNE 23, 2013
- List the contract number of any government contract** _____
- 2.66. **Title of contract** CENTURYLINK CUSTOM COVER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER CENTURYLINK SALES SOLUTIONS, INC.
ATTN: PARESH NAIK
DIRECTOR OF OFFER
MANAGEMENT
665 LEXINGTON AVENUE
MAILSTOP: OHMANB0107-1163
MANSFIELD OH 44907
- State the term remaining** 12 MONTHS
- List the contract number of any government contract** _____
- 2.67. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** LANDLORD CHAN M. PARK, M.D. FAMILY
PRACTICE
ATTN: CHAN M. PARK, M.D.
6460 GREENSBORO ROAD
RIDGEWAY VA 24148
- State the term remaining** 08/01/2023 NO AUTO RENEWAL 30 DAYS WRITTEN
NOTICE TO CANCEL
- List the contract number of any government contract** _____

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

- 2.68. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** LANDLORD CHAN M. PARK, M.D. FAMILY PRACTICE
- State the term remaining** 02/28/2015 LESSEE ENTITLED ON HOLD OVER BASIS OF MAX OF 6 MONTH PERIOD ATTN: CHAN M. PARK, M.D. 6460 GREENSBORO ROAD RIDGEWAY VA 24148
- List the contract number of any government contract** _____
- 2.69. **Title of contract** DEED OF TRUST AND ASSIGNMENT OF RENTS, PROFITS AND INCOME **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GRANTOR CHICAGO TITLE INSURANCE COMPANY
- State the term remaining** _____ PO BOX 2657 GREENSBORO NC 27402-2657
- List the contract number of any government contract** _____
- 2.70. **Title of contract** HOSPITAL MANAGED CARE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** PROVIDER CIGNA HEALTHCARE OF NORTH CAROLINA, INC.
- State the term remaining** HOSPITAL MANAGED CARE AGREEMENT, EXECUTED AS OF 10/3/2001, BY AND BETWEEN CIGNA HEALTHCARE OF NORTH CAROLINA, INC. AND MOREHEAD MEMORIAL HOSPITAL, AS SUPPLEMENTED BY, FEE SCHEDULE AND REIMBURSEMENT TERMS HMO, DATED 12/1/2015, BY AND BETWEEN CIGNA HEALTHCARE OF NORTH CAROLINA, INC. AND MOREHEAD MEMORIAL HOSPITAL, AS SUPPLEMENTED BY, FEE SCHEDULE AND REIMBURSEMENT TERMS MANAGED CARE, DATED 12/1/2015, BY AND BETWEEN CIGNA HEALTHCARE OF NORTH CAROLINA, INC. AND MOREHEAD MEMORIAL HOSPITAL, AS SUPPLEMENTED BY, FEE SCHEDULE AND REIMBURSEMENT TERMS PPO, DATED 12/1/2015, BY AND BETWEEN CIGNA HEALTHCARE OF NORTH CAROLINA, INC. AND MOREHEAD MEMORIAL HOSPITAL
- List the contract number of any government contract** _____
- 2.71. **Title of contract** MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDITECH HARDWARE MAINTENANCE
- Nature of debtor's interest** USER CLOUDWAVE (PARK PLACE) PARK PLACE INTERNATIONAL LLC
- State the term remaining** _____ DEPT. CH 19800 PALATINE IL 60055-9800
- List the contract number of any government contract** _____

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

- 2.72. **Title of contract** MAINTENANCE AGREEMENT
State what the contract or lease is for MEDITECH INFRASTRUCTURE MAINTENANCE
Nature of debtor's interest USER
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CLOUDWAVE (PARK PLACE)
PARK PLACE INTERNATIONAL LLC
DEPT. CH 19800
PALATINE IL 60055-9800
- 2.73. **Title of contract** MAINTENANCE AGREEMENT
State what the contract or lease is for SHORETEL MAINTENANCE FOR HARDWARE & SOFTWARE
Nature of debtor's interest USER
State the term remaining 6/10/2018
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CNP TECHNOLOGIES LLC
806 TYVOLA ROAD
SUITE 102
CHARLOTTE NC 28217
- 2.74. **Title of contract** CONTINGENCY SEARCH AGREEMENT
State what the contract or lease is for STAFFING
Nature of debtor's interest CLIENT
State the term remaining JULY 14, 2017
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COMPHEALTH ASSOCIATES, INC.
ATTN: DEBORAH STEVEN,
DIRECTOR
6451 NORTH FEDERAL HIGHWAY
STE 702
FT. LAUDERDALE FL 33308
- 2.75. **Title of contract** PURCHASE PRICING AGREEMENT
State what the contract or lease is for PURCHASE AGREEMENT
Nature of debtor's interest PURCHASER
State the term remaining 36 MONTHS FROM 05/07/2013 UNLESS TERMINATED EARLIER
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COVIDIEN SALES LLC
555 LONG WHARF DRIVE
NEW HAVEN CT 06511
- 2.76. **Title of contract** PURCHASE PRICING AGREEMENT
State what the contract or lease is for PURCHASE AGREEMENT
Nature of debtor's interest PURCHASER
State the term remaining 36 MONTHS FROM 05/05/2014 UNLESS TERMINATED EARLIER
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COVIDIEN SALES LLC
555 LONG WHARF DRIVE
NEW HAVEN CT 06511

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- 2.77. **Title of contract** NEGOTIATED AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASE AGREEMENT
- Nature of debtor's interest** PURCHASER COVIDIEN SALES LLC
555 LONG WHARF DRIVE
NEW HAVEN CT 06511
- State the term remaining** 36 MONTHS FROM 09/04/2014 UNLESS TERMINATED EARLIER
- List the contract number of any government contract** _____
- 2.78. **Title of contract** LOCALLY NEGOTIATED AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASE AGREEMENT
- Nature of debtor's interest** PURCHASER COVIDIEN SALES LLC
555 LONG WHARF DRIVE
NEW HAVEN CT 06511
- State the term remaining** 36 MONTHS FROM 05/20/2016 UNLESS TERMINATED EARLIER
- List the contract number of any government contract** _____
- 2.79. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROVIDERLINK SUBSCRIPTION
- Nature of debtor's interest** USER COVISINT CORPORATION
26533 EVERGREEN RD
SUITE 500
SOUTHFIELD MI 48076
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.80. **Title of contract** CRANEWARE LICENSE AND SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** LICENSEE CRANEWARE, INC.
3340 PEACHTREE RD., NE
STE 850
ATLANTA GA 30326
- State the term remaining** SEPTEMBER 29, 2017
- List the contract number of any government contract** _____
- 2.81. **Title of contract** CRANEWARE LICENSE AND SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** LICENSEE CRANEWARE, INC.
3340 PEACHTREE RD., NE
STE 850
ATLANTA GA 30326
- State the term remaining** 2018
- List the contract number of any government contract** _____

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

- 2.82. **Title of contract** FIRST AMENDMENT TO LETTER AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining 01/01/2012 AUTO RENEW CAN BE CANCEL FOR CAUSE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
DANIEL, TERRY M.D.
250 WEST KINGS HIGHWAY
EDEN NC 27258
- 2.83. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
DANVILLE REGIONAL MEDICAL
CENTER SCHOOL OF HEALTH
PROFESSIONS
ATTN: DENNIS EITH, CFO
142 SOUTH MAIN STREET
DANVILLE VA 24541
- 2.84. **Title of contract** PATIENT TRANSFER AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest TRANSFERRING FACILITY
State the term remaining AUTO RENEWAL 30 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
DANVILLE REGIONAL MEDICAL
CENTER, LLC
DBA DANVILLE REGIONAL MEDICAL
CENTER
ERIC DEATON, CEO
142 S. MAIN STREET
DANVILLE VA 24541
- 2.85. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
DAVID TAPPER, M.D.
121 WILSON ST
EDEN NC 27288
- 2.86. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 10/31/2017 AND OPTION TO EXTEND OFR 2 ADDITIONAL PERIODS OF FIVE YEARS EACH
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
DAYSRING FAMILY MEDICINE
ASSOCIATES PLLC
250 W KINGS HIGHWAY
EDEN NC 27288

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

- 2.87. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** LESSOR **DAYSRING FAMILY MEDICINE ASSOCIATES, PLLC**
- State the term remaining** 10/31/2017 UNLESS SOONER TERMINATED **250 W KINGS HIGHWAY**
- List the contract number of any government contract** _____ **EDEN NC 27288**
- 2.88. **Title of contract** MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMC VNX5300 MAINTENANCE
- Nature of debtor's interest** LICENSEE **DELL EMC**
- State the term remaining** _____ **176 SOUTH STREET**
- List the contract number of any government contract** _____ **HOPKINS MA 01748**
- 2.89. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** APPASSURE - RAPID RECOVERY
- Nature of debtor's interest** _____ **DELL SOFTWARE**
- State the term remaining** _____ **4 POLARIS WAY**
- List the contract number of any government contract** _____ **ALISO VIEJO CA 92656**
- 2.90. **Title of contract** PHYSICIAN EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **DEMASON, MARC M.D.**
- State the term remaining** 08/04/2014 AUTO RENEW 120 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE **520 SOUTHWOOD DR.**
- List the contract number of any government contract** _____ **EDEN NC 27288**
- 2.91. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **DIONNE GALLOWAY, M.D.**
- State the term remaining** AUTO RENEWAL **520 COLLEGE STREET**
- List the contract number of any government contract** _____ **EDEN NC 27288**

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

- 2.92. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE
- Nature of debtor's interest** LESSOR **DR. BAUER / MOREHEAD UROLOGY**
- State the term remaining** _____ **618 S. PIERCE ST**
- List the contract number of any government contract** _____ **EDEN NC**
- 2.93. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE
- Nature of debtor's interest** LESSOR **DR. O'TOOLE / MOREHEAD PAIN**
- State the term remaining** _____ **MGMT**
- List the contract number of any government contract** _____ **518 S. VAN BUREN ROAD**
- EDEN NC**
- 2.94. **Title of contract** MASTER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** COMPANY **DRFIRST.COM, INC.**
- State the term remaining** COMMENCE ON 12/30/2011 CONTINUE FOR 3 YEARS **ATTN: CONTRACTS**
- UNLESS EITHER PARTY PROVIDES 60 DAYS NOTICE NOT TO RENEW** **9420 KEY WEST AVE**
- List the contract number of any government contract** _____ **SUITE 230**
- ROCKVILLE MD 20850**
- 2.95. **Title of contract** ADDENDUM TO MASTER AGREEMENT FOR PROVISION OF EPCS SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** COMPANY **DRFIRST.COM, INC.**
- State the term remaining** COMMENCE ON 12/30/2011 CONTINUE FOR 3 YEARS **EDWARD C, KEE**
- UNLESS EITHER PARTY PROVIDES 60 DAYS NOTICE NOT TO RENEW** **COO**
- List the contract number of any government contract** _____ **9420 KEY WEST AVE**
- ROCKVILLE MD 20850**
- 2.96. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION **DUKE UNIVERSITY**
- State the term remaining** TERMINATED BY EITHER PARTY FOR BREACH, IF THERE IS A FAILURE TO CURE AFTER 30 DAYS WRITTEN NOTICE; AT ANY TIME BY MUTUAL AGREEMENT OR UPON WRITTEN NOTICE BY EITHER PARTY GIVEN AT LEAST 60 DAYS PRIOR TO EFFECTIVE DATE OF SUCH TERMINATION **DUKE UNIVERSITY PHYSICIAN**
- List the contract number of any government contract** _____ **ASSISTANT PROGRAM**
- ATTN: ANNIE SCOTT, CLINICAL**
- TEAM STAFF SPECIALIST**
- DEPARTMENT OF COMMUNITY AND**
- FAMILY MEDICINE**
- 800 SOUTH DUKE STREET**
- DURHAM NC 27701**

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

- 2.97. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION **DUKE UNIVERSITY**
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL **DUKE UNIVERSITY SCHOOL OF NURSING**
- List the contract number of any government contract** _____ **ATTN: ELIZABETH I. MERWIN, PHD, RN, FAAN**
- DUMC**
- BOX 3322**
- DURHAM NC 27701**
- 2.98. **Title of contract** TRANSFER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** TRANSFERRING/RECEIVING FACILITY **DUKE UNIVERSITY HEALTH SYSTEM, INC.**
- State the term remaining** EITHER PARTY MAY TERMINATE BY 60 DAYS WRITTEN NOTICE TO CANCEL **DBA DUKE UNIVERSITY HOSPITAL**
- List the contract number of any government contract** _____ **4117 N ROXBORO ST**
- STE 315**
- DURHAM NC 27704**
- 2.99. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION **EAST CAROLINA UNIVERSITY**
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL **ATTN: GARRIS CONNER**
- List the contract number of any government contract** _____ **STUDENT LEARNING CONTRACTS OFFICER**
- OFFICE OF STUDENT LEARNING CONTRACTS**
- 4205B HEALTH SCIENCES BUILDING**
- GREENVILLE NC 27858-4353**
- 2.100. **Title of contract** AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** HOSPITAL **EAST CAROLINA UNIVERSITY**
- State the term remaining** MARCH 31, 2016 **BRODY SCHOOL OF MEDICINE AT EAST CAROLINA**
- List the contract number of any government contract** _____ **ATTN: CHIEF LEGAL COUNSEL**
- AD-48 BROADY MEDICAL SERVICES BUILDING**
- GREENVILLE NC 27834**

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

- 2.101. **Title of contract** FIRST AMENDMENT TO AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest HOSPITAL
State the term remaining MARCH 31, 2016
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
EAST CAROLINA UNIVERSITY
BRODY SCHOOL OF MEDICINE AT
EAST CAROLINA
ECU PHYSICIANS CONTRACTS
OFFICE
BRODY MEDICAL SCIENCES
BUILDING
MAILSTOP 614
GREENVILLE NC 27834
- 2.102. **Title of contract** MAINTENANCE AGREEMENT
State what the contract or lease is for UPS MAINTENANCE
Nature of debtor's interest LICENSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
EATON CORPORATION
PO BOX 93531
CHICAGO IL 60673-3531
- 2.103. **Title of contract** LICENSE AGREEMENT
State what the contract or lease is for SAAS HOSTING FOR INTERFACE SERVICE (FAMILY PRACTICE OF EDEN), MESSENGER, CAMPAIGN SINGLE MODALITY, CAMPAIGN MULTIPLE MODALITY
Nature of debtor's interest LICENSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ECLINICALWORKS
TWO TECHNOLOGY DRIVE
WESTBOROUGH MA 01581
- 2.104. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ECPI UNIVERSITY
ATTN: MINDY HACKLER
CAREER SERVICES ADVISOR
5555 GREENWICH ROAD
SUITE 510
VIRGINIA BEACH VA 23462
- 2.105. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ECPI/MEDICAL CAREERS
INSTITUTE
ATTN: JAMMIE LAND
CAMPUS PRESIDENT
7802 AIRPORT CENTER DRIVE
GREENSBORO NC 27409

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

- 2.106. **Title of contract** MAINTENANCE AND SERVICE
State what the contract or lease is for MAINTENANCE AND SERVICE FOR ELEKTA LINEAR ACCELERATOR AND MOSAIQ EMR
Nature of debtor's interest _____
State the term remaining 3/31/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ELEKTA, INC.
400 PERIMETER CENTER TERRACE
SUITE 50
ATLANTA GA 30346
- 2.107. **Title of contract** PURCHASE AND LICENSE AGREEMENT
State what the contract or lease is for THREE YEAR HARDWARE MAINTENANCE AND SUPPORT SERVICE FEE - TPS
Nature of debtor's interest CUSTOMER
State the term remaining 60 DAYS FROM 03/25/2015
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ELEKTA, INC.
400 PERIMETER CENTER TERRACE
SUITE 50
ATLANTA GA 30346
- 2.108. **Title of contract** AGREEMENT
State what the contract or lease is for XIO CONTRACT - SOFTWARE
Nature of debtor's interest CUSTOMER
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ELEKTA, INC.
4775 PEACHTREE INDUSTRIAL BLVD.
BLDG 300, SUITE 300
NORCROSS GA 30092
- 2.109. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ELON UNIVERSITY SCHOOL OF HEALTH SCIENCES
ATTN: MARIANNE JANSSEN
DIRECTOR OF CLINICAL EDUCATION
P.O. BOX 26170
GREENSBORO NC 27402-6170
- 2.110. **Title of contract** PROPOSAL FOR SERVICE
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
EMERSON NETWORK POWER
301-C POMONA DRIVE
GREENSBORO NC 27407

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

- 2.111. **Title of contract** EMDEON PROVIDER COMPLETE CUSTOMER AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining AUTO RENEWAL 30 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ENVOY LLC
 ATTN: SHAWN VERNER
 VP ASST GENERAL COUNSEL
 3055 LEBANON PIKE
 SUITE 1000
 NASHVILLE TN 37214
- 2.112. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FAMILY PRACTICE OF EDEN
 515 THOMPSON STREET
 EDEN NC
- 2.113. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 8/31/2015
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FANTA, TESFAYE D. M.D.
 MOREHEAD DOCTORS CENTER
 TWO
 520 S. VAN BUREN ROAD SUITE #3
 EDEN NC 27288
- 2.114. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 8/31/2015
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FANTA, TESFAYE D. M.D.
 MOREHEAD DOCTORS CENTER
 TWO
 520 S. VAN BUREN ROAD SUITE #3
 EDEN NC 27288
- 2.115. **Title of contract** INSURANCE POLICY
State what the contract or lease is for PROPERTY DAMAGEPOLICY # DZJ80973299
Nature of debtor's interest INSURED
State the term remaining 10/01/17
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FIREMAN'S FUND INSURANCE
 COMPANY
 777 SAN MARIN DR
 NOVATO CA 94945

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

- | | | | |
|--------|---|---|--|
| 2.116. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NOTE MODIFICATION AGREEMENT
LOAN
BORROWER
FEBRUARY 26, 2018
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FIRST CITIZENS BANK & TRUST
ATTN KAREN HILL
1414 W NORTHWOOD STREET
GREENSBORO NC 27406 |
| 2.117. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PATIENT TRANSFER AGREEMENT
SERVICE AGREEMENT
TRANSFERRING/RECEIVING FACILITY
3 YEARS FROM 08/01/2011 AUTO RENEW FOR SUCCESSIVE 1 YEAR TERM LESS 60 DAYS WRITTEN NOTICE TO CANCEL
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FORSYTH MEMORIAL HOSPITAL
DBA FORSYTH MEDICAL CENTER
3333 SILAS CREEK PKWY
WINSTON SALEM NC 27103 |
| 2.118. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CLINICAL EDUCATION AFFILIATION AGREEMENT
CLINICAL INTERNSHIP
INSTITUTION
AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FORSYTH TECHNICAL COMMUNITY COLLEGE
ATTN: JEAN E. MIDDLESWARTH
DIRECTOR OF HEALTH SERVICES PROGRAMS
2100 SILAS CREEK PARKWAY
WINSTON-SALEM NC 27103 |
| 2.119. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PROPOSED AGREEMENT AND SERVICE DEFINITION
INFORMATION TECHNOLOGY SECURITY AND COMPLIANCE SERVICES
CUSTOMER
05/18/2015 BUT CAN BE TERMINATED WITH REASONABLE CAUSE BY EITHER PARTY WITH 60 DAYS WRITTEN NOTICE
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FORTIFIED HEALTH SOLUTIONS
501 CORPORATE CENTRE DR
FRANKLIN TN 37067 |
| 2.120. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LICENSE AGREEMENT
MEDTECH FAX SERVER
LICENSEE
<hr/> <hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FORWARD ADVANTAGE
7255 N. FIRST STREET
SUITE 106
FRESNO CA 93720 |

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

- 2.121. **Title of contract** FIRST AMENDMENT OF LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FREE CLINIC OF ROCKINGHAM COUNTY
MOREHEAD DOCTORS CENTER TWO
520 S. VAN BUREN ROAD SUITE #3
EDEN NC 27288
- 2.122. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS CANNOT CANCEL UNTI END OF ACADEMIC SEMESTER
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FRONTIER NURSING UNIVERSITY
ATTN: AMANDA BOCKELMAN
CLINICAL CREDENTIALING COORDINATOR
170 PRESEROUS PLACE
LEXINGTON KY 40509
- 2.123. **Title of contract** LICENSE AGREEMENT
State what the contract or lease is for REVIEW LICENSE, POSTPARTUM LICENSE, BACKUP SERVERS, CCG ENGINE
Nature of debtor's interest LICENSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GE HEALTHCARE
15724 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693
- 2.124. **Title of contract** PRICE QUOTE
State what the contract or lease is for GFI LANGUARD SUBSCRIPTION RENEWAL
Nature of debtor's interest CUSTOMER
State the term remaining 7/10/2014
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GFI SOFTWARE
33 NORTH GARDEN AVE
SUITE 1200
CLEARWATER FL 33755
- 2.125. **Title of contract** STAFFING TERMS AND CONDITIONS
State what the contract or lease is for STAFFING
Nature of debtor's interest CLIENT
State the term remaining TERMINATED BY EITHER PARTY UPON 30 DAYS WRITTEN NOTICE TO THE OTHER PARTY UNLESS THE OTHER PARTY BECOMES BANKRUPT, EITHER PARTY MAY TERMINATE UPON 8 HOURS WRITTEN NOTICE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GRAHAM PERSONNEL SERVICES, INC.
D/B/A GRAHAM
2100 W CORNWALLIS DR
STE J
GREENSBORO NC 27408

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

- 2.126. **Title of contract** TRANSFER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** TRANSFERRING/RECEIVING FACILITY **GRANITE FALLS LTC
DBA JACOB'S CREEK NURSING
AND REHABILITATION CENTER
ATTN: SHANNON KNIGHT
1721 BALD HILL LOOP
MADISON NC 27025**
- State the term remaining** 09/26/2014 OR EITHER PARTY MAY TERMINATE 30 DAYS
WRITTEN NOTICE WITHOUT CAUSE
- List the contract number of any government contract** _____
- 2.127. **Title of contract** PATIENT TRANSFER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** TRANSFERRING/RECEIVING FACILITY **GREENSBORO SPECIALTY
SURGERY CENTER, LLC
3812 N. ELM STREET
GREENBORO NC 27455**
- State the term remaining** AUTO RENEW 30 DAYS WRITTEN NOTICE TO CANCEL
- List the contract number of any government contract** _____
- 2.128. **Title of contract** FIRST AMENDMENT OF MEDICAL DIRECTOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **HASANAJ, XAJE M.D.
701-A SOUTH VAN BUREN ROAD
EDEN NC 27288**
- State the term remaining** 03/31/2012 AUTO RENEW 30 DAYS WRITTEN NOTICE FOR CAUSE
- List the contract number of any government contract** _____
- 2.129. **Title of contract** HOSPITAL PARTICIPATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** PROVIDER **HEALTH VALUE MANAGEMENT,
INC. D/B/A CHOICECARE NETWORK
CHOICECARE NETWORK
OPERATIONS
P.O. BOX 19013
GREEN BAY WI 54307**
- State the term remaining** EXECUTED AS OF 6/13/2007
- List the contract number of any government contract** _____
- 2.130. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** STAFFING AGREEMENT
- Nature of debtor's interest** PROVIDER **HEALTHCARE STAFFING SERVICES
A DIVISION OF SCHA SOLUTIONS,
INC.
1000 CENTER POINT ROAD
COLUMBIA SC 29210**
- State the term remaining** EXECUTED AS OF 4/23/2015
- List the contract number of any government contract** _____

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

- 2.131. **Title of contract** HEALTH BENEFIT PLAN **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** PLAN ADMINISTRATOR HEALTHGRAM, INC.
PO BOX 11088
CHARLOTTE NC 28220
- State the term remaining** END ON DEC 31
- List the contract number of any government contract** _____
- 2.132. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** LANDLORD HELP INCORPORATED CENTER
AGAINST VIOLENCE
335 COUNTY HOME ROAD
PO BOX 16
WENTWORTH NC 27375
- State the term remaining** 10/31/2014 UNLESS TERMINATED EARLIER
- List the contract number of any government contract** _____
- 2.133. **Title of contract** CERTIFICATE OF LIABILITY INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROOF OF INSURANCE
- Nature of debtor's interest** CERTIFICATE HOLDER HIGH POINT UNIVERSITY
ONE UNIVERSITY PARKWAY
HIGH POINT NC 27268
- State the term remaining** 06/01/2017
- List the contract number of any government contract** _____
- 2.134. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** POSITIVE AIRWAY PRESSURE BIPAP (3)
- Nature of debtor's interest** LESSEE HILL-ROM COMPANY, INC.
PO BOX 643592
PITTSBURGH PA 15264-3592
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.135. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VC P500 NSC AIR RENTAL FRAME (2)
- Nature of debtor's interest** LESSEE HILL-ROM COMPANY, INC.
PO BOX 643592
PITTSBURGH PA 15264-3592
- State the term remaining** _____
- List the contract number of any government contract** _____

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

- 2.136. **Title of contract** MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE
- Nature of debtor's interest** CUSTOMER **HOLOGIC, INC.**
- State the term remaining** 10/23/2014 EITHER MAY TERMINATE 60 DAYS WRITTEN NOTICE **35 CROSBY DRIVE**
- List the contract number of any government contract** _____ **BEDFORD MA 01730**
-
- 2.137. **Title of contract** MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PORTAL MAINTENANCE
- Nature of debtor's interest** USER **HOSPITAL PORTAL NET**
- State the term remaining** _____ **5105 TOLLVIEW DR**
- List the contract number of any government contract** _____ **SUITE 109**
- _____ **ROLLING MEADOWS IL 60008**
-
- 2.138. **Title of contract** CALL COVERAGE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **HOWARD, KEVIN M.D.**
- State the term remaining** AUTO RENEWAL **DAYSRING FAMILY MEDICINE ASSOCIATES, PLLC**
- List the contract number of any government contract** _____ **250 WEST KINGS HIGHWAY**
- _____ **EDEN NC 27258**
-
- 2.139. **Title of contract** MEDICAL DIRECTOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **HOWARD, KEVIN M.D.**
- State the term remaining** AUTO RENEWAL **DAYSRING FAMILY MEDICINE ASSOCIATES, PLLC**
- List the contract number of any government contract** _____ **250 WEST KINGS HIGHWAY**
- _____ **EDEN NC 27258**
-
- 2.140. **Title of contract** ADDENDUM TO SOFTWARE PRODUCT MASTER LICENSE AGREEMENT BUSINESS TERMS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY **IATRIC SYSTEMS, INC.**
- State the term remaining** _____ **27 GREAT POND DR.**
- List the contract number of any government contract** _____ **BOXFORD MA 01921**

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

- 2.141. **Title of contract** ADDENDUM TO SOFTWARE PRODUCT MASTER LICENSE AGREEMENT BUSINESS TERMS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSE AGREEMENT - CONTRACT 32255.2
- Nature of debtor's interest** LICENSEE SIGNATORY IATRIC SYSTEMS, INC.
27 GREAT POND DR.
BOXFORD MA 01921
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.142. **Title of contract** SOFTWARE PRODUCT MASTER LICENSE AGREEMENT ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOM PROGRAMMING - APPLICATIONS - MNO CUSTOM
- Nature of debtor's interest** LICENSEE SIGNATORY IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.143. **Title of contract** SOFTWARE PRODUCT MASTER LICENSE AGREEMENT ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSING
- Nature of debtor's interest** LICENSEE SIGNATORY IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.144. **Title of contract** PURCHASE ORDER #126224 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOFTWARE AGREEMENT
- Nature of debtor's interest** CUSTOMER IATRIC SYSTEMS, INC.
27 GREAT POND DR.
BOXFORD MA 01921
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.145. **Title of contract** SOFTWARE PRODUCT MASTER LICENSE AGREEMENT ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921
- State the term remaining** _____
- List the contract number of any government contract** _____

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

- 2.146. **Title of contract** SOFTWARE PRODUCT MASTER LICENSE AGREEMENT ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY
- State the term remaining** _____
- List the contract number of any government contract** _____
- IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921
- 2.147. **Title of contract** SOFTWARE PRODUCT MASTER MAINTENANCE AGREEMENT ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MAINTENANCE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY
- State the term remaining** 12 MONTHS COMMENCING ON 06/13/2011
- List the contract number of any government contract** _____
- IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921
- 2.148. **Title of contract** SOFTWARE PRODUCT MASTER LICENSE AGREEMENT ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY
- State the term remaining** LICENSEE SIGNATORY MAY TERMINATE 30 DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____
- IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921
- 2.149. **Title of contract** SOFTWARE PRODUCT MASTER LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY
- State the term remaining** LICENSEE SIGNATORY MAY TERMINATE 90 DAYS AFTER INSTALLATION DATE OR 30 DAYS AFTER LIVE DATE WHICHEVER OCCURS FIRST
- List the contract number of any government contract** _____
- IATRIC SYSTEMS, INC.
ATTN: JOEL BERMAN
27 GREAT POND DRIVE
BOXFORD MA 01921
- 2.150. **Title of contract** SOFTWARE PRODUCT MASTER MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MAINTENANCE AGREEMENT
- Nature of debtor's interest** LICENSEE SIGNATORY
- State the term remaining** EFFECTIVE COMMENCING ON 01/22/2007 AND SELF EXTENDING FOR SUCCEEDING MAINTENANCE PERIODS
- List the contract number of any government contract** _____
- IATRIC SYSTEMS, INC.
ATTN: JOEL BERMAN
27 GREAT POND DRIVE
BOXFORD MA 01921

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

- | | | | |
|--------|--|---|---|
| 2.151. | Title of contract | SOFTWARE PRODUCT MASTER LICENSE AGREEMENT
ADDENDUM | State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease |
| | State what the contract or
lease is for | RE-IMPLEMENTATION OF MEDICAL NECESSITY
ORDERMATE (MNO) -MAGIC | IATRIC SYSTEMS, INC.
ATTN: ROBIN S
27 GREAT POND DR.
BOXFORD MA 01921 |
| | Nature of debtor's interest | LICENSEE SIGNATORY | |
| | State the term remaining | EFFECTIVE COMMENCING ON 01/22/2007 AND SELF
EXTENDING FOR SUCCEEDING MAINTENANCE PERIODS | |
| | List the contract number of
any government contract | _____ | |
| | | | |
| 2.152. | Title of contract | SOFTWARE LICENSE/SERVICE AGREEMENT | State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease |
| | State what the contract or
lease is for | SOFTWARE LICENSE/SERVICE AGREEMENT | IATRIC SYSTEMS, INC.
ATTN: JOEL BERMAN
27 GREAT POND DRIVE
BOXFORD MA 01921 |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | EXECUTED AS OF 9/15/2015 | |
| | List the contract number of
any government contract | _____ | |
| | | | |
| 2.153. | Title of contract | SOFTWARE LICENSE/SERVICE AGREEMENT | State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease |
| | State what the contract or
lease is for | SOFTWARE LICENSE/SERVICE AGREEMENT | IATRIC SYSTEMS, INC.
ATTN: JOEL BERMAN
27 GREAT POND DRIVE
BOXFORD MA 01921 |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | EXECUTED AS OF 2/3/2011 | |
| | List the contract number of
any government contract | _____ | |
| | | | |
| 2.154. | Title of contract | SOFTWARE LICENSE/SERVICE AGREEMENT | State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease |
| | State what the contract or
lease is for | SOFTWARE LICENSE/SERVICE AGREEMENT | IATRIC SYSTEMS, INC.
ATTN: JOEL BERMAN
27 GREAT POND DRIVE
BOXFORD MA 01921 |
| | Nature of debtor's interest | PROVIDER | |
| | State the term remaining | EXECUTED AS OF 12/22/2014, | |
| | List the contract number of
any government contract | _____ | |
| | | | |
| 2.155. | Title of contract | GEM ANALYZER | State the name and mailing address
for all other parties with whom the
debtor has an executory contract or
unexpired lease |
| | State what the contract or
lease is for | GEM ANALYZER & DATA MANAGEMENT | INSTRUMENTATION LAB
WERFEN USA LLC
PO BOX 347934
PITTSBURGH PA 15251-4934 |
| | Nature of debtor's interest | LESSEE | |
| | State the term remaining | _____ | |
| | List the contract number of
any government contract | _____ | |

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

- 2.156. **Title of contract** LICENSE AGREEMENT
State what the contract or lease is for LICENSE AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining 3 YEAR TERM WILL AUTOMATICALLY RENEW 1 YEAR PERIODS THEREAFTER
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
INTELLIGENT MEDICAL OBJECTS, INC.
ATTN: CEO
60 REVERSE DRIVE
SUITE 360
NORTHBROOK IL 60062
- 2.157. **Title of contract** ADMINISTRATIVE SERVICES
State what the contract or lease is for LICENSE AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining AUTO RENEWAL 30 DAYS NOTICE NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
INTELLIGENT MEDICAL OBJECTS, INC.
ATTN: CEO
60 REVERSE DRIVE
SUITE 360
NORTHBROOK IL 60062
- 2.158. **Title of contract** INSURANCE POLICY
State what the contract or lease is for POLLUTION LIABILITY POLICY # 001793601
Nature of debtor's interest INSURED
State the term remaining 10/01/19
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
IRONSHORE SPECIALTY
201 SOUTH COLLEGE STREET
SUITE 1565
CHARLOTTE NC 28244
- 2.159. **Title of contract** WATCH PAT AYCE RENTAL AGREEMENT
State what the contract or lease is for WATCHPAT KIT & ACCESSORIES
Nature of debtor's interest LESSEE
State the term remaining 6/1/2017 WITH AUTOMATIC 1 - YEAR RENEWAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ITAMAR
842 UPPER UNION ST
STE 2
FRANKLIN MA 02038-2599
- 2.160. **Title of contract** LICENSE AGREEMENT
State what the contract or lease is for LICENSES
Nature of debtor's interest LICENSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
IT'S NEVER 2 LATE
7330 S ALTON WAY
STE O
CENTENNIAL CO 80112

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

- 2.161. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ITT TECHNICAL INSTITUTE
BRECKINRIDGE SCHOOL OF NURSING
ATTN: CAROL FUGUITT, CAMPUS PRESIDENT
4050 PIEDMONT PARKWAY
HIGH POINT NC 27265-9459
- 2.162. **Title of contract** FIRST AMENDMENT OF LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 06/30/2015
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JAVAI, MOHAMMAD M.D.
1818 RICHARDSON DR STE F
REIDSVILLE NC 27320
- 2.163. **Title of contract** SCRUB RENTAL AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest PURCHASER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JEFFREY S. NICHOLS
HANDCRAFT CLEANERS AND LAUNDER'S INC., SERVICES
2810 COFER RD
RICHMOND VA 23224
- 2.164. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JORDAN, MARK M.D.
PO BOX 3043
EDEN NC 28289
- 2.165. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
KENT HJERPE, M.D.
344 COOK LANE
MURRAY KY 42071

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

- 2.166. **Title of contract** PHYSICIAN SERVICES/EMPLOYMENT
State what the contract or lease is for EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining 02/28/2013 AUTO RENEW CANCEL FOR CAUSE
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 KIRK BLUTH, M.D.
 617 HIGHLAND DR
 EDEN NC 27288
- 2.167. **Title of contract** LABORATORY DATA MANAGEMENT TERMS OF USE AGREEMENT
State what the contract or lease is for LABORATORY DATA MANAGEMENT
Nature of debtor's interest LESSEE
State the term remaining 4/23/2013 WITH AUTOMATIC 1 - YEAR RENEWALS
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LABORATORY CORPORATION OF AMERICA HOLDINGS
 430 S SPRING ST
 BURLINGTON NC 27215
- 2.168. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LIBERTY UNIVERSITY, INC.
 ATTN: LINDA RANKINS
 CONTRACTS MANAGER
 1971 UNIVERSITY BLVD.
 LYNCHBURG VA 24502
- 2.169. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MARYVILLE UNIVERSITY
 ATTN: CHARLES GULAS
 DEAN OF SCHOOL OF HEALTH PROFESSIONS
 650 MARYVILLE UNIVERSITY DRIVE
 ST. LOUIS MO 63141
- 2.170. **Title of contract** FACILITY STAFFING AGREEMENT
State what the contract or lease is for STAFFING
Nature of debtor's interest FACILITY
State the term remaining 1 YEAR
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MAXIM HEALTHCARE SERVICES, INC.
 D/B/A MAXIM STAFFING SOLUTIONS
 ATTN: CONTRACTS DEPARTMENT
 7227 LEE DEFOREST DRIVE
 COLUMBIA MD 21046

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

- 2.171. **Title of contract** CONTRACT SUPPLEMENT
- State what the contract or lease is for** CONTRACT SUPPLEMENT TO LICENSE AGREEMENT #6111
- Nature of debtor's interest** CUSTOMER
- State the term remaining** EXPIRING 09/24/2016 WITH AUTO RENEWAL
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- MCKESSON HEALTH SOLUTIONS
LLC
PO BOX 98347
CHICAGO IL 60693-8347
-
- 2.172. **Title of contract** PARTICIPATING HOSPITAL AGREEMENT
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** PROVIDER
- State the term remaining** EXECUTED AS OF 5/28/2013
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- MEDCOST, LLC
165 KIMEL PARK DR
WINSTON-SALEM NC 27103
-
- 2.173. **Title of contract** SOFTWARE CONTRACT
- State what the contract or lease is for** SOFTWARE AND RELATED SERVICES
- Nature of debtor's interest** CUSTOMER
- State the term remaining** CANCEL FOR CAUSE 60 DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- MEDICAL INFORMATION
TECHNOLOGY, INC.
MEDITECH CIRCLE
WESTWOOD MA 02090
-
- 2.174. **Title of contract** HEALTH CARE INFORMATION SYSTEM SOFTWARE AGREEMENT
- State what the contract or lease is for** SOFTWARE AND RELATED SERVICES
- Nature of debtor's interest** CUSTOMER
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- MEDICAL INFORMATION
TECHNOLOGY, INC.
MEDITECH CIRCLE
WESTWOOD MA 02090
-
- 2.175. **Title of contract** HEALTH CARE INFORMATION SYSTEM SOFTWARE AGREEMENT
- State what the contract or lease is for** SOFTWARE AND RELATED SERVICES
- Nature of debtor's interest** CUSTOMER
- State the term remaining** CANCEL FOR CAUSE BY 02/26/2010
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- MEDICAL INFORMATION
TECHNOLOGY, INC.
MEDITECH CIRCLE
WESTWOOD MA 02090

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

- 2.176. **Title of contract** SOFTWARE LICENSE/SERVICE AGREEMENT
State what the contract or lease is for SOFTWARE LICENSE/SERVICE AGREEMENT
Nature of debtor's interest PROVIDER
State the term remaining DATED AS OF 9/25/2009
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDICAL INFORMATION TECHNOLOGY, INC.
MEDITECH CIRCLE
WESTWOOD MA 02090
- 2.177. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDICAL SOLUTIONS ACADEMY
ATTN: LAKESHA REED
OWNER/OPERATOR
306 POPLAR STREET
DANVILLE VA 24541
- 2.178. **Title of contract** MEDICAL STAFFING OPTIONS STAFFING AGREEMENT
State what the contract or lease is for STAFFING
Nature of debtor's interest CLIENT
State the term remaining AUGUST 29, 2013
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDICAL STAFFING OPTIONS, INC.
ATTN: BOB D. BRAYER, MANAGER OF OPERATIONS
9200 WORTHINGTON RD.
SUITE 101
WESTERVILLE OH 43082
- 2.179. **Title of contract** 2014 EDITION MEANINGFUL USE REPORTING AMENDMENT
State what the contract or lease is for ADDENDUM TO EXISTING SOFTWARE LICENSE
Nature of debtor's interest CUSTOMER
State the term remaining 02/05/2015
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDISOLV, INC.
10420 LITTLE PATUXENT PKWY
STE 400
COLUMBIA MD 21044
- 2.180. **Title of contract** MEDISOLV SOFTWARE LICENSE AGREEMENT
State what the contract or lease is for SUPPORT AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining THE RIGHT TO TERMINATE UPON VIOLATION OF ANY MATERIAL TERM OF AGREEMENT WITHIN 30 DAYS AFTER RECEIPT OF NOTICE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDISOLV, INC.
10440 LITTLE PATUXENT PKWY
STE 1000
COLUMBIA MD 21044

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

- | | | | |
|--------|---|---|--|
| 2.181. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining

List the contract number of any government contract | MEDISOLV SOFTWARE LICENSE AGREEMENT
SUPPORT AGREEMENT
CUSTOMER
THE RIGHT TO TERMINATE UPON VIOLATION OF ANY MATERIAL TERM OF AGREEMENT WITHIN 30 DAYS AFTER RECEIPT OF NOTICE
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDISOLV, INC.
10440 LITTLE PATUXENT PKWY
STE 1000
COLUMBIA MD 21044 |
| 2.182. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining

List the contract number of any government contract | MEDISOLV SOFTWARE LICENSE AGREEMENT
SUPPORT AGREEMENT
CLIENT
EITHER PARTY MAY TERMINATE WITH MATERIAL BREACH ON 30 DAYS WRITTEN NOTICE
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDISOLV, INC.
10420 LITTLE PATUXENT PKWY
STE 400
COLUMBIA MD 21044 |
| 2.183. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining

List the contract number of any government contract | CARDIOLOGY INTERFACE SPECIFICATIONS
EPIPHANY CARDIOLOGY INTERFACE
<hr/> COMMENCING AS OF 4/1/2015
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDPLUS INC.
4690 PARKWAY DRIVE
MASON OH 45040 |
| 2.184. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining

List the contract number of any government contract | SOFTWARE LICENSE/SERVICE AGREEMENT
SOFTWARE LICENSE/SERVICE AGREEMENT
PROVIDER
DATED AS OF 2/12/2013
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDPLUS INC.
4690 PARKWAY DRIVE
MASON OH 45040 |
| 2.185. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining

List the contract number of any government contract | SERVICE AND SUPPORT TERMS AND CONDITIONS
SERVICE AGREEMENT
CUSTOMER
03/31/2016
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MEDPLUS, INC.
4690 PARKWAY DRIVE
MASON OH 45040 |

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

- 2.186. **Title of contract** INSURANCE POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL / GENERAL LIABILITY POLICY # HN006509
- Nature of debtor's interest** INSURED MEDPRO
5814 REED RD
FORT WAYNE IN 46835
- State the term remaining** 06/01/18
- List the contract number of any government contract** _____
- 2.187. **Title of contract** INSURANCE POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** UMBRELLA POLICY # EN006509
- Nature of debtor's interest** INSURED MEDPRO
5814 REED RD
FORT WAYNE IN 46835
- State the term remaining** 06/01/18
- List the contract number of any government contract** _____
- 2.188. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RUMBA SOFTWARE
- Nature of debtor's interest** LICENSEE MICRO FOCUS
PO BOX 19224
PALATINE IL 60055-9224
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.189. **Title of contract** MICROSOFT PRODUCTS AND SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VOLUME LICENSING
- Nature of debtor's interest** CUSTOMER MICROSOFT CORP.
6100 NEIL ROAD, SUITE 210
DEPT. 551, VOLUME LICENSING
RENO NV 89511-1137
- State the term remaining** EITHER PARTY MAY TERMINATE WITHOUT CAUSE ON 60 DAYS NOTICE
- List the contract number of any government contract** _____
- 2.190. **Title of contract** MICROSOFT PRODUCTS AND SERVICES AGREEMENT REGISTRATION **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASING ACCOUNTS
- Nature of debtor's interest** CUSTOMER MICROSOFT CORP.
DEPT. 551
VOLUME LICENSING
6100 NEIL ROAD
SUITE 210
RENO NV 89511-1137
- State the term remaining** EXECUTED 5/5/2016
- List the contract number of any government contract** _____

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

- 2.191. **Title of contract** MICROSOFT PRODUCTS AND SERVICES AGREEMENT REGISTRATION
State what the contract or lease is for PURCHASING ACCOUNTS
Nature of debtor's interest CUSTOMER
State the term remaining UNKNOWN
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MICROSOFT CORP.
DEPT. 551
VOLUME LICENSING
6100 NEIL ROAD
SUITE 210
RENO NV 89511-1137
- 2.192. **Title of contract** MICROSOFT PRODUCTS AND SERVICES AGREEMENT
State what the contract or lease is for VOLUME LICENSING
Nature of debtor's interest CUSTOMER
State the term remaining MAY TERMINATE WITHOUT CAUSE ON 60 DAYS NOTICE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MICROSOFT CORP.
6100 NEIL ROAD, SUITE 210
DEPT. 551, VOLUME LICENSING
RENO NV 89511-1137
- 2.193. **Title of contract** PURCHASE REQUISITION
State what the contract or lease is for VOLUME LICENSE AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining AGREEMENT IS EFFECTIVE UNTIL TERMINATED BY FURNISHING 60DAYS WRITTEN NOTICE OF TERMINATION
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MICROSOFT CORP.
LEGAL AND CORPORATE AFFAIRS
VOLUME LICENSING GROUP
ONE MICROSOFT WAY
REDMOND WA 98052
- 2.194. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MOREHEAD DIGESTIVE HEALTH
515 THOMPSON STREET
EDEN NC
- 2.195. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MOREHEAD HIGH SCHOOL
ATTN: AL ROYSTER, JR.
PRINCIPAL
134 NORTH PIERCE ST.
EDEN NC 27288

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

- 2.196. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MOREHEAD NEUROSPINE
 518 S. VAN BUREN ROAD
 EDEN NC
- 2.197. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MORTENSON, RODNEY M.D.
 2017 ST. ANDREWS RD
 GREENSBORO NC 27408
- 2.198. **Title of contract** PATIENT TRANSFER AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest TRANSFERRING/RECEIVING FACILITY
State the term remaining 3 YEARS FROM 08/01/2011 AUTO RENEW FOR SUCCESSIVE 1 YEAR TERM LESS 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MOSES CONE HEALTH SYSTEM
 MOSES CONE HEALTH SYSTEM LIBRARY
 ATTN MIRIAM ALEXANDER
 1200 N ELM ST
 GREENSBORO NC 27401-1004
- 2.199. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MOUNT EAGLE COLLEGE
 ATTN: DOROTHY MMANYWA
 SCHOOL DIRECTOR
 470 W. HANES MILL ROAD
 WINSTON-SALEM NC 27105
- 2.200. **Title of contract** AGREEMENT
State what the contract or lease is for HOT & COLD WATER COOLERS
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MOUNTAIN SPRING WATER INC.
 2835 LOWERY STREET
 WINSTON-SALEM NC 27101

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

- 2.201. **Title of contract** CUSTOMER ORDER FORM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER MSDSONLINE
350 N ORLEANS ST.
SUITE 950
CHICAGO IL 60654
- State the term remaining** 3 YEARS FROM 04/06/2015
- List the contract number of any government contract** _____
- 2.202. **Title of contract** CUSTOMER ORDER FORM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER MSDSONLINE
350 N ORLEANS ST.
SUITE 950
CHICAGO IL 60654
- State the term remaining** 3 YEARS FROM 04/06/2015
- List the contract number of any government contract** _____
- 2.203. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER MUTCH, GARY D.O.
408 LUOLA STREET
MADISON NC 27025
- State the term remaining** AUTO RENEWAL
- List the contract number of any government contract** _____
- 2.204. **Title of contract** AGREEMENT FOR EMERGENCY MEDICAL SERVICES AND MEDICAL DIRECTOR SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER NC EMERGENCY PHYSICIAN SERVICES, PLLC
ATTN: CHIEF EXECUTIVE OFFICER
300 SOUTH PARK ROAD
SUITE 400
HOLLYWOOD FL 33021
- State the term remaining** AUTO RENEWAL
- List the contract number of any government contract** _____
- 2.205. **Title of contract** INSURANCE POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WORKERS' COMPENSATIONPOLICY # NCWCMORE16
- Nature of debtor's interest** INSURED NCHEWCF
NORTH CAROLINA HEALTHCARE ENTERPRISES WORKERS' COMPENSATION FUND
NORTH CAROLINA OFFICE OF STATE HUMAN RESOURCES
MSC 1331
RALEIGH NC 27699-1331
- State the term remaining** 01/01/17
- List the contract number of any government contract** _____

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

- 2.206. **Title of contract** MIRTH APPLICANCE RENEWAL 2017
State what the contract or lease is for MIRTH INTERFACE ENGINE
Nature of debtor's interest USER
State the term remaining 11/26/2017
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 NEXTGEN HEALTHCARE
 18111 VON KARMAN AVE
 SUITE 800
 IRVINE CA 92612
- 2.207. **Title of contract** MEDICAL DIRECTOR AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 NICHOLS, HAROLD A. DR
 4107 HIGH ROCK ROAD
 GIBSONVILLE NC 27249
- 2.208. **Title of contract** NC HEALTH INFORMATION EXCHANGE PARTICIPATION & SUBSCRIPTION AGREEMENT
State what the contract or lease is for PARTICIPATION & SUBSCRIPTION AGREEMENT
Nature of debtor's interest PARTICIPANT
State the term remaining WRITTEN NOTICE BY PROVIDER AT LEAST 180 DAYS BEFORE END OF INITIAL TERM OF AGREEMENT
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY (NC HIEA)
 MAIL SERVICE CENTER 4101
 RALEIGH NC 27609
- 2.209. **Title of contract** MASTER DATA SERVICES PARTICIPATION AGREEMENT
State what the contract or lease is for PARTICIPATION AGREEMENT
Nature of debtor's interest MEMBER
State the term remaining AUTO RENEWAL FOR ADDITIONAL 1 YEAR UNLESS 90 ADVANCE WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY (NC HIEA)
 2400 WESTON PARKWAY
 CARY NC 27159
- 2.210. **Title of contract** SERVICE AGREEMENT
State what the contract or lease is for MASTER DATA SERVICES PARTICIPATION AGREEMENT
Nature of debtor's interest PROVIDER
State the term remaining DATED AS OF 12/15/2014
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 NORTH CAROLINA HOSPITAL ASSOCIATION
 2400 WESTON PARKWAY
 CARY NC 27513

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

- 2.211. **Title of contract** NOVANT MANAGEMENT SERVICES AGREEMENT
State what the contract or lease is for MANAGEMENT SERVICES
Nature of debtor's interest CLIENT
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NOVANT HEALTH, INC.
2085 FRONTIS PLAZA BOULEVARD
WINSTON-SALEM NC 27103
- 2.212. **Title of contract** LEASE AGREEMENT - SMITH MC MICHAEL CANCER CENTER
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining 12/31/2016 WITH 4 - 2 YEAR OPTIONS TO RENEW
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NOVANT MEDICAL GROUP
C/O NOVANT HEALTH
ATTN MANAGER LEASE
ADMINISTRATION
2085 FRONTIS PLAZA BLVD
4TH FLOOR
WINSTON-SALEM NC 27103
- 2.213. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 12/31/2016 WITH OPTION TO RENEW UP TO 4 ADDITIONAL 2 YEAR PERIODS
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NOVANT MEDICAL GROUP INC
C/O NOVANT HEALTH INC
ATTN: MANAGER-LEASE
ADMINISTRATION
2085 FRONTIS PLAZA BLV, 4TH FLOOR
WINSTON-SALEM NC 27103
- 2.214. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 05/31/2021 EITHER PARTY MAY TERMINATE 30 DAYS WRITTEN NOTICE
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NOVANT MEDICAL GROUP INC
C/O NOVANT HEALTH INC
ATTN: MANAGER-LEASE
ADMINISTRATION
2085 FRONTIS PLAZA BLV, 4TH FLOOR
WINSTON-SALEM NC 27103
- 2.215. **Title of contract** LEASE AGREEMENT - CARDIOLOGY
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining 5/31/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NOVANT MEDICAL GROUP INC
C/O NOVANT HEALTH
ATTN MANAGER LEASE
ADMINISTRATION
2085 FRONTIS PLAZA BLVD
4TH FLOOR
WINSTON-SALEM NC 27103

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

- 2.216. **Title of contract** ASSET PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASE AGREEMENT
- Nature of debtor's interest** SELLER NOVANT MEDICAL GROUP, INC
C/O ADMINISTRATION
108 PROVIDENCE RD.
CHARLOTTE NC 28204
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.217. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** LANDLORD NOVANT MEDICAL GROUP, INC
C/O NOVANT HEALTH, INC
ATTN: MANAGER-LEASE
ADMINISTRATION
2085 FRONTIS PLAZA BOULEVARD,
4TH FL
WINSTON-SALEM NC 27103
- State the term remaining** 5/31/2021
- List the contract number of any government contract** _____
- 2.218. **Title of contract** TERMINATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** LANDLORD NOVANT MEDICAL GROUP, INC
1918 RANDOLPH RD
STE 300
CHARLOTTE NC 28207
- State the term remaining** 05/31/2016
- List the contract number of any government contract** _____
- 2.219. **Title of contract** EMPLOYEE PRODUCTIVITY SUITE PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASE AGREEMENT
- Nature of debtor's interest** LICENSEE NUANCE COMMUNICATIONS, INC.
ONE WAYSIDE ROAD
BURLINGTON MA 01803
- State the term remaining** AUTO RENEWAL 60 DAYS NOTICE TO CANCEL
- List the contract number of any government contract** _____
- 2.220. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE
- Nature of debtor's interest** LESSOR OCCUPATIONAL HEALTH
518 S. VAN BUREN ROAD
EDEN NC
- State the term remaining** _____
- List the contract number of any government contract** _____

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

- 2.221. **Title of contract** SUPPORT SERVICES RENEWAL CONFIRMATION
State what the contract or lease is for SERVICES AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining 05/31/2016
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 OMNICELL, INC.
 1201 CHARLESTON RD
 MOUNTAIN VIEW CA 94043
- 2.222. **Title of contract** MASTER AGREEMENT
State what the contract or lease is for HPG PURCHASER AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining AUTO RENEWAL UNLESS OTHERWISE TERMINATED
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 OMNICELL, INC.
 1201 CHARLESTON RD
 MOUNTAIN VIEW CA 94043
- 2.223. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ORTHOPAEDIC ASSOCIATES
 520 S. VAN BUREN RD
 EDEN NC
- 2.224. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 O'TOOLE, DAVID M.D.
 1104 KNOLLWOOD PLACE
 MARTINSVILLE VA 24112
- 2.225. **Title of contract** POST-IMPLEMENTATION INFRASTRUCTURE SUPPORT SERVICES
State what the contract or lease is for SERVICES AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 PARK PLACE INTERNATIONAL
 100 CROWLEY DRIVE
 MARLBOROUGH MA 01752

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

- 2.226. **Title of contract** INFRASTRUCTURE SUPPORT PROPOSAL **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT
- Nature of debtor's interest** CUSTOMER **PARK PLACE INTERNATIONAL**
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL **100 CROWLEY DRIVE**
- List the contract number of any government contract** _____ **MARLBOROUGH MA 01752**
-
- 2.227. **Title of contract** MEDICAL DIRECTOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **PARSONS, JAMES B. M.D.**
- State the term remaining** AUTO RENEWAL **117 EAST KINGS HIGHWAY**
- List the contract number of any government contract** _____ **EDEN NC 27288**
-
- 2.228. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **PARSONS, JAMES M.D.**
- State the term remaining** AUTO RENEWAL **722 SYCAMORE COURT**
- List the contract number of any government contract** _____ **EDEN NC 27288**
-
- 2.229. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **PARSONS, JAMES M.D.**
- State the term remaining** AUTO RENEWAL **722 SYCAMORE COURT**
- List the contract number of any government contract** _____ **EDEN NC 27288**
-
- 2.230. **Title of contract** PASSPORT MEDITRAK ADDENDUM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CUSTOMER **PASSPORT HEALTH COMMUNICATIONS, INC.**
- State the term remaining** _____ **720 COOL SPRINGS BLVD.**
- List the contract number of any government contract** _____ **SUITE 200**
- FRANKLIN TN 37067**

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

- 2.231. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION **PATRICK HENRY COMMUNITY COLLEGE**
- State the term remaining** AUTO RENEWAL 30 DAYS WRITTEN NOTICE TO CANCEL **ATTN: JOHN HANBURY**
- List the contract number of any government contract** _____ **VP FOR FINANCIAL AND ADMINISTRATIVE SERVICES**
- 645 PATRIOT AVENUE
MARTINSVILLE VA 24112
- 2.232. **Title of contract** RURAL HEALTHCARE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CONSULTING AGREEMENT
- Nature of debtor's interest** CLIENT **PEM FILINGS LLC**
- State the term remaining** AUTO RENEWAL FOR SUCCESSIVE FUNDING YEAR UNLESS PARTIES MUTUALLY AGREE TO TERMINATE **ATTN: DAVID WAGNER, MANAGING MEMBER**
- List the contract number of any government contract** _____ **50 WATERBURY RD**
- #357
PROSPECT CT 06712
- 2.233. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER **PERSAUD, DENNIS M.D.**
- State the term remaining** AUTO RENEWAL **7810 PROVIDENCE RD**
- List the contract number of any government contract** _____ **STE 102**
- CHARLOTTE NC 28226-2954
- 2.234. **Title of contract** AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BRILLIANCE CT 40 CHANNEL SCANNER
- Nature of debtor's interest** LESSEE **PHILIPS HEALTHCARE**
- State the term remaining** _____ **PO BOX 100355**
- List the contract number of any government contract** _____ **ATLANTA GA 30384-0355**
- 2.235. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ULTRASOUND EQUIPMENT
- Nature of debtor's interest** LESSEE **PHILIPS HEALTHCARE**
- State the term remaining** 3/13/2019 **22100 BOTHELL EVERETT HWY**
- List the contract number of any government contract** _____ **BOX 3033**
- BOTHELL WA 98041-3033

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

- 2.236. **Title of contract** PHILIPS RIGHTFIT SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** LICENSEE PHILIPS HEALTHCARE
22100 BOTHELL EVERETT HWY
BOX 3033
BOTHELL WA 98041-3033
- State the term remaining** 6/29/2018
- List the contract number of any government contract** _____
- 2.237. **Title of contract** FIRST AMENDMENT TO THE MASTER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT
- Nature of debtor's interest** CUSTOMER PHILIPS HEALTHCARE
INFORMATICS, INC.
4100 E. THIRD AVE
STE 101
FOSTER CITY CA 94404
- State the term remaining** 3 YEARS BEGINNING 08/01/2016
- List the contract number of any government contract** _____
- 2.238. **Title of contract** FIRST AMENDMENT TO THE MASTER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT
- Nature of debtor's interest** CUSTOMER PHILIPS HEALTHCARE
INFORMATICS, INC.
4100 E. THIRD AVE
STE 101
FOSTER CITY CA 94404
- State the term remaining** 3 YEARS BEGINNING 08/01/2016
- List the contract number of any government contract** _____
- 2.239. **Title of contract** MASTER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT
- Nature of debtor's interest** CUSTOMER PHILIPS HEALTHCARE
INFORMATICS, INC.
4100 E. THIRD AVE
STE 101
FOSTER CITY CA 94404
- State the term remaining** RENEWABLE FOR 1 ADDITIONAL 3 YEAR PERIOD WITH
180 DAYS WRITTEN NOTICE PRIOR TO EXPIRATION
- List the contract number of any government contract** _____
- 2.240. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087
- State the term remaining** _____
- List the contract number of any government contract** _____

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

- | | | | |
|--------|---|--|--|
| 2.241. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
EQUIPMENT LEASE
LESSOR

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087 |
| 2.242. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
EQUIPMENT LEASE
LESSOR

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087 |
| 2.243. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
EQUIPMENT LEASE
LESSOR

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087 |
| 2.244. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
EQUIPMENT LEASE
LESSOR

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087 |
| 2.245. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
EQUIPMENT LEASE
LESSOR

 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PHILIPS MEDICAL CAPITAL LLC
1111 OLD EAGLE SCHOOL RD
WAYNE PA 19087 |

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

- 2.246. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSOR **PHILIPS MEDICAL CAPITAL LLC**
- State the term remaining** _____ **1111 OLD EAGLE SCHOOL RD**
- List the contract number of any government contract** _____ **WAYNE PA 19087**
-
- 2.247. **Title of contract** HOSPITAL SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** PROVIDER **PIEDMONT COMMUNITY HEALTHCARE ALLIANCE, INC.**
- State the term remaining** DATED AS OF 11/1/2003 **612 BUSINESS PARK DR**
- List the contract number of any government contract** _____ **STE D**
- EDEN NC 27288**
-
- 2.248. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE
- Nature of debtor's interest** LESSOR **PIEDMONT SURGICAL**
- State the term remaining** _____ **515 THOMPSON STREET**
- List the contract number of any government contract** _____ **EDEN NC**
-
- 2.249. **Title of contract** PITNEY BOWES LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 5 MAILING/POSTAGE PRODUCTS
- Nature of debtor's interest** LESSEE **PITNEY BOWES INC (EQUIPMENT RENTAL)**
- State the term remaining** 5/18/2019 **PO BOX 371887**
- List the contract number of any government contract** _____ **PITTSBURGH PA 15250**
-
- 2.250. **Title of contract** BUSINESS ASSOCIATE AMENDMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** ADMINISTRATOR **PRIMARY PHYSICIANCARE INC.**
- State the term remaining** IF PARTIES ARE UNSUCCESSFUL IN CURING A BREACH, CONTRACT MAY BE TERMINDATED, IF FEASIBLE **PO BOX 11088**
- List the contract number of any government contract** _____ **CHARLOTTE NC 28220**

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- 2.251. **Title of contract** COLLECTION SERVICES AGREEMENT
State what the contract or lease is for ACCOUNTS RECEIVABLE COLLECTION
Nature of debtor's interest CONTRACT PARTY
State the term remaining MARCH 31, 2017
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PROFESSIONAL FINANCE
COMPANY INC
ATTN: PRESIDENT CEO
5754 WEST 11TH ST
SUITE 110
GREELEY CO 80634
- 2.252. **Title of contract** NORTH CAROLINA TELEHEALTH NETWORK MEMBERSHIP AGREEMENT
State what the contract or lease is for MEMBERSHIP AGREEMENT
Nature of debtor's interest CONSORTIUM MEMBER
State the term remaining EFFECTIVE ON 12/15/2014 AS LONG AS MEMBER CONTINUES TO SUBSCRIBE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PUBLIC HEALTH AUTHORITY OF
CABARRUS COUNTY
D/B/A CABARRUS HEALTH
ALLIANCE
ATTN: DR. WILLIAM F. PILKINGTON
300 MOORESVILLE RD
KANNAPOLIS NC 28081
- 2.253. **Title of contract** NORTH CAROLINA TELEHEALTH NETWORK SUBSCRIPTION AGREEMENT
State what the contract or lease is for SUBSCRIPTION AGREEMENT
Nature of debtor's interest SUBSCRIBER
State the term remaining AUTO RENEWAL FOR 1 ADDITIONAL SERVICE PERIOD
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PUBLIC HEALTH AUTHORITY OF
CABARRUS COUNTY
D/B/A CABARRUS HEALTH
ALLIANCE
300 MOORESVILLE RD
KANNAPOLIS NC 28081
- 2.254. **Title of contract** NCTN-H SUBSCRIPTION AGREEMENT
State what the contract or lease is for SUBSCRIPTION AGREEMENT
Nature of debtor's interest SUBSCRIBER
State the term remaining AUTO RENEWAL FOR 3 YEARS FROM NETWORK ACCEPTANCE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PUBLIC HEALTH AUTHORITY OF
CABARRUS COUNTY
ATTN: DR. WILLIAM F. PILKINGTON,
DIRECTOR
1307 S CANNON BLVD
KANNAPOLIS NC 28083
- 2.255. **Title of contract** BUSINESS ASSOCIATE AGREEMENT FOR NEXTGEN HEALTHCARE
State what the contract or lease is for _____
Nature of debtor's interest USER
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
QUALITY SERVICES INC
611 ANTON BLVD
STE 500
COSTA MESA CA 92626

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- 2.256. **Title of contract** AMENDMENT TO ENTERPRISE LICENSING AGREEMENT AND APPLICATION HOSTING, SUPPORT AND MAINTENANCE SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSING AGREEMENT
QUANTROS, INC.
475 SYCAMORE DRIVE
MILPITAS CA 95035
- Nature of debtor's interest** CLIENT
- State the term remaining** 02/24/2017 WITH AUTOMATIC RENEWAL 30 DAYS WRITTEN NOTICE TO CANCEL
- List the contract number of any government contract** _____
- 2.257. **Title of contract** RENEWAL ADDENDUM TO SOFTWARE APPLICATIONS LICENSING AND SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LICENSING AND SERVICE AGREEMENT
QUANTROS, INC.
690 N. MCCARTHY BLVD.
SUITE 200
MILPITAS CA 95035
- Nature of debtor's interest** CLIENT
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.258. **Title of contract** ASSIGNMENT AND ASSUMPTION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ASSIGNMENT AGREEMENT
RCG- EDEN LLC
C/O RCG VENTURES I LLC
P O BOX 53483
ATLANTA GA 30355
- Nature of debtor's interest** TENANT OF ASSIGNEE
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.259. **Title of contract** FIRST AMENDMENT OF LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
RCG EDEN LLC, A GEORGIA LTD LIABILITY CO
BRAD GARNER
P O BOX 53483
ATLANTA GA 30355
- Nature of debtor's interest** TENANT
- State the term remaining** 07/31/2018
- List the contract number of any government contract** _____
- 2.260. **Title of contract** LETTER OF LANDLORD RE: CHANGES TO MONTHLY CAM, TAX **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
RCG EDEN LLC, A GEORGIA LTD LIABILITY CO
P O BOX 53483
ATLANTA GA 30355
- Nature of debtor's interest** TENANT
- State the term remaining** _____
- List the contract number of any government contract** _____

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- 2.261. **Title of contract** ASSIGNMENT AND ASSUMPTION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ASSIGNMENT AGREEMENT
- Nature of debtor's interest** TENANT TO ASSIGNEE RCG EDEN LLC, A GEORGIA LTD LIABILITY CO
- State the term remaining** _____ C/O RCG VENTURES I LLC
- List the contract number of any government contract** _____ P O BOX 53483
ATLANTA GA 30355
- 2.262. **Title of contract** ASSIGNMENT AND ASSUMPTION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ASSIGNMENT AND ASSUMPTION AGREEMENT
- Nature of debtor's interest** TENANT RCG-EDEN, LLC
- State the term remaining** _____ 3060 PEACHTREE ROAD NW
- List the contract number of any government contract** _____ SUITE 400
ATLANTA GA 30305
- 2.263. **Title of contract** TENANT ESTOPPEL CERTIFICATE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** TENANT RCG-EDEN, LLC
- State the term remaining** _____ C/O MAHAFFEY PICKENS TUCKER, LLP
- List the contract number of any government contract** _____ ATTN: GITA T. WILLIAMS
1550 NORTH BROWN RD
SUITE 125
LAWRENCEVILL GA 30043
- 2.264. **Title of contract** USER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMC NS20, EMC CX300 & HP BLADE CTR MAINT
- Nature of debtor's interest** USER RELUS TECHNOLOGIES
- State the term remaining** _____ 22 TECHNOLOGY PKWY 5
- List the contract number of any government contract** _____ PEACHTREE CORNERS GA 30092-9807
- 2.265. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER RITCH, ERIKM.D.
- State the term remaining** AUTO RENEWAL 4540 SPRING CANYON HTS APT 201
- List the contract number of any government contract** _____ COLORADO SPRINGS CO 80907

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- 2.266. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COMMUNITY COLLEGE
 ATTN: DR. JAN OVERMAN
 VP FOR ACADEMIC AFFAIRS
 215 WRENN MEMORIAL ROAD HWY 65
 WENTWORTH NC 27375
- 2.267. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LESSOR
State the term remaining LEASE CAN BE TERMINATED BY MUTUAL CONSENT BUT LESSEE HAVE OPTION TO EXTEND FOR ADDITIONAL 10 YEARS BY WRITTEN NOTICE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COUNTY AIRPORT AUTHORITY
 2691 SETTLE BRIDGE RD
 STONEVILLE NC 27048-8547
- 2.268. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 20 YEARS FROM 09/10/1984 BUT MAY BE TERMINATED BY MUTUAL CONSENT WITH OPTION TO RENEW FOR ADDITIONAL 10 YEARS
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COUNTY AIRPORT AUTHORITY
 2691 SETTLE BRIDGE ROAD
 STONEVILLE NC 27048
- 2.269. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 4/6/2017
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COUNTY HEALTH ALLIANCE
 REIDSVILLE AREA FOUNDATION
 124 S SCALES STREET
 REIDSVILLE NC 27323
- 2.270. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 04/06/2017 WRITTEN NOTICE 60 DAYS NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COUNTY HEALTH ALLIANCE
 MOREHEAD DOCTORS CENTER ONE
 518 S VAN BUREN RD
 EDEN NC 27288

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- 2.271. **Title of contract** FREE CLINIC LEASE
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSOR
State the term remaining AUTOMATIC 1 - YEAR RENEWALS
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COUNTY
 HEALTHCARE ALLIANCE
 FREE CLINIC
 520 S. VAN BUREN ROAD
 EDEN NC 27288
- 2.272. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM COUNTY SCHOOLS
 ATTN: KENNETH A. SCOTT
 CTE DIRECTOR
 511 HARRINGTON HIGHWAY
 EDEN NC 27288
- 2.273. **Title of contract** FIRST AMENDMENT OF LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 07/31/2015 AUTO RENEW FOR UNLIMITED ADDITIONAL 1 YEAR RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM EYE ASSOCIATES PA
 DR CARROLL HAINES
 515A THOMPSON ST
 EDEN NC 27288
- 2.274. **Title of contract** FIRST AMENDMENT TO LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 07/31/2015 AUTOMATICALL RENEW FOR UNLIMITED NUMBER OF ADDITIONAL 1 YEAR RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM EYE ASSOCIATES,
 P.A.
 ATTN: DR. CARROLL HAINES
 515A THOMPSON STREET
 EDEN NC 27288
- 2.275. **Title of contract** FIRST AMENDMENT OF LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 02/28/2015
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM MEDICAL & KIDNEY
 CARE PLLC
 BELAYEUEH S BEFEKADU, MD
 MOREHEAD DOCTORS CENTER
 TWO
 520 S VAN BUREN ROAD STE #3
 EDEN NC 27288

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

- 2.276. **Title of contract** FIRST AMENDMENT TO LEASE AGREEMENT
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest LANDLORD
State the term remaining 02/28/2015 AUTOMATICALLY RENEW FOR UNLIMITED 1 YEAR RENEWAL PERIODS
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROCKINGHAM MEDICAL & KIDNEY CARE, PLLC
 BELAYENH S. BEFEKADU, M.D.
 MOREHEAD DOCTORS CENTER TWO
 520 S. VAN BUREN ROAD SUITE #3
 EDEN NC 27288
- 2.277. **Title of contract** LEASE FOR MOREHEAD URGENT CARE WEST
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSEE
State the term remaining 8/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROMA REALTY LLC
 ATTN WILL VAUGHN
 26 WEST CHURCH STREET
 PO BOX 952
 MARTINSVILLE VA 24114
- 2.278. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 RONBIN ANDREE, M.D.
 1914 GRANVILLE ROAD
 GREENSBORO NC 27408
- 2.279. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 ROY, MARK M.D.
 7205 TOWNSEND FOREST COURT
 BROWNS SUMMIT NC 27214
- 2.280. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SAMFORD UNIVERSITY
 ATTN: TINISHA GLENN
 CONTRACTS COORDINATOR
 800 LAKE SHORE DRIVE
 BIRMINGHAM AL 35229

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- 2.281. **Title of contract** CALL COVERAGE AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SASSER, PAUL M.D.
 DAYSPRING FAMILY MEDICINE
 ASSOCIATES, PLLC
 250 WEST KINGS HIGHWAY
 EDEN NC 27258
- 2.282. **Title of contract** TRANSFER SERVICE AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest SERVICE PROVIDER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SAVASENIORCARE ADMIN
 SERVICES, LLC
 C/O LEGAL DEPARTMENT
 ATTN: CONTRACTS COORDINATOR
 ONE RAVINIA DRIVE
 SUITE 1500
 ATLANTA GA 30346
- 2.283. **Title of contract** APPLICATION FOR APPROVED VENDOR STATUS & SUPPLEMENTAL STAFFING AGREEMENT
State what the contract or lease is for STAFFING
Nature of debtor's interest N/A
State the term remaining MAY 7, 2018
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SCHA SOLUTIONS, INC.
 1000 CENTER POINT ROAD
 COLUMBIA SC 29210
- 2.284. **Title of contract** MAINTENANCE AGREEMENT
State what the contract or lease is for TN3270 PLUS SOFTWARE MAINTENANCE
Nature of debtor's interest USER
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SDI USA, INC
 PO BOX 740162
 LOS ANGELES CA 90074-0162
- 2.285. **Title of contract** REGULATORY AGREEMENT
State what the contract or lease is for REGULATION
Nature of debtor's interest MORTGAGOR
State the term remaining SUBJECT TO TERMINATION WITH OR WITHOUT CAUSE UPON WRITTEN REQUEST BY THE SECRETARY OF HOUSING
List the contract number of any government contract FHA PROJECT # 053-13010
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SECRETARY OF HOUSING AND
 URBAN DEVELOPMENT
 451 7TH STREET NW
 WASHINGTON DC 20410

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- 2.286. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION **SHENANDOAH UNIVERSITY**
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL **ATTN: JOANNA N. FILSON**
- List the contract number of any government contract** _____ **EXPERIENTIAL LEARNING**
- _____ **COORDINATOR**
- _____ **190 CAMPUS BOULEVARD**
- _____ **SUITE 430**
- _____ **WINCHESTER VA 22601**
-
- 2.287. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WINDOW VDI LICENSE
- Nature of debtor's interest** LICENSEE **SHI**
- State the term remaining** _____ **290 DAVIDSON AVE**
- List the contract number of any government contract** _____ **SOMERSET NJ 08873**
- _____
-
- 2.288. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GFI LANGUARD
- Nature of debtor's interest** LICENSEE **SHI**
- State the term remaining** _____ **290 DAVIDSON AVE**
- List the contract number of any government contract** _____ **SOMERSET NJ 08873**
- _____
-
- 2.289. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MRI
- Nature of debtor's interest** LESSEE **SIEMENS MEDICAL SOLUTIONS**
- State the term remaining** 4/10/2017 **40 LIBERTY BOULEVARD**
- List the contract number of any government contract** _____ **MALVERN PA 19355**
- _____
-
- 2.290. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VMWARE
- Nature of debtor's interest** LICENSEE **SIRIUS COMPUTER SOLUTIONS**
- State the term remaining** _____ **PO BOX 202289**
- List the contract number of any government contract** _____ **DALLAS TX 75320-2289**
- _____

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- 2.291. **Title of contract** PURCHASE ORDER #151687 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SALES AGREEMENT
- Nature of debtor's interest** CUSTOMER SOFTWAREONE
20875 CROSSROADS CTR
STE 1
WAUKESHA WI 53186-4093
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.292. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOLARWINDS VIRTUALIZATION MANAGER
- Nature of debtor's interest** LICENSEE SOLARWINDS
PO BOX 730720
DALLAS TX 75373-0720
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.293. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SOLARWINDS NETWORK PERFORMANCE MONITOR
- Nature of debtor's interest** LICENSEE SOLARWINDS
PO BOX 730720
DALLAS TX 75373-0720
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.294. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** KIWI CAT TOOLS
- Nature of debtor's interest** LICENSEE SOLARWINDS
PO BOX 730720
DALLAS TX 75373-0720
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.295. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LOG AND EVENT MANAGER
- Nature of debtor's interest** LICENSEE SOLARWINDS
PO BOX 730720
DALLAS TX 75373-0720
- State the term remaining** _____
- List the contract number of any government contract** _____

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- 2.296. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SOURCEONE HEALTHCARE TECHNOLOGIES, INC.
8020 TYLER BLVD
MENTOR OH 44060
- 2.297. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SOUTH UNIVERSITY OF NORTH CAROLINA LLC
D/B/A SOUTH UNIVERSITY, HIGH POINT
ATTN: MICHAEL TREMBLEY, CAMPUS PRESIDENT
3975 PREMIER DRIVE
HIGH POINT NC 27265-8320
- 2.298. **Title of contract** GRANT CONSULTING AGREEMENT
State what the contract or lease is for CONSULTING AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining AUTO RENEWAL UNLESS THERE IS MATERIAL BREACH AND PARTY FAILED TO CURE 30 DAYS WRITTEN NOTICE
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SPECTRACORP TECHNOLOGIES GROUP INC.
ATTN: PAUL HALE, CEO
8131 LBJ FREEWAY
SUITE 360
DALLAS TX 75251
- 2.299. **Title of contract** LEASE FOR STORAGE FACILITY
State what the contract or lease is for REAL PROPERTY LEASE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SPRAY COTTON MILLS LLC
PO BOX 3207
EDEN NC 27288
- 2.300. **Title of contract** MASTER REGULATED MEDICAL WASTE SERVICE AGREEMENT
State what the contract or lease is for MEDICAL WASTE SERVICE AGREEMENT
Nature of debtor's interest PROVIDER
State the term remaining EXECUTED AS OF 6/1/2012
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
STERICYCLE, INC.
28161 N. KEITH DR
LAKE FOREST IL 60045-4528

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

- 2.301. **Title of contract** AGREEMENT TO SUPPLY COMPRESSION GARMENTS & PUMPS
State what the contract or lease is for PURCHASE AGREEMENT
Nature of debtor's interest PURCHASER
State the term remaining 3 YEARS
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STERILMED, INC
 MMH244 - MMH040204,
 11400 73RD AVENUE NORTH
 MAPLE GROVE MN 55369
- 2.302. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STRINGFIELD, BARRY M.D.
 6696 LAKE BRANDT ROAD
 SUMMER FIELD NC 27358
- 2.303. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 STRYKER SALES CORPORATION
 1901 ROMENCE ROAD PARKWAY
 PORTAGE MI 49002
- 2.304. **Title of contract** SOFTWARE CONTRACT
State what the contract or lease is for LICENSING AGREEMENT
Nature of debtor's interest CUSTOMER
State the term remaining CAN BE CANCELLED VIA MATERIAL BREACH
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 SUMMIT HEALTHCARE SERVICES, INC.
 35 BRAINTREE HILL PARK
 SUITE 303
 BRAINTREE MA 02184
- 2.305. **Title of contract** SOFTWARE CONTRACT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining CAN BE CANCELLED VIA MATERIAL BREACH
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 SUMMIT HEALTHCARE SERVICES, INC.
 430 FRANKLIN VILLAGE DRIVE
 SUITE 161
 FRANKLIN MA 02038

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- 2.306. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SURRY COMMUNITY COLLEGE
 HEALTH SCIENCES DIVISION
 ATTN: YVONNE JOHNSON,
 ASSOCIATE DEAN OF HEALTH SCIENCES
 630 SOUTH MAIN STREET
 DOBSON NC 27017
- 2.307. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SYSTEL BUSINESS EQUIPMENT
 1111 OLD EAGLE SCHOOL RD
 WAYNE PA 19087
- 2.308. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SYSTEL BUSINESS EQUIPMENT
 1111 OLD EAGLE SCHOOL RD
 WAYNE PA 19087
- 2.309. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SYSTEL BUSINESS EQUIPMENT
 1111 OLD EAGLE SCHOOL RD
 WAYNE PA 19087
- 2.310. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSOR
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 SYSTEL BUSINESS EQUIPMENT
 1111 OLD EAGLE SCHOOL RD
 WAYNE PA 19087

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

- 2.311. **Title of contract** CALL COVERAGE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER TERRY DANIEL, M.D.
DAYSPRING FAMILY MEDICINE ASSOCIATES, PLLC
250 WEST KINGS HIGHWAY
EDEN NC 27258
- State the term remaining** AUTO RENEWAL
- List the contract number of any government contract** _____
- 2.312. **Title of contract** MEDICAL DIRECTOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PHYSICIAN EMPLOYMENT AGREEMENT
- Nature of debtor's interest** EMPLOYER TERRY DANIEL, M.D.
DAYSPRING FAMILY MEDICINE ASSOCIATES, PLLC
250 WEST KINGS HIGHWAY
EDEN NC 27258
- State the term remaining** AUTO RENEWAL
- List the contract number of any government contract** _____
- 2.313. **Title of contract** STATEMENT OF WORK FOR CRIMSON CONTINUUM OF CARE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE ORDER
- Nature of debtor's interest** MEMBER THE ADVISORY BOARD COMPANY
ATTN: WESLEY AMMERMAN
TECHNICAL BUSINESS ANALYST
2445 M STREET NW
WASHINGTON DC 20037
- State the term remaining** COMMENCE ON EXECUTED AGREEMENT DTD 01/23/2015 AND CONTINUE UNTIL WRITTEN ACCEPTANCE OF DELIVERABLES
- List the contract number of any government contract** _____
- 2.314. **Title of contract** BUSINESS ASSOCIATE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** COVERED ENTITY THE ADVISORY BOARD COMPANY
2445 M ST, NW
WASHINGTON DC 20037
- State the term remaining** THE RIGHT TO TERMINATE UPON VIOLATION OF ANY MATERIAL TERM OF AGREEMENT WITHIN 60 DAYS AFTER RECEIPT OF NOTICE
- List the contract number of any government contract** _____
- 2.315. **Title of contract** STATEMENT OF WORK FOR CRIMSON CONTINUUM OF CARE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE ORDER
- Nature of debtor's interest** MEMBER THE ADVISORY BOARD COMPANY
ATTN: WESLEY AMMERMAN
TECHNICAL BUSINESS ANALYST
2445 M STREET NW
WASHINGTON DC 20037
- State the term remaining** COMMENCE 01/23/2015 AND CONTINUE UNTIL WRITTEN ACCEPTANCE OF DELIVERABLES
- List the contract number of any government contract** _____

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

- 2.316. **Title of contract** TENANT ESTOPPEL CERTIFICATE
State what the contract or lease is for LEASE AGREEMENT
Nature of debtor's interest TENANT
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THE BRAND BANKING COMPANY
 106 CROGAN STREET
 LAWRENCEVILLE GA 30046
- 2.317. **Title of contract** INSURANCE POLICY
State what the contract or lease is for AUTOMOBILE LIABILITY POLICY # AS6-Z51-291211-016
Nature of debtor's interest INSURED
State the term remaining 10/01/17
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THE FIRST LIBERTY INS. CORP
 175 BERKELEY STREET
 BOSTON MA 02116
- 2.318. **Title of contract** TRANSFER AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest TRANSFERRING/RECEIVING FACILITY
State the term remaining 3 YEARS FROM 06/10/2011
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THE MOSES H. CONE MEMORIAL HOSPITAL OPERATING CORP
 DBA CONE HEALTH, NORTH CAROLINA NONPROFIT CORP
 ATTN: HOPE RIFE, ACSW, LCSW
 1200 MPRTJ ELM STREET
 GREENSBORO NC 27401
- 2.319. **Title of contract** SAAS MODEL AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining AUTO RENEWAL 90 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THE ULTIMATE SOFTWARE GROUP, INC.
 2000 ULTIMATE WAY
 WESTON FL 33326
- 2.320. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 THE UNIVERSITY OF NORTH CAROLINA
 COLLEGE OF LIBERAL ARTS AND SCIENCES
 ATTN: BANITA BROWN, ASSOCIATE DEAN
 9201 UNIVERSITY CITY BOULEVARD
 CHARLOTTE NC 28223

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

- 2.321. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 THE UNIVERSITY OF NORTH CAROLINA GREENSBORO SCHOOL OF HEALTH AND HUMAN SCIENCES
 ATTN: HEATHER MITCHELL, UNIVERSITY PROGRAM ASSOCIATE
 PO BOX 26170
 235 STONE BUILDING
 GREENSBORO NC 27402
- 2.322. **Title of contract** TRANSFER AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest TRANSFERRING/RECEIVING FACILITY
State the term remaining AUTO RENEWAL 60DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 THE UNIVERSITY OF NORTH CAROLINA HOSPITALS
 PO BOX 4449
 CARY NC 24519-4449
- 2.323. **Title of contract** BUSINESS CLASS CUSTOMER SERVICE ORDER
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest CLIENT
State the term remaining AUTO RENEWAL 90 DAYS WRITTEN NOTICE TO CANCEL FOR CAUSE
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 TIME WARNER CABLE
 1813 SPRING GARDEN ST
 GREENSBORO NC 27403
- 2.324. **Title of contract** BUSINESS CLASS CUSTOMER SERVICE ORDER
State what the contract or lease is for ORDER #3786708
Nature of debtor's interest CUSTOMER
State the term remaining RENEW ON A MONTH TO MONTH BASIS
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 TIME WARNER CABLE
 1813 SPRING GARDEN ST
 GREENSBORO NC 27403
- 2.325. **Title of contract** INSURANCE POLICY
State what the contract or lease is for DIRECTORS & OFFICERS LIABILITYPOLICY # 106599543
Nature of debtor's interest INSURED
State the term remaining 10/01/17
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 TRAVELERS CASUALTY & SURETY CO
 485 LEXINGTON AVE
 NEW YORK NY 10017

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

- 2.326. **Title of contract** INSURANCE POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRIME - WRAPPOLICY # 105685779
- Nature of debtor's interest** INSURED TRAVELERS CASUALTY & SURETY CO
- State the term remaining** 10/01/18 485 LEXINGTON AVE
- List the contract number of any government contract** _____ NEW YORK NY 10017
- 2.327. **Title of contract** INSURANCE POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FUND BOND POLICY # 103119113
- Nature of debtor's interest** INSURED TRAVELERS CASUALTY & SURETY CO
- State the term remaining** 10/01/17 485 LEXINGTON AVE
- List the contract number of any government contract** _____ NEW YORK NY 10017
- 2.328. **Title of contract** TREND MICRO LICENSE CERTIFICATE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PURCHASE AGREEMENT
- Nature of debtor's interest** CUSTOMER TREND MICRO INC.
- State the term remaining** 09/17/2015 10101 N. DE ANZA BLVD
- List the contract number of any government contract** _____ CUPERTINO CA 95014
- 2.329. **Title of contract** TRIBRIDGE MASTER SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** CUSTOMER TRIBRIDGE HOLDING, LLC
- State the term remaining** EITHER PARTY MAY TERMINATE WITH 30 DAYS WRITTEN NOTICE 4830 W. KENNEDY BLVD.
- List the contract number of any government contract** _____ SUITE 890
- TAMPA FL 33609
- 2.330. **Title of contract** NORTH CAROLINA DATA SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES
- Nature of debtor's interest** PROVIDERS TRUVEN HEALTH ANALYTICS INC.
- State the term remaining** 07/31/2015 AUTOMATICALLY RENEW FOR 1 YEAR PERIODS ONE NORTH DEARBORN STREET
- List the contract number of any government contract** _____ SUITE 1400
- CHICAGO IL 60602

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- 2.331. **Title of contract** NCHES - IMC HOSPITAL PARTICIPATION AGREEMENT
State what the contract or lease is for PARTICIPATION AGREEMENT
Nature of debtor's interest _____
State the term remaining 10/01/2014 AND CONTINUES FOR 5 YEARS
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 TRUVEN HEALTH ANALYTICS INC.
 1 NORTH DEARBORN ST
 14TH FLOOR
 CHICAGO IL 60602
- 2.332. **Title of contract** INSURANCE POLICY
State what the contract or lease is for SELF-INSURANCE STOP / LOSS INSURANCEPOLICY # UNI-201877
Nature of debtor's interest INSURED
State the term remaining 01/01/18
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 UNIMERICA INSURANCE COMPANY
 9900 BREN ROAD EAST
 MINNETONKA MN 55343
- 2.333. **Title of contract** FACILITY SERVICES AGREEMENT
State what the contract or lease is for MANAGED CARE
Nature of debtor's interest PROVIDER
State the term remaining EXECUTED AS OF 8/14/2007, BY AND BETWEEN UNITED HEALTHCARE INSURANCE COMPANY AND UNITED HEALTHCARE OF NORTH CAROLINA, INC. AND MOREHEAD MEMORIAL HOSPITAL, AS AMENDED BY, ALL PAYER APPENDIX, DATED 12/1/2015, BY AND BETWEEN UNITED HEALTHCARE INSURANCE COMPANY AND UNITED HEALTHCARE OF NORTH CAROLINA, INC. AND MOREHEAD MEMORIAL HOSPITAL, AS AMENDED BY, PAYER APPENDIX, DATED 12/1/2015, BY AND BETWEEN ALLIANCE PPO, LLC AND MOREHEAD MEMORIAL HOSPITAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 UNITED HEALTHCARE INSURANCE COMPANY AND UNITED HEALTHCARE OF NORTH CAROLINA, INC.
 1001 WINSTEAD DR. #200
 CARY NC 27513
- 2.334. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
 UNC ESHELMAN SCHOOL OF PHARMACY
 ATTN: KIM I. LEADON, DIRECTOR, OFFICE OF EXPERIENTIAL EDUCATION & CLINICAL
 BEARD HALL 109F, CB #7574
 CHAPEL HILL NC 27599-7574

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- 2.335. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL DEPARTMENT OF ALLIED HEALTH SCIENCES
- List the contract number of any government contract** _____ ATTN: BENITA BURTON, CLINICAL EDUCATION CONTRACTS SPECIALIST
321 SOUTH COLUMBIA STREET
1033 BONDURANT HALL, CAMPUS BOX 7120
CHAPEL HILL NC 27599-7120
-
- 2.336. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL SCHOOL OF MEDICINE, OFFICE OF STUDENT AFFAIRS
- List the contract number of any government contract** _____ ATTN: LEANNE SHOOK, CLERKSHIP AND ELECTIVE PROGRAM MANAGER
321 SOUTH COLUMBIA STREET
1001 BONDURANT HALL, CAMPUS BOX 7120
CHAPEL HILL NC 27599-7120
-
- 2.337. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL SCHOOL OF NURSING
- List the contract number of any government contract** _____ ATTN: LA-TRESSA LANE HIGGINS, COORDINATOR OF CLINICAL SITES AND CONTRACTS
1000 CARRINGTON HALL, CB 7460
CHAPEL HILL NC 27599-7460
-
- 2.338. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL INTERNSHIP
- Nature of debtor's interest** INSTITUTION UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
- State the term remaining** AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL UNC ESHELMAN SCHOOL OF PHARMACY
- List the contract number of any government contract** _____ ATTN: KIM I. LEADON, DIRECTOR, OFFICE OF EXPERIENTIAL EDUCATION & CLINICAL
BEARD HALL 109F, CB #7574
CHAPEL HILL NC 27599-7574

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

- 2.339. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UNIVERSITY OF NORTH CAROLINA
AT GREENSBORO
SCHOOL OF NURSING
ATTN: NANETTE LAVOIE-VAUGHAN,
CLINICAL DIRECTOR
PO BOX 26170
GREENSBORO NC 27402-6170
- 2.340. **Title of contract** ADDENDUM TO CONTRACT
State what the contract or lease is for SUBSCRIPTION AGREEMENT
Nature of debtor's interest SUBSCRIBER
State the term remaining JUNE 30, 2017 IF RENEWED 06/30/2018
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UPTODATE, INC.
230 THIRD AVENUE
WALTHAM MA 02451
- 2.341. **Title of contract** SUBSCRIPTION AND LICENSE TERMS
State what the contract or lease is for SUBSCRIPTION ^& LICENSE AGREEMENT
Nature of debtor's interest SUBSCRIBER
State the term remaining 06/30/2017 IF RENEWED 06/30/2018
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UPTODATE, INC.
230 THIRD AVENUE
WALTHAM MA 02451
- 2.342. **Title of contract** VENDORMATE VISION TM SERVICES AGREEMENT
State what the contract or lease is for SERVICE AGREEMENT
Nature of debtor's interest LICENSEE
State the term remaining FIVE YEARS FROM 08/18/2009 AND WITH MUTUAL CONSENT FOR ADDITIONAL 3 YEARS
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VENDORMATE, INC.
ATTN: BILL HAYES, COO
3445 PEACHTREE ROAD NE
SUITE 300
ATLANTA GA 30326
- 2.343. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL VIA WRITTEN NOTIFICATION
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VIRGINIA COLLEGE
ATTN: MELISSA RUMBLEY
MARKET DEVELOPMENT MANAGER
3740 S. HOLDEN ROAD
GREENSBORO NC 27406

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- 2.344. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AIRWAY CLOUD AND SOFTWARE
- Nature of debtor's interest** LICENSEE **VMWARE AIRWATCH**
- State the term remaining** _____ **1155 PERIMETER CENTER WEST**
- List the contract number of any government contract** _____ **SUITE 100**
- _____ **ATLANTA GA 30338**
- 2.345. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DEVICE MANAGEMENT
- Nature of debtor's interest** LICENSEE **VMWARE AIRWATCH**
- State the term remaining** _____ **1155 PERIMETER CENTER WEST**
- List the contract number of any government contract** _____ **SUITE 100**
- _____ **ATLANTA GA 30338**
- 2.346. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE AGREEMENT
- Nature of debtor's interest** TENANT **VZW- RE/MAYODAN LLC**
- State the term remaining** 08/01/2023 WITH 30 DAYS WRITTEN NOTICE **1840 PEMBROKE RD STE 1**
- List the contract number of any government contract** _____ **GREENSBORO NC 27408**
- 2.347. **Title of contract** PATIENT TRANSFER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** TRANSFERRING/RECEIVING FACILITY **WAKE FOREST UNIVERSITY**
- State the term remaining** TERMINATED BY EITHER PARTY WRITTEN 60 DAYS NOTICE TO CANCEL **BAPTIST MEDICAL CENTER**
- List the contract number of any government contract** _____ **THOMAS E. SIBERT, CEO**
- _____ **MEDICAL CENTER BOULEVARD**
- _____ **WINSTON-SALEM NC 27157**
- 2.348. **Title of contract** AGREEMENT FOR THE TRANSFER OF NEUROLOGICAL PATIENTS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE AGREEMENT
- Nature of debtor's interest** TRANSFERRING/RECEIVING FACILITY **WAKE FOREST UNIVERSITY**
- State the term remaining** 3 YEARS FROM 09/01/2012 AUTO RENEW FOR 1 YEAR UNLESS 60 DAYS WRITTEN NOTICE TO CANCEL **BAPTIST MEDICAL CENTER**
- List the contract number of any government contract** _____ **THOMAS E. SIBERT, CEO**
- _____ **MEDICAL CENTER BOULEVARD**
- _____ **WINSTON-SALEM NC 27157**

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

- | | | | |
|--------|---|--|--|
| 2.349. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | HAZARDOUST WASTE SERVICE AGREEMENT
34 YD COMPACTOR LEASE - INCLUDED IN MONTHLY INVOICE
LESSEE
2/21/2021 WITH AUTOMATIC 1 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WASTE MANAGEMENT
104Y HIGHWAY CHURCH RD
ELGIN SC 29045 |
| 2.350. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PARTICIPATING HOSPITAL AGREEMENT
MANAGED CARE
PROVIDER
DATED AS OF 8/1/2010
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WELLPATH SELECT, INC.
2801 SLATER RD
MORRISVILLE NC 27560 |
| 2.351. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MERCHANT EQUIPMENT & PROCESSING AGREEMENT
(3) CREDIT CARD POS MACHINES - NURSING HOME, GIFT SHOP AND WRIGHT CENTER
LESSEE

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WELLS FARGO
PO BOX 1450
MINNEAPOLIS MN 56485 |
| 2.352. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CLINICAL EDUCATION AFFILIATION AGREEMENT
CLINICAL INTERNSHIP
FACILITY
ANNUAL AUTO RENEWAL 30 DAYS NOTICE TO CANCEL
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTERN CAROLINA UNIVERSITY
ATTN: DOUGLAS KESKULA
DEAN, COLLEGE OF HEALTH AND HUMAN SCIENCES
HHS BUILDING
3971 LITTLE SAVANNAH ROAD
CULLOWHEE NC 28723 |
| 2.353. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EMPLOYMENT AGREEMENT
PHYSICIAN EMPLOYMENT AGREEMENT
EMPLOYER
AUTO RENEWAL
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WILLIAM MCLEOD, M.D.
307 MAPLEWOOD DRIVE
EDEN NC 27288 |

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

- 2.354. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for PHYSICIAN EMPLOYMENT AGREEMENT
Nature of debtor's interest EMPLOYER
State the term remaining AUTO RENEWAL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WILSON,EWAIN M.D.
511 BRARWOOD ROAD
EDEN NC 27288
- 2.355. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WINSTON-SALEM STATE UNIVERSITY
ATTN: MIKE MCKENZIE
ASSOCIATE PROFESSOR,
EXERCISE SCIENCE
103 OLD NURSING BUILDING
601 MARTIN LUTHER KING, JR.
DRIVE
WINSTON-SALEM NC 27110
- 2.356. **Title of contract** CLINICAL EDUCATION AFFILIATION AGREEMENT
State what the contract or lease is for CLINICAL INTERNSHIP
Nature of debtor's interest INSTITUTION
State the term remaining AUTO RENEWAL 60 DAYS WRITTEN NOTICE TO CANCEL
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WINSTON-SALEM STATE UNIVERSITY
SCHOOL OF HEALTH SCIENCES
ATTN: SOPHIA BAMBY, SOHS
CONTRACTS COORDINATOR
119 FL ATKINS ANNEX
601 MARTIN LUTHER KING, JR.
DRIVE
WINSTON-SALEM NC 27110
- 2.357. **Title of contract** STEDMAN'S PLUS - 2015 MEDITECH LICENSE AGREEMENT
State what the contract or lease is for SOFTWARE PROGRAM LICENSE
Nature of debtor's interest SUBSCRIBER
State the term remaining 3/31/2015
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WOLTERS KLUWER HEALTH
351 WEST CAMDEN STREET
BALTIMORE MD 21201-2436
- 2.358. **Title of contract** PRODUCT PURCHASE AGREEMENT
State what the contract or lease is for PURCHASE AGREEMENT
Nature of debtor's interest PURCHASER
State the term remaining TERMINATION DATE: NOVEMBER 30, 2016
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ZIMMER US, INC
345 E. MAIN STREET
WARSAW IN 46580

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

- | | | | |
|--------|---|--|---|
| 2.359. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LICENSE AGREEMENT
AD MANAGER SOFTWARE
LICENSEE

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ZHO CORPORATION
4141 HACIENDA DRIVE
PLEASANTON CA 94588-8549 |
| 2.360. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LICENSE AGREEMENT
HELP DESK SOFTWARE
LICENSEE

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ZHO CORPORATION
4141 HACIENDA DRIVE
PLEASANTON CA 94588-8549 |

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 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:

2.1. _____

- ☐ D
- ☐ E/F
- ☐ G

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 _____
- ☐ *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 7/24/2017
MM/DD/YYYY

x

/s/ Dana M. Weston

Signature of individual signing on behalf of debtor

Dana M. Weston
Printed name

President & CEO
Position or relationship to debtor