

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 filingOfficial Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/16

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

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue (Check all that apply)	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 10/1/2016 to 7/10/2016	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$49,103,006.00 ¹
For prior year:	From 10/1/2015 to 9/30/2016	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$87,911,347.00 ¹
For the year before that:	From 10/1/2014 to 9/30/2015	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$93,257,548.00 ¹

¹1. ALL FIGURES ARE NET REVENUE

2. FY17 CAPTURES YTD NET REVENUE THROUGH MAY 31, 2017

2. Non-business revenue

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

☐ None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 10/1/2016 to 7/10/2017	INTEREST	\$36,953.00 ¹
	From 10/1/2016 to 7/10/2017	DONATION	\$152,774.00 ¹
For prior year:	From 10/1/2015 to 9/30/2016	INTEREST	\$165,860.00 ¹

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	From 10/1/2015 to 9/30/2016	DONATION	\$64,841.00 ¹
For the year before that:	From 10/1/2014 to 9/30/2015	INTEREST	\$202,861.00 ¹
	From 10/1/2014 to 9/30/2015	DONATION	\$99,335.00 ¹

¹FY17 CAPTURES YTD NON-OPERATING REVENUE THROUGH MAY 31, 2017

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.	ACCELERATED CLAIMS INC PO BOX 742319 ATLANTA GA 30374	6/28/2017	\$9,650.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2.	ACCELERATED CLAIMS INC PO BOX 742319 ATLANTA GA 30374	5/18/2017	\$4,778.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3.	ACCELERATED CLAIMS INC PO BOX 742319 ATLANTA GA 30374	4/13/2017	\$6,461.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4.	ACCOUNTABLE HEALTHCARE STAFFING PO BOX 732800 DALLAS TX 75373-2800	6/28/2017	\$2,268.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5.	ACCOUNTABLE HEALTHCARE STAFFING PO BOX 732800 DALLAS TX 75373-2800	6/8/2017	\$14,616.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.6.	ACCOUNTABLE HEALTHCARE STAFFING PO BOX 732800 DALLAS TX 75373-2800	5/25/2017	\$2,268.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7.	ACCOUNTABLE HEALTHCARE STAFFING PO BOX 732800 DALLAS TX 75373-2800	5/11/2017	\$2,268.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.8.	ACCOUNTABLE HEALTHCARE STAFFING PO BOX 732800 DALLAS TX 75373-2800	4/13/2017	\$4,701.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.9.	ADAMS, DOUGLAS H MD MPH DBA OMTX 703 WEST CORNWALLIS DR GREENSBORO NC 27408	6/28/2017	\$8,840.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10.	ADAMS, DOUGLAS H MD MPH DBA OMTX 703 WEST CORNWALLIS DR GREENSBORO NC 27408	6/1/2017	\$8,060.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.11.	ADAMS, DOUGLAS H MD MPH DBA OMTX 703 WEST CORNWALLIS DR GREENSBORO NC 27408	5/4/2017	\$9,295.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.12.	ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926	6/22/2017	\$2,196.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.13.	ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926	6/8/2017	\$2,287.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.14.	ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926	5/25/2017	\$2,196.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.15.	ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926	5/11/2017	\$3,139.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.16.	ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926	4/27/2017	\$4,514.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.17.	ADEX MEDICAL STAFFING LLC 13083 TELECOM PKWY NORTH TEMPLE TERRACE FL 33637-0926	4/13/2017	\$4,010.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.18.	ADVANCED HOME CARE INC INSTITUTIONAL SERVICES PO BOX 890492 CHARLOTTE NC 28289-0492	6/1/2017	\$10,864.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.19.	ADVANCED HOME CARE INC INSTITUTIONAL SERVICES PO BOX 890492 CHARLOTTE NC 28289-0492	5/18/2017	\$9,981.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.20.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	6/22/2017	\$3,724.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.21.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	6/15/2017	\$510.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.22.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	5/25/2017	\$3,059.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.23.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	5/18/2017	\$6,127.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.24.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	5/11/2017	\$1,236.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.25.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	4/27/2017	\$5,257.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.26.	AIRGAS USA LLC PO BOX 532609 ATLANTA GA 30353-2609	4/13/2017	\$5,739.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.27.	AKIN GUMP STRAUSS HAUER& FIELD LLP DEPT 7247-6827 TWO COMMERCE SQUARE 2001 MARKET ST STE 4100 PHILADELPHIA PA 19170-6827	5/25/2017	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.28.	AMEDISTAF LLC DBA THE RIGHTSOLUTIO PO BOX 595 TONTITOWN AR 72770	6/8/2017	\$5,036.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.29.	AMEDISTAF LLC DBA THE RIGHTSOLUTIO PO BOX 595 TONTITOWN AR 72770	5/25/2017	\$2,533.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.30.	AMERICAN EXPRESS PO BOX 1270 NEWARK NJ 07101-1270	5/26/2017	\$118,075.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.31.	AMERICAN EXPRESS PO BOX 1270 NEWARK NJ 07101-1270	4/27/2017	\$192,748.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.32.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	6/28/2017	\$13,778.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.33.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	6/22/2017	\$9,306.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.34.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	6/15/2017	\$8,343.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.35.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	6/8/2017	\$7,473.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.36.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	6/1/2017	\$6,754.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.37.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	5/25/2017	\$4,145.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.38.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	5/18/2017	\$9,596.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.39.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	5/11/2017	\$12,024.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.40.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	4/27/2017	\$7,379.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.41.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	4/19/2017	\$6,623.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.42.	AMERICAN RED CROSS BLOODCTR PO BOX 730040 DALLAS TX 75373-0040	4/13/2017	\$13,944.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.43.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	6/15/2017	\$75,267.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.44.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	6/8/2017	\$207.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.45.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	6/1/2017	\$103.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.46.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	5/25/2017	\$310.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.47.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	5/18/2017	\$310.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.48.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	5/11/2017	\$183.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.49.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	4/27/2017	\$72,633.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.50.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	4/27/2017	\$156.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.51.	ARAMARK CORPORATION HEALTHCARE GROUP 24863 NETWORK PL CHICAGO IL 60673-1248	4/13/2017	\$36,316.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.52.	ARROW INTERNATIONAL 3000 BERNVILLE RD READING PA 19605	6/1/2017	\$7,909.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.53.	ARROW INTERNATIONAL 3000 BERNVILLE RD READING PA 19605	5/25/2017	\$2,609.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.54.	ARROW INTERNATIONAL 3000 BERNVILLE RD READING PA 19605	5/18/2017	\$5,225.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.55.	ARROW INTERNATIONAL 3000 BERNVILLE RD READING PA 19605	5/11/2017	\$428.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.56.	ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108	6/22/2017	\$807.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.57.	ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108	6/1/2017	\$273.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.58.	ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108	5/25/2017	\$1,072.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.59.	ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108	5/18/2017	\$3,510.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.60.	ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108	5/11/2017	\$2,100.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.61.	ARTHREX INC 1370 CREEKSIDE BLVD NAPLES FL 34108	5/4/2017	\$1,414.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.62.	ARTHUR GALLAGHER/MCNEARYHEALTHCARE MCNEARY ARTHUR GALLAGHER HEALTHCAR 6525 MORRISON BLVD STE 200 CHARLOTTE NC 28211	6/22/2017	\$181,167.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.63.	AUREUS RADIOLOGY MEDICAL 13609 CALIFORNIA ST OMAHA NE 68154	5/25/2017	\$5,574.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.64.	AUREUS RADIOLOGY MEDICAL 13609 CALIFORNIA ST OMAHA NE 68154	5/18/2017	\$8,820.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.65.	AUREUS RADIOLOGY MEDICAL 13609 CALIFORNIA ST OMAHA NE 68154	5/11/2017	\$2,847.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.66.	BAXTER HEALTHCARE CORP ONE BAXTER PKWY DEERFIELD IL 60015	6/15/2017	\$1,897.43	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.67.	BAXTER HEALTHCARE CORP ONE BAXTER PKWY DEERFIELD IL 60015	6/1/2017	\$20,819.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.68.	BAXTER HEALTHCARE CORP ONE BAXTER PKWY DEERFIELD IL 60015	5/25/2017	\$12,211.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.69.	BAXTER HEALTHCARE CORP ONE BAXTER PKWY DEERFIELD IL 60015	5/11/2017	\$46,126.27	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.70.	BAYER HEALTHCARE PO BX 360172 PITTSBURGH PA 15251-6172	6/22/2017	\$3,971.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.71.	BAYER HEALTHCARE PO BX 360172 PITTSBURGH PA 15251-6172	6/15/2017	\$2,382.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.72.	BAYER HEALTHCARE PO BX 360172 PITTSBURGH PA 15251-6172	5/25/2017	\$1,588.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.73.	BAYER HEALTHCARE PO BX 360172 PITTSBURGH PA 15251-6172	5/11/2017	\$4,690.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.74.	BCI-BRENTWOOD COMMUNICATIONSINC 215 JAMESTOWN PK RD STE 203 BRENTWOOD TN 37027	6/22/2017	\$9,304.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.75.	BCI-BRENTWOOD COMMUNICATIONSINC 215 JAMESTOWN PK RD STE 203 BRENTWOOD TN 37027	5/25/2017	\$3,845.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.76.	BCI-BRENTWOOD COMMUNICATIONSINC 215 JAMESTOWN PK RD STE 203 BRENTWOOD TN 37027	5/11/2017	\$3,845.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.77.	BMP PRINT SOLUTIONS 500 EDWARDIA DR GREENSBORO NC 27409	5/25/2017	\$3,361.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.78.	BMP PRINT SOLUTIONS 500 EDWARDIA DR GREENSBORO NC 27409	5/11/2017	\$3,893.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.79.	BRACCO DIAGNOSTICS INC 107 COLLEGE RD EAST PRINCETON NJ 08540	6/22/2017	\$3,072.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.80.	BRACCO DIAGNOSTICS INC 107 COLLEGE RD EAST PRINCETON NJ 08540	6/15/2017	\$4,080.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.81.	BRACCO DIAGNOSTICS INC 107 COLLEGE RD EAST PRINCETON NJ 08540	6/1/2017	\$5,984.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.82.	BRACCO DIAGNOSTICS INC 107 COLLEGE RD EAST PRINCETON NJ 08540	5/25/2017	\$5,333.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.83.	BURDINE, STEVEN MD 319 PINWOOD PL EDEN NC 27288	6/15/2017	\$3,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.84.	BURDINE, STEVEN MD 319 PINWOOD PL EDEN NC 27288	5/18/2017	\$2,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.85.	BURDINE, STEVEN MD 319 PINWOOD PL EDEN NC 27288	4/13/2017	\$3,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.86.	CANOPY PARTNERS INC LISA FERGUSON 1317 N ELM ST GREENSBORO NC 27401-1023	5/25/2017	\$1,353.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.87.	CANOPY PARTNERS INC LISA FERGUSON 1317 N ELM ST GREENSBORO NC 27401-1023	5/18/2017	\$6,176.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.88.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	6/15/2017	\$75,139.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.89.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	6/1/2017	\$9,717.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.90.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	5/25/2017	\$20,661.89	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.91.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	5/11/2017	\$55,114.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.92.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	5/11/2017	\$1,806.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.93.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	4/28/2017	\$10,162.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.94.	CARDINAL HEALTH PO BOX 70539 CHICAGO IL 60673-0539	4/13/2017	\$61,191.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.95.	CARDINAL HEALTH PHAR REMOTEORDER E 1330 ENCLAVE PKWY HOUSTON TX 77077	6/15/2017	\$14,925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.96.	CARDINAL HEALTH PHAR REMOTEORDER E 1330 ENCLAVE PKWY HOUSTON TX 77077	5/11/2017	\$14,820.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.97.	CARDINAL HEALTH PHAR REMOTEORDER E 1330 ENCLAVE PKWY HOUSTON TX 77077	4/27/2017	\$12,693.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.98.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	6/22/2017	\$2,447.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.99.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	6/15/2017	\$5,704.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.100.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	6/8/2017	\$5,204.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.101.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	5/25/2017	\$2,664.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.102.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	5/18/2017	\$3,727.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.103.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	5/11/2017	\$2,315.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.104.	CARDINAL HEALTH-NUCLEARPHARMACY PO BOX 70609 CHICAGO IL 60673-0609	4/13/2017	\$3,698.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.105.	CDW GOVERNMENT INC 1 JENNIFER MINK 8 2 CRAIG NEETZ 1 200 N MILWAUKEE AVE 4 VERNON HILLS IL 60061	6/15/2017	\$7,075.79	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.106.	CDW GOVERNMENT INC 1 JENNIFER MINK 8 2 CRAIG NEETZ 1 200 N MILWAUKEE AVE 4 VERNON HILLS IL 60061	5/25/2017	\$1,846.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.107.	CDW GOVERNMENT INC 1 JENNIFER MINK 8 2 CRAIG NEETZ 1 200 N MILWAUKEE AVE 4 VERNON HILLS IL 60061	4/28/2017	\$11,160.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.108.	CENTURION MEDICAL PRODUCTS PO BX 842816 BOSTON MA 02284-2816	5/25/2017	\$3,927.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.109.	CENTURION MEDICAL PRODUCTS PO BX 842816 BOSTON MA 02284-2816	4/27/2017	\$8,465.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.110.	CENTURY LINK 1 SUSAN LONG 3 PO BOX 96064 CHARLOTTE NC 28296-0064	6/8/2017	\$766.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.111.	CENTURY LINK 1 SUSAN LONG 3 PO BOX 96064 CHARLOTTE NC 28296-0064	5/25/2017	\$13,425.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.112.	CENTURY LINK 1 SUSAN LONG 3 PO BOX 96064 CHARLOTTE NC 28296-0064	5/18/2017	\$722.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.113.	CENTURY LINK 1 SUSAN LONG 3 PO BOX 96064 CHARLOTTE NC 28296-0064	4/27/2017	\$13,288.30	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.114.	CENTURY LINK 1 SUSAN LONG 3 PO BOX 96064 CHARLOTTE NC 28296-0064	4/13/2017	\$716.30	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.115.	CERTICODE LLC SUSAN MOYE 1112 MAGNOLIA ST GREENSBORO NC 27401	5/25/2017	\$8,084.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.116.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	6/22/2017	\$79.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.117.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	6/15/2017	\$158.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.118.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	6/8/2017	\$4,453.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.119.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	5/18/2017	\$1,619.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.120.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	5/11/2017	\$237.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.121.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	4/27/2017	\$3,133.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.122.	CHANGE HEALTHCARE/EMDEON CHANGE HEALTHCARE MARY CLAUS 3055 LEBANON PIKE STE 1000 NASHVILLE TN 37214	4/13/2017	\$67.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.123.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	6/28/2017	\$2,188.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.124.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	6/22/2017	\$3,119.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.125.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	6/15/2017	\$27,670.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.126.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	6/1/2017	\$5,233.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.127.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	5/18/2017	\$24,047.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.128.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	5/4/2017	\$4,800.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.129.	CITY OF EDEN 308 EAST STADIUM DR EDEN NC 27289-0070	4/19/2017	\$27,104.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.130.	CLIA LABORATORY PROGRAM NC DEPT HUMAN SVC 2713 MAIL SERVICE CTR RALEIGH NC 27699-2713	4/27/2017	\$65.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.131.	CLIA LABORATORY PROGRAM NC DEPT HUMAN SVC 2713 MAIL SERVICE CTR RALEIGH NC 27699-2713	4/13/2017	\$6,393.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.132.	CLIFTON LARSON ALLEN LLP 227 WEST TRADE ST STE 800 CHARLOTTE NC 28202	6/28/2017	\$25,123.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.133.	CLIFTON LARSON ALLEN LLP 227 WEST TRADE ST STE 800 CHARLOTTE NC 28202	5/25/2017	\$14,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.134.	COLONIAL LIFE INSURANCE PO BOX 1365 COLUMBIA SC 29202	6/28/2017	\$7,291.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.135.	COLONIAL LIFE INSURANCE PO BOX 1365 COLUMBIA SC 29202	6/22/2017	\$7,420.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.136.	COLONIAL LIFE INSURANCE PO BOX 1365 COLUMBIA SC 29202	5/18/2017	\$7,588.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.137.	COLONIAL LIFE INSURANCE PO BOX 1365 COLUMBIA SC 29202	5/4/2017	\$11,675.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.138.	CONVERGENCE MEDICAL STAFFING CONVERGENCE SVC GROUP STAFFING 5200 SEVENTY-SEVEN CTR DR STE 550 CHARLOTTE NC 28217	6/22/2017	\$2,197.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.139.	CONVERGENCE MEDICAL STAFFING CONVERGENCE SVC GROUP STAFFING 5200 SEVENTY-SEVEN CTR DR STE 550 CHARLOTTE NC 28217	6/8/2017	\$2,212.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.140.	CONVERGENCE MEDICAL STAFFING CONVERGENCE SVC GROUP STAFFING 5200 SEVENTY-SEVEN CTR DR STE 550 CHARLOTTE NC 28217	4/27/2017	\$2,212.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.141.	COVIDIEN PO BOX 120823 DALLAS TX 75312-0823	6/22/2017	\$16,239.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.142.	COVIDIEN PO BOX 120823 DALLAS TX 75312-0823	6/1/2017	\$4,981.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.143.	COVIDIEN PO BOX 120823 DALLAS TX 75312-0823	5/25/2017	\$7,265.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.144.	COVIDIEN PO BOX 120823 DALLAS TX 75312-0823	4/27/2017	\$9,561.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.145.	COVIDIEN PO BOX 120823 DALLAS TX 75312-0823	4/27/2017	\$2,068.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.146.	CROSS COUNTRY STAFFING ANN FERREANO PO BOX 404674 ATLANTA GA 30384-4674	6/22/2017	\$7,545.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.147.	CROSS COUNTRY STAFFING ANN FERREANO PO BOX 404674 ATLANTA GA 30384-4674	6/15/2017	\$11,085.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.148.	CROSS COUNTRY STAFFING ANN FERREANO PO BOX 404674 ATLANTA GA 30384-4674	5/25/2017	\$5,809.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.149.	CROSS COUNTRY STAFFING ANN FERREANO PO BOX 404674 ATLANTA GA 30384-4674	5/18/2017	\$5,053.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.150.	CROSS COUNTRY STAFFING ANN FERREANO PO BOX 404674 ATLANTA GA 30384-4674	5/11/2017	\$7,253.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.151.	CROTHALL **WIRED MONEY 1500 LIBERTY RIDGE DR STE 210 WAYNE PA 19087	6/22/2017	\$1,119.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.152.	CROTHALL **WIRED MONEY 1500 LIBERTY RIDGE DR STE 210 WAYNE PA 19087	6/9/2017	\$214,259.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.153.	CROTHALL **WIRED MONEY 1500 LIBERTY RIDGE DR STE 210 WAYNE PA 19087	5/11/2017	\$1,282.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.154.	CROTHALL **WIRED MONEY 1500 LIBERTY RIDGE DR STE 210 WAYNE PA 19087	5/2/2017	\$214,259.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.155.	CURA SCRIPT PRIORITY HEALTHCARE DBA CURASCRIP SPECIALTY 2297 SOUTHWEST BLVD STE D FROVE CITY OH 43123	6/28/2017	\$4,154.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.156.	CURA SCRIPT PRIORITY HEALTHCARE DBA CURASCRIP SPECIALTY 2297 SOUTHWEST BLVD STE D FROVE CITY OH 43123	5/18/2017	\$8,309.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.157.	CURA SCRIPT PRIORITY HEALTHCARE DBA CURASCRIP SPECIALTY 2297 SOUTHWEST BLVD STE D FROVE CITY OH 43123	5/11/2017	\$4,154.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.158.	CURA SCRIPT PRIORITY HEALTHCARE DBA CURASCRIP SPECIALTY 2297 SOUTHWEST BLVD STE D FROVE CITY OH 43123	4/13/2017	\$3,780.45	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.159.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	6/28/2017	\$500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.160.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	6/22/2017	\$3,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.161.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	6/15/2017	\$3,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.162.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	6/1/2017	\$500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.163.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	5/25/2017	\$3,625.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.164.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	5/18/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.165.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	5/4/2017	\$500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.166.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	4/27/2017	\$3,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.167.	DANIEL, TERRY MD 250 WEST KINGS HWY EDEN NC 27258	4/13/2017	\$3,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.168.	DATABASE SOLUTIONS INC 3205 WESTSIDE PK CT MOBILE AL 36695-8553	6/28/2017	\$11,234.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.169.	DATABASE SOLUTIONS INC 3205 WESTSIDE PK CT MOBILE AL 36695-8553	6/8/2017	\$3,100.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.170.	DATABASE SOLUTIONS INC 3205 WESTSIDE PK CT MOBILE AL 36695-8553	5/25/2017	\$1,900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.171.	DAVITA TOTAL RENAL CARE OF NC PO BOX 781607 PHILADELPHIA PA 19178-1607	6/15/2017	\$10,342.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.172.	DAVITA TOTAL RENAL CARE OF NC PO BOX 781607 PHILADELPHIA PA 19178-1607	6/8/2017	\$2,403.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.173.	DELTA HEALTHCARE PLACEMENT PROVIDER PO BOX 202940 DALLAS TX 75320-2940	5/25/2017	\$4,985.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.174.	DELTA HEALTHCARE PLACEMENT PROVIDER PO BOX 202940 DALLAS TX 75320-2940	4/27/2017	\$2,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.175.	DEPUY SYNTHES 1690 RUSSELL RD (06) PAOLI PA 19301	5/25/2017	\$13,327.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.176.	DIRECT ENERGY BUSINESS PO BOX 32179 NEW YORK NY 10087-2179	7/5/2017	\$10,639.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.177.	DIRECT ENERGY BUSINESS PO BOX 32179 NEW YORK NY 10087-2179	5/25/2017	\$10,965.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.178.	DIRECT ENERGY BUSINESS PO BOX 32179 NEW YORK NY 10087-2179	5/4/2017	\$13,967.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.179.	DIRECT SUPPLY INC 6767 N INDUSTRIAL RD MILWAUKEE WI 53223	6/15/2017	\$20,391.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.180.	DIRECT SUPPLY INC 6767 N INDUSTRIAL RD MILWAUKEE WI 53223	6/8/2017	\$1,510.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.181.	DIRECT SUPPLY INC 6767 N INDUSTRIAL RD MILWAUKEE WI 53223	5/25/2017	\$832.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.182.	DIVISION OF MEDICAL ASSISTANCE 2022 MAIL SERVICE CENTER RALEIGH NC 27699-2022	6/15/2017	\$35,403.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: GAP PAYMENTS
3.183.	DIVISION OF MEDICAL ASSISTANCE 2022 MAIL SERVICE CENTER RALEIGH NC 27699-2022	5/18/2017	\$34,227.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: GAP PAYMENTS
3.184.	DIVISION OF MEDICAL ASSISTANCE 2022 MAIL SERVICE CENTER RALEIGH NC 27699-2022	4/13/2017	\$34,706.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: GAP PAYMENTS
3.185.	DIXON HUGHES GOODMAN FRANKIE WILSON 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607	6/28/2017	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.186.	DIXON HUGHES GOODMAN FRANKIE WILSON 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607	5/25/2017	\$13,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.187.	DIXON HUGHES GOODMAN FRANKIE WILSON 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607	5/11/2017	\$18,707.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.188.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	7/5/2017	\$689.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.189.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	6/22/2017	\$110.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.190.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	6/15/2017	\$50,864.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.191.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	6/8/2017	\$665.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.192.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	5/25/2017	\$111.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.193.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	5/18/2017	\$880.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.194.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	5/11/2017	\$46,831.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.195.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	5/4/2017	\$619.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.196.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	4/19/2017	\$119.37	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.197.	DUKE ENERGY 422 S CHURCH ST PO BX 1090 CHARLOTTE NC 28201	4/13/2017	\$46,711.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.198.	E CLINICAL WORKS LLC 555 NORTH PT CTR E #515 ALPHARETTA GA 30022	6/28/2017	\$11,657.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.199.	E CLINICAL WORKS LLC 555 NORTH PT CTR E #515 ALPHARETTA GA 30022	5/25/2017	\$11,747.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.200.	E CLINICAL WORKS LLC 555 NORTH PT CTR E #515 ALPHARETTA GA 30022	4/27/2017	\$14,700.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.201.	ECK SUPPLY COMPANY 407A POMONA DR GREENSBORO NC 27407	6/28/2017	\$2,185.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.202.	ECK SUPPLY COMPANY 407A POMONA DR GREENSBORO NC 27407	6/8/2017	\$6,623.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.203.	ECK SUPPLY COMPANY 407A POMONA DR GREENSBORO NC 27407	5/25/2017	\$80.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.204.	ECK SUPPLY COMPANY 407A POMONA DR GREENSBORO NC 27407	5/11/2017	\$588.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.205.	EMC CORPORATION 55 CONSTITUTION BLVD FRANKLIN MA 02038	4/13/2017	\$19,673.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.206.	EPIPHANY HEALTHCARE DATAMGTLLC 3000 E BOUNDARY TER STE 2 MIDLOTHIAN VA 23112	6/8/2017	\$10,275.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.207.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	7/5/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.208.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	6/22/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.209.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	6/8/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.210.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	5/25/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.211.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	5/11/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.212.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	4/27/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.213.	FIDELITY 457 INVESTMENTS FIDELITY CASH RESERVE AND F457 FIDELITY DISTRIBUTORS CORP 2300 LITTON LN KH2A HEBRON CT 41048	4/13/2017	\$925.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.214.	FIRST CITIZENS BANK MASTERCARD WOMENS HEALTH #1509 PO BOX 63001 CHARLOTTE NC 28263-3001	6/22/2017	\$1,475.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.215.	FIRST CITIZENS BANK MASTERCARD WOMENS HEALTH #1509 PO BOX 63001 CHARLOTTE NC 28263-3001	5/25/2017	\$4,523.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.216.	FIRST CITIZENS BANK MASTERCARD WOMENS HEALTH #1509 PO BOX 63001 CHARLOTTE NC 28263-3001	4/27/2017	\$1,545.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.217.	FIRST CITIZENS BANK-POBX63068 PO BOX 63068 CHRLLOTTE NC 28263-3068	5/25/2017	\$14,874.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.218.	FIRST CITIZENS BANK-POBX63068 PO BOX 63068 CHRLLOTTE NC 28263-3068	5/4/2017	\$14,874.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.219.	FORTIFIED HEALTH SECURITY 501 CORPORATE CENTRE DR FRANKLIN TN 37067	6/28/2017	\$12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.220.	FORTIFIED HEALTH SECURITY 501 CORPORATE CENTRE DR FRANKLIN TN 37067	5/25/2017	\$6,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.221.	FORTIFIED HEALTH SECURITY 501 CORPORATE CENTRE DR FRANKLIN TN 37067	4/13/2017	\$6,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.222.	FUSION MEDICAL STAFFINGLLC PO BOX 82674 LINCOLN NE 68501-2674	6/22/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.223.	FUSION MEDICAL STAFFINGLLC PO BOX 82674 LINCOLN NE 68501-2674	5/25/2017	\$2,747.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.224.	FUSION MEDICAL STAFFINGLLC PO BOX 82674 LINCOLN NE 68501-2674	5/18/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.225.	FUSION MEDICAL STAFFINGLLC PO BOX 82674 LINCOLN NE 68501-2674	4/27/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.226.	FUSION MEDICAL STAFFINGLLC PO BOX 82674 LINCOLN NE 68501-2674	4/13/2017	\$2,642.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.227.	GHX/GLOBAL HEALTHCARE EXCHANGE 1315 CENTURY DR STE 100 LOUISVILLE CO 80027	4/27/2017	\$11,450.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.228.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	7/10/2017	\$88,408.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.229.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	7/7/2017	\$151,605.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.230.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	6/28/2017	\$41,304.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.231.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	6/22/2017	\$43,332.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.232.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	6/8/2017	\$59,464.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.233.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	6/1/2017	\$50,015.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.234.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	5/25/2017	\$60,967.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.235.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	5/11/2017	\$26,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.236.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	5/4/2017	\$45,778.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.237.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	4/28/2017	\$37,124.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.238.	GRANT THORNTON LLP 201 SOUTH COLLEGE ST STE 2500 CHARLOTTE NC 28244	4/13/2017	\$66,010.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.239.	HALYARD SALES LLC PO BOX 732583 DALLAS TX 75373-2583	6/22/2017	\$8,022.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.240.	HALYARD SALES LLC PO BOX 732583 DALLAS TX 75373-2583	5/25/2017	\$26,092.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.241.	HALYARD SALES LLC PO BOX 732583 DALLAS TX 75373-2583	4/27/2017	\$3,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.242.	HALYARD SALES LLC PO BOX 732583 DALLAS TX 75373-2583	4/13/2017	\$17,093.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.243.	HEALTHCARE RECEIVABLES GROUP PO BOX 11685 KNOXVILLE TN 37919	5/18/2017	\$63,529.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.244.	HEALTHCARE RECEIVABLES GROUP PO BOX 11685 KNOXVILLE TN 37919	4/27/2017	\$2,573.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.245.	HEALTHCARE SOURCE HR INC PO BOX 783577 PHILADELPHIA PA 19178-3577	5/18/2017	\$14,520.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.246.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	6/28/2017	\$47,480.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.247.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	6/22/2017	\$102,303.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.248.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	6/15/2017	\$40,443.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.249.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	6/8/2017	\$99,412.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.250.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	6/1/2017	\$33,168.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.251.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	5/25/2017	\$111,298.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.252.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	5/25/2017	\$46,734.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.253.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	5/18/2017	\$86,684.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.254.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	5/11/2017	\$131,478.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.255.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	5/4/2017	\$57,197.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.256.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	4/27/2017	\$114,503.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.257.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	4/19/2017	\$54,918.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.258.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	4/13/2017	\$153,957.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.259.	HEALTHGRAM INC PO BOX 11088 CHARLOTTE NC 28220	4/13/2017	\$48,663.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.260.	HILL ROM PO BX 643592 PO BOX 643592 PITTSBURGH PA 15264-3592	6/22/2017	\$5,100.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.261.	HILL ROM PO BX 643592 PO BOX 643592 PITTSBURGH PA 15264-3592	5/25/2017	\$2,546.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.262.	HOLOGIC INC 35 CROSBY DR BEDFORD MA 01730	6/22/2017	\$4,447.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.263.	HOLOGIC INC 35 CROSBY DR BEDFORD MA 01730	5/25/2017	\$3,996.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.264.	HOLOGIC INC 35 CROSBY DR BEDFORD MA 01730	5/18/2017	\$740.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.265.	HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	6/28/2017	\$500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.266.	HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	6/15/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.267.	HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	6/1/2017	\$500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.268.	HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	5/18/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.269.	HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	5/4/2017	\$500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.270.	HOWARD, KEVIN MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	4/13/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.271.	HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211	6/15/2017	\$720.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.272.	HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211	5/25/2017	\$1,116.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.273.	HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211	5/18/2017	\$2,160.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.274.	HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211	5/11/2017	\$900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.275.	HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211	4/27/2017	\$1,512.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.276.	HYGIA HEALTH SERVICES 434 INDUSTRIAL LN BIRMINGHAM AL 35211	4/13/2017	\$1,040.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.277.	IMO INTELLIGENT MEDICALOBJECTS 60 REVERE DR STE 360 NORTHBROOK IL 60062	6/28/2017	\$4,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.278.	IMO INTELLIGENT MEDICALOBJECTS 60 REVERE DR STE 360 NORTHBROOK IL 60062	6/22/2017	\$4,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.279.	IMO INTELLIGENT MEDICALOBJECTS 60 REVERE DR STE 360 NORTHBROOK IL 60062	6/15/2017	\$4,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.280.	INNOVATIVE GROUP PO BOX 5183 WINSTON SALEM NC 27113-5183	6/22/2017	\$1,335.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.281.	INNOVATIVE GROUP PO BOX 5183 WINSTON SALEM NC 27113-5183	5/25/2017	\$4,475.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.282.	INNOVATIVE GROUP PO BOX 5183 WINSTON SALEM NC 27113-5183	5/4/2017	\$1,772.28	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.283.	INNOVATIVE GROUP PO BOX 5183 WINSTON SALEM NC 27113-5183	4/27/2017	\$940.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.284.	INNOVATIVE GROUP PO BOX 5183 WINSTON SALEM NC 27113-5183	4/13/2017	\$2,376.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.285.	JACOB ADAMS COMMERCIAL MAINTENANCE AND LANDSCAPING 225 BRANDON CT DANVILLE VA 24541	6/22/2017	\$4,050.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.286.	JACOB ADAMS COMMERCIAL MAINTENANCE AND LANDSCAPING 225 BRANDON CT DANVILLE VA 24541	6/1/2017	\$5,850.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.287.	JACOB ADAMS COMMERCIAL MAINTENANCE AND LANDSCAPING 225 BRANDON CT DANVILLE VA 24541	5/25/2017	\$610.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.288.	JACOB ADAMS COMMERCIAL MAINTENANCE AND LANDSCAPING 225 BRANDON CT DANVILLE VA 24541	4/13/2017	\$4,050.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.289.	JFS CONSULTING INC JOHN F SWEENEY PO BOX 41260 GREENSBORO NC 27404	5/25/2017	\$1,631.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.290.	JFS CONSULTING INC JOHN F SWEENEY PO BOX 41260 GREENSBORO NC 27404	4/27/2017	\$5,975.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.291.	JFS CONSULTING INC JOHN F SWEENEY PO BOX 41260 GREENSBORO NC 27404	4/13/2017	\$7,249.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.292.	JUST MEDICAL INC 1071 JAMESTOWN BLVD D-6 WATKINSVILLE GA 30677	6/28/2017	\$4,492.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.293.	JUST MEDICAL INC 1071 JAMESTOWN BLVD D-6 WATKINSVILLE GA 30677	5/25/2017	\$3,618.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.294.	JUST MEDICAL INC 1071 JAMESTOWN BLVD D-6 WATKINSVILLE GA 30677	5/18/2017	\$3,045.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.295.	JUST MEDICAL INC 1071 JAMESTOWN BLVD D-6 WATKINSVILLE GA 30677	4/13/2017	\$3,025.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.296.	LANDMARK TRANSCRIPTION 3702 CHASE CT NEWTOWN SQUARE PA 19073	6/22/2017	\$11,603.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.297.	LANDMARK TRANSCRIPTION 3702 CHASE CT NEWTOWN SQUARE PA 19073	6/8/2017	\$10,321.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.298.	LANDMARK TRANSCRIPTION 3702 CHASE CT NEWTOWN SQUARE PA 19073	5/18/2017	\$6,366.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.299.	LAWSON, MARK PO BOX 1105 WEAVERVILLE NC 28787	7/5/2017	\$2,832.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.300.	LAWSON, MARK PO BOX 1105 WEAVERVILLE NC 28787	6/28/2017	\$4,720.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.301.	LAWSON, MARK PO BOX 1105 WEAVERVILLE NC 28787	6/8/2017	\$3,776.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.302.	LAWSON, MARK PO BOX 1105 WEAVERVILLE NC 28787	5/25/2017	\$3,776.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.303.	LAWSON, MARK PO BOX 1105 WEAVERVILLE NC 28787	5/18/2017	\$3,776.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.304.	LAWSON, MARK PO BOX 1105 WEAVERVILLE NC 28787	4/13/2017	\$4,720.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.305.	LEGACY HEALTHCARE SERVICES INC JOHN PO BOX 743715 ATLANTA GA 30384-3715	5/25/2017	\$106,208.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.306.	LEGACY HEALTHCARE SERVICES INC JOHN PO BOX 743715 ATLANTA GA 30384-3715	4/27/2017	\$109,297.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.307.	LRS HEALTHCARE 14748 W CTR RD STE 300 OMAHA NE 68144	5/25/2017	\$4,842.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.308.	LRS HEALTHCARE 14748 W CTR RD STE 300 OMAHA NE 68144	5/11/2017	\$2,470.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.309.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$176.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.310.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$159.27	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.311.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$125.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.312.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$63.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.313.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$50.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.314.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$47.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.315.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$47.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.316.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$45.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.317.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$45.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.318.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$40.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.319.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$40.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.320.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$40.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.321.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$40.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.322.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$40.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.323.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.324.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.325.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.326.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.327.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.328.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$35.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.329.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$34.30	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.330.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$34.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.331.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$30.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.332.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$30.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.333.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$30.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.334.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$30.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.335.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$30.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.336.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$30.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.337.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$29.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.338.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.339.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.340.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.341.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.342.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.343.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.344.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.345.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.346.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$25.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.347.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$24.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.348.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$20.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.349.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$20.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.350.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$20.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.351.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$20.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.352.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$20.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.353.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$16.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.354.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$15.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.355.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$15.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.356.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$15.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.357.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$15.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.358.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$15.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.359.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$12.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.360.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$11.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.361.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$11.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.362.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$10.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.363.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$10.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.364.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$10.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.365.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$10.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.366.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$8.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.367.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$7.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.368.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$7.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.369.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$5.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.370.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$5.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.371.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$5.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.372.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$5.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.373.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$5.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.374.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$3.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.375.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$3.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.376.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$3.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.377.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$3.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.378.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$0.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.379.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/22/2017	\$0.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.380.	MATTHEWS HEALTH CENTER REFUND MHC 1500 MATTHEWS TOWNSHIP PKWY MATTHEWS NC 28105	6/15/2017	\$14,560.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.381.	MCKESSON HEALTH SOLUTIONTECHNOLOGY PO BOX 98347 CHICAGO IL 60693-8347	4/13/2017	\$19,101.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.382.	MCKESSON MEDICAL-SURGICAL INC 1585 DEER RUN CT OAK RIDGE NC 27310	6/15/2017	\$3,955.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.383.	MCKESSON MEDICAL-SURGICAL INC 1585 DEER RUN CT OAK RIDGE NC 27310	5/25/2017	\$7,559.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.384.	MCKESSON MEDICAL-SURGICAL INC 1585 DEER RUN CT OAK RIDGE NC 27310	5/11/2017	\$1,486.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.385.	MCKESSON MEDICAL-SURGICAL INC 1585 DEER RUN CT OAK RIDGE NC 27310	4/13/2017	\$4,261.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.386.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	6/28/2017	\$24,660.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.387.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	6/23/2017	\$18,989.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.388.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	6/15/2017	\$32,482.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.389.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	6/8/2017	\$15,441.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.390.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	6/1/2017	\$26,555.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.391.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	5/26/2017	\$20,217.89	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.392.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	5/19/2017	\$29,775.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.393.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	5/11/2017	\$25,798.95	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.394.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	5/4/2017	\$26,077.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.395.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	4/27/2017	\$23,190.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.396.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	4/20/2017	\$28,804.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.397.	MCKESSON PHARMACEUTICAL-WIRED LEGAL DEPT BANKRUPTCY GPO 167745 WAC 168389 1 POST ST SAN FRANCISCO CA 94104	4/20/2017	\$28,226.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.398.	MEADOW GREENS INVESTORSLLC 640 S VAN BUREN RD EDEN NC 27288	6/28/2017	\$4,729.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.399.	MEADOW GREENS INVESTORSLLC 640 S VAN BUREN RD EDEN NC 27288	6/1/2017	\$4,729.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.400.	MEADOW GREENS INVESTORSLLC 640 S VAN BUREN RD EDEN NC 27288	4/27/2017	\$4,729.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.401.	MEDASSIST FIRSTSOURCE SOLUTIONS 6455 RELIABLE PKWY CHICAGO IL 60686	5/18/2017	\$40,591.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.402.	MEDICAL INFORMATION TECHNOLOGY INC MEDITECH CIR WESTWOOD MA 02090	6/28/2017	\$22,081.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.403.	MEDICAL INFORMATION TECHNOLOGY INC MEDITECH CIR WESTWOOD MA 02090	6/8/2017	\$22,081.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.404.	MEDICAL INFORMATION TECHNOLOGY INC MEDITECH CIR WESTWOOD MA 02090	5/11/2017	\$22,081.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.405.	MEDICAL SOLUTIONS LLC 1010 NORTH 102ND ST STE 300 OMAHA NE 68114	5/25/2017	\$4,775.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.406.	MEDICAL SOLUTIONS LLC 1010 NORTH 102ND ST STE 300 OMAHA NE 68114	4/13/2017	\$9,655.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.407.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	6/22/2017	\$2,634.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.408.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	6/15/2017	\$23,535.45	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.409.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	6/8/2017	\$6,856.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.410.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	6/1/2017	\$23,146.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.411.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	5/25/2017	\$14,379.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.412.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	5/11/2017	\$16,518.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.413.	MEDLINE INDUSTRIES CATHY MCGOVERN ONE MEDLINE PLACE MUNDELEIN IL 60060	4/13/2017	\$20,496.18	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.414.	MEDTRONIC SD USA INC 1800 PYRAMID PL MEMPHIS TN 38132	6/8/2017	\$6,456.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.415.	MEDTRONIC SD USA INC 1800 PYRAMID PL MEMPHIS TN 38132	4/13/2017	\$3,246.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.416.	MERRILL COMMUNICATIONS CORPORATION LEGAL DEPT BANKRUPTCY CM-9638 ONE MERRILL CIR ST PAUL MN 55108	5/11/2017	\$7,674.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.417.	MICROSOFT CORPORATION 6100 NEIL RD STE 210 DEPT 551 VOLUME LICENSING RENO NV 89511-1137	6/22/2017	\$13,091.79	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.418.	MILLENNIA MEDICAL STAFFING SERVICES PO BOX 162713 ATLANTA GA 30321-2713	5/25/2017	\$2,567.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.419.	MILLENNIA MEDICAL STAFFING SERVICES PO BOX 162713 ATLANTA GA 30321-2713	5/18/2017	\$2,499.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.420.	MILLENNIA MEDICAL STAFFING SERVICES PO BOX 162713 ATLANTA GA 30321-2713	4/13/2017	\$4,964.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.421.	MOONLIGHTING SOLUTIONS 1155 OREVOLUTION MILL DR STUDIO 12 GREENSBORO NC 27405	6/22/2017	\$20,374.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.422.	MOONLIGHTING SOLUTIONS 1155 OREVOLUTION MILL DR STUDIO 12 GREENSBORO NC 27405	6/8/2017	\$36,637.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.423.	MOONLIGHTING SOLUTIONS 1155 OREVOLUTION MILL DR STUDIO 12 GREENSBORO NC 27405	5/18/2017	\$21,384.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.424.	MOONLIGHTING SOLUTIONS 1155 OREVOLUTION MILL DR STUDIO 12 GREENSBORO NC 27405	5/11/2017	\$4,542.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.425.	MOONLIGHTING SOLUTIONS 1155 OREVOLUTION MILL DR STUDIO 12 GREENSBORO NC 27405	4/13/2017	\$102,387.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.426.	MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201	7/5/2017	\$64.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.427.	MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201	6/22/2017	\$1,884.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.428.	MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201	6/15/2017	\$953.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.429.	MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201	5/11/2017	\$948.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.430.	MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201	4/27/2017	\$953.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.431.	MOREHEAD HOSPITAL FOUNDATION 117 E KINGS HWY EDEN NC 27288-5201	4/13/2017	\$31,909.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.432.	MORRISON HEALTHCARE ***WIRED*** PO BOX 102289 ATLANTA GA 30368-2289	6/9/2017	\$196,059.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.433.	MORRISON HEALTHCARE ***WIRED*** PO BOX 102289 ATLANTA GA 30368-2289	5/2/2017	\$203,874.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.434.	MUSCULOSKELETAL TRANSPLANT FOUNDATI 125 MAY ST EDISON EDISON NJ 08837	7/5/2017	\$5,107.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.435.	MUSCULOSKELETAL TRANSPLANT FOUNDATI 125 MAY ST EDISON EDISON NJ 08837	5/25/2017	\$793.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.436.	MUSCULOSKELETAL TRANSPLANT FOUNDATI 125 MAY ST EDISON EDISON NJ 08837	4/27/2017	\$4,260.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.437.	NATIONAL DECISION SUPPORT CO 215 S BROADWAY 412 SALEM NH 03079	6/22/2017	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.438.	NC DEPT HEALTH & HUMAN SERVICES CONTROLLER'S OFFICE 101 BLAIR DR RALEIGH NC 27603	6/22/2017	\$1,628.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.439.	NC DEPT HEALTH & HUMAN SERVICES CONTROLLER'S OFFICE 101 BLAIR DR RALEIGH NC 27603	6/15/2017	\$1,540.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.440.	NC DEPT HEALTH & HUMAN SERVICES CONTROLLER'S OFFICE 101 BLAIR DR RALEIGH NC 27603	6/12/2017	\$1,419,798.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: GAP PAYMENTS
3.441.	NC DEPT HEALTH & HUMAN SERVICES CONTROLLER'S OFFICE 101 BLAIR DR RALEIGH NC 27603	5/18/2017	\$2,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.442.	NC DEPT HEALTH & HUMAN SERVICES CONTROLLER'S OFFICE 101 BLAIR DR RALEIGH NC 27603	4/27/2017	\$1,672.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.443.	NC DEPT OF REVENUE-SALES PO BOX 25000 RALEIGH NC 27640	6/15/2017	\$3,032.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: TAXES

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.444.	NC DEPT OF REVENUE-SALES PO BOX 25000 RALEIGH NC 27640	5/11/2017	\$2,322.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: TAXES
3.445.	NC DEPT OF REVENUE-SALES PO BOX 25000 RALEIGH NC 27640	4/13/2017	\$1,919.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: TAXES
3.446.	NC EMERGENCY PHYSICIAN SERVICES PO BOX 82368 LAFAYETTE LA 70598-2368	6/8/2017	\$9,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.447.	NC EMERGENCY PHYSICIAN SERVICES PO BOX 82368 LAFAYETTE LA 70598-2368	6/8/2017	\$1,920.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.448.	NC EMERGENCY PHYSICIAN SERVICES PO BOX 82368 LAFAYETTE LA 70598-2368	5/25/2017	\$19,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.449.	NC EMERGENCY PHYSICIAN SERVICES PO BOX 82368 LAFAYETTE LA 70598-2368	4/13/2017	\$2,257.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.450.	NCHWC FUND 6525 MORRISON BLVD STE 200 CHARLOTTE NC 28221	6/28/2017	\$24,808.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.451.	NCHWC FUND 6525 MORRISON BLVD STE 200 CHARLOTTE NC 28221	4/13/2017	\$57,671.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.452.	NEWS AND RECORD-GREENSBORO 200 EAST MARKET ST GREENSBORO NC 27409	6/22/2017	\$1,884.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.453.	NEWS AND RECORD-GREENSBORO 200 EAST MARKET ST GREENSBORO NC 27409	5/25/2017	\$1,884.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.454.	NEWS AND RECORD-GREENSBORO 200 EAST MARKET ST GREENSBORO NC 27409	4/13/2017	\$4,037.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.455.	NOVA BIOMEDICAL 200 PROSPECT ST WALTHAM MA 02454-9141	7/5/2017	\$8,646.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.456.	NOVA BIOMEDICAL 200 PROSPECT ST WALTHAM MA 02454-9141	5/4/2017	\$1,836.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.457.	NOVANT HEALTH CARDIOLOGY KEVIN BENSON 518 S VAN BUREN RD STE 3 EDEN NC 27288-5017	6/28/2017	\$23,550.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.458.	NOVANT HEALTH SHARED SERVICES 2085 FRONTIS PLZ WINSTON SALEM NC 27103	7/7/2017	\$78,375.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.459.	NOVANT HEALTH SHARED SERVICES 2085 FRONTIS PLZ WINSTON SALEM NC 27103	5/11/2017	\$79,323.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.460.	NOVANT HEALTH SHARED SERVICES 2085 FRONTIS PLZ WINSTON SALEM NC 27103	4/13/2017	\$146,078.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.461.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	6/22/2017	\$3,015.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.462.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	6/15/2017	\$4,562.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.463.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	6/1/2017	\$8,956.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.464.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	5/25/2017	\$10,611.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.465.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	5/11/2017	\$697.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.466.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	5/4/2017	\$16,396.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.467.	NOVO HEALTH SERVICES 12425 RACETRACK RD TAMPA FL 33626	4/13/2017	\$5,656.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.468.	NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	6/15/2017	\$102,986.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.469.	NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	6/8/2017	\$63,756.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.470.	NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	6/1/2017	\$48,665.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.471.	NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	5/25/2017	\$121,878.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.472.	NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	5/11/2017	\$112,830.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.473.	NUVASIVE INC 7475 LUSK BLVD SAN DIEGO, CA 92121	4/13/2017	\$149,923.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.474.	OPTUM EXECUTIVE HEALTH RESOURCE 15 CAMPUS BLVD STE 200 NEWTOWN SQUARE PA 19073	5/25/2017	\$12,960.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.475.	OPTUM EXECUTIVE HEALTH RESOURCE 15 CAMPUS BLVD STE 200 NEWTOWN SQUARE PA 19073	5/18/2017	\$10,320.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.476.	OPTUM EXECUTIVE HEALTH RESOURCE 15 CAMPUS BLVD STE 200 NEWTOWN SQUARE PA 19073	4/13/2017	\$9,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.477.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	7/5/2017	\$34,700.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.478.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	6/15/2017	\$21,900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.479.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	6/8/2017	\$5,350.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.480.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	5/26/2017	\$11,650.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.481.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	5/11/2017	\$11,650.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.482.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	4/27/2017	\$10,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.483.	OWINGS, RAY 199 CARSON OAKS LN SANTA ROSA BEACH FL 32459	4/13/2017	\$11,650.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.484.	PALMETTO GBA 17 TECHNOLOGY CIR COLUMBIA SC 29203	5/25/2017	\$8,279.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.485.	PARALLON /CHICAGO IL 1100 CHARLOTTE AVE STE 1600 NASHVILLE TN 37203	6/15/2017	\$47,735.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.486.	PARALLON /CHICAGO IL 1100 CHARLOTTE AVE STE 1600 NASHVILLE TN 37203	5/25/2017	\$49,071.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.487.	PARALLON /CHICAGO IL 1100 CHARLOTTE AVE STE 1600 NASHVILLE TN 37203	5/18/2017	\$60,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.488.	PARALLON /CHICAGO IL 1100 CHARLOTTE AVE STE 1600 NASHVILLE TN 37203	4/27/2017	\$60,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.489.	PHARMEDIUM SERVICES LLC 150 N FIELD DR STE 350 LAKE FOREST IL 60045	6/28/2017	\$373.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.490.	PHARMEDIUM SERVICES LLC 150 N FIELD DR STE 350 LAKE FOREST IL 60045	6/22/2017	\$1,860.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.491.	PHARMEDIUM SERVICES LLC 150 N FIELD DR STE 350 LAKE FOREST IL 60045	6/8/2017	\$1,506.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.492.	PHARMEDIUM SERVICES LLC 150 N FIELD DR STE 350 LAKE FOREST IL 60045	5/25/2017	\$2,434.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.493.	PHARMEDIUM SERVICES LLC 150 N FIELD DR STE 350 LAKE FOREST IL 60045	5/18/2017	\$1,484.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.494.	PHARMEDIUM SERVICES LLC 150 N FIELD DR STE 350 LAKE FOREST IL 60045	4/13/2017	\$3,422.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.495.	PHARMERICA BANK OF AMERICA PO BOX 409251 ATLANTA GA 30384-9251	6/15/2017	\$39,208.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.496.	PHARMERICA BANK OF AMERICA PO BOX 409251 ATLANTA GA 30384-9251	5/18/2017	\$47,407.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.497.	PHARMERICA BANK OF AMERICA PO BOX 409251 ATLANTA GA 30384-9251	4/13/2017	\$54,852.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.498.	PHILIPS MEDICAL HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	6/22/2017	\$10,791.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.499.	PHILIPS MEDICAL HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	6/8/2017	\$126.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.500.	PHILIPS MEDICAL HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	5/11/2017	\$126.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.501.	PHILLIPS HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	6/22/2017	\$685.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.502.	PHILLIPS HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	5/25/2017	\$125.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.503.	PHILLIPS HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	5/18/2017	\$11,609.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.504.	PHILLIPS HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	5/11/2017	\$11,015.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.505.	PHILLIPS HEALTHCARE LEGAL DEPT BANKRUPTCY 3000 MINUTEMAN RD ANDOVER MA 01810	4/27/2017	\$128.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.506.	PHILLIPS HEALTHCARE INFORMATICS STENATOR INC 4100 E THIRD AVE STE 101 FOSTER CITY CA 94404	6/8/2017	\$12,102.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.507.	PHILLIPS HEALTHCARE INFORMATICS STENATOR INC 4100 E THIRD AVE STE 101 FOSTER CITY CA 94404	5/18/2017	\$13,410.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.508.	PHILLIPS HEALTHCARE INFORMATICS STENATOR INC 4100 E THIRD AVE STE 101 FOSTER CITY CA 94404	5/4/2017	\$12,455.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.509.	PHILLIPS HEALTHCARE INFORMATICS STENATOR INC 4100 E THIRD AVE STE 101 FOSTER CITY CA 94404	4/28/2017	\$13,475.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.510.	PHILLIPS MED CAPITAL 92449/951307 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	6/8/2017	\$5,435.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.511.	PHILLIPS MED CAPITAL 92449/951307 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	5/25/2017	\$5,435.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.512.	PHILLIPS MED CAPITAL 92449/951307 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	5/4/2017	\$5,435.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.513.	PHILLIPS MED CAPITAL 92449/951307 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	4/27/2017	\$5,435.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.514.	PHILLIPS MED CAPITAL 92449/951307 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	4/13/2017	\$3,737.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.515.	PIEDMONT NATURAL GAS 140 S SCALES ST REIDSVILLE NC 27320	6/28/2017	\$3,238.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.516.	PIEDMONT NATURAL GAS 140 S SCALES ST REIDSVILLE NC 27320	6/22/2017	\$3,232.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.517.	PIEDMONT NATURAL GAS 140 S SCALES ST REIDSVILLE NC 27320	5/25/2017	\$7,602.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.518.	PIEDMONT NATURAL GAS 140 S SCALES ST REIDSVILLE NC 27320	4/27/2017	\$7,020.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.519.	PIEDMONT STONE CENTER YANA 1907 S HAWTHORNE RD WINSTON SALEM NC 27103	6/28/2017	\$9,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.520.	PIEDMONT STONE CENTER YANA 1907 S HAWTHORNE RD WINSTON SALEM NC 27103	6/15/2017	\$11,100.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.521.	PIEDMONT STONE CENTER YANA 1907 S HAWTHORNE RD WINSTON SALEM NC 27103	5/18/2017	\$7,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.522.	PIEDMONT STONE CENTER YANA 1907 S HAWTHORNE RD WINSTON SALEM NC 27103	4/13/2017	\$7,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.523.	PREFERRED MEDICAL MARKETINGCORP 15720 J JOHN DELANEY DR CHARLOTTE NC 28277	6/22/2017	\$6,678.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.524.	PREFERRED MEDICAL MARKETINGCORP 15720 J JOHN DELANEY DR CHARLOTTE NC 28277	6/8/2017	\$1,813.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.525.	PREFERRED MEDICAL MARKETINGCORP 15720 J JOHN DELANEY DR CHARLOTTE NC 28277	5/25/2017	\$5,439.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.526.	PREFERRED MEDICAL MARKETINGCORP 15720 J JOHN DELANEY DR CHARLOTTE NC 28277	4/13/2017	\$3,339.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.527.	PRESS GANEY ASSOCIATES 404 COLUMBIA PL SOUTH BEND IN 46601	6/22/2017	\$2,210.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.528.	PRESS GANEY ASSOCIATES 404 COLUMBIA PL SOUTH BEND IN 46601	5/25/2017	\$2,210.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.529.	PRESS GANEY ASSOCIATES 404 COLUMBIA PL SOUTH BEND IN 46601	5/18/2017	\$2,210.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.530.	PRESS GANEY ASSOCIATES 404 COLUMBIA PL SOUTH BEND IN 46601	4/27/2017	\$30,223.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.531.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	7/5/2017	\$4,762.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.532.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	6/22/2017	\$4,793.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.533.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	6/8/2017	\$4,806.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.534.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	5/25/2017	\$4,828.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.535.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	5/11/2017	\$4,886.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.536.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	4/27/2017	\$4,920.06	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.537.	PROVIDENT LIFE AND ACCIDENT E0487207 PO BOX 403748 ATLANTA GA 30384-3748	4/13/2017	\$4,948.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.538.	Q-CENTRIX LLC ONE NORTH FRANKLIN STE 1800 CHICAGO IL 60606	6/22/2017	\$3,254.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.539.	Q-CENTRIX LLC ONE NORTH FRANKLIN STE 1800 CHICAGO IL 60606	5/18/2017	\$3,630.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.540.	Q-CENTRIX LLC ONE NORTH FRANKLIN STE 1800 CHICAGO IL 60606	4/13/2017	\$1,753.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.541.	QUEST DIAGNOSTIC INC/QDCL INC 4690 PARKWAY DR MASON OH 45040	4/27/2017	\$5,959.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.542.	QUEST DIAGNOSTIC INC/QDCL INC 4690 PARKWAY DR MASON OH 45040	4/13/2017	\$2,718.37	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.543.	RELUS TECHNOLOGIES 22 TECHNOLOGY PKWY S PEACHTREE CORNERS GA 30092-9807	4/27/2017	\$18,535.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.544.	RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894	6/22/2017	\$1,644.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.545.	RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894	6/8/2017	\$3,929.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.546.	RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894	5/25/2017	\$2,354.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.547.	RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894	5/11/2017	\$1,580.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.548.	RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894	4/27/2017	\$6,255.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.549.	RN NETWORK 16 LEHNER ST PO BOX 1047 WOLFEBORO NH 03894	4/13/2017	\$4,495.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.550.	ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288	6/22/2017	\$3,724.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.551.	ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288	6/8/2017	\$4,059.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.552.	ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288	5/25/2017	\$1,632.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.553.	ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288	5/11/2017	\$204.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.554.	ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288	4/27/2017	\$7,013.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.555.	ROCKINGHAM OFFICE MACHINE 414 W KINGS HWY EDEN NC 27288	4/13/2017	\$7,096.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.556.	ROMA REALTY LLC 26 WEST CHURCH ST PO BOX 952 MARTINSVILLE VA 24114	6/28/2017	\$6,460.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.557.	ROMA REALTY LLC 26 WEST CHURCH ST PO BOX 952 MARTINSVILLE VA 24114	6/1/2017	\$6,460.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.558.	ROMA REALTY LLC 26 WEST CHURCH ST PO BOX 952 MARTINSVILLE VA 24114	4/27/2017	\$6,460.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.559.	SASSER, PAUL MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	6/8/2017	\$3,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.560.	SASSER, PAUL MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	5/11/2017	\$4,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.561.	SASSER, PAUL MD DAYSPRING FAMILY MEDICINE ASSOCIATES PLLC 250 WEST KINGS HWY EDEN NC 27258	4/13/2017	\$2,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.562.	SIEMENS MEDICAL SOLUTIONS 40 LIBERTY BLVD MALVERN PA 19355	6/8/2017	\$10,925.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.563.	SIEMENS MEDICAL SOLUTIONS 40 LIBERTY BLVD MALVERN PA 19355	5/18/2017	\$10,925.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.564.	SIEMENS MEDICAL SOLUTIONS 40 LIBERTY BLVD MALVERN PA 19355	4/13/2017	\$10,925.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.565.	SIGHTPATH MEDICAL INC. 5775 W OLD SHAKOPEE RD STE #90 BLOOMINGTON MN 55437	6/22/2017	\$7,461.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.566.	SIGHTPATH MEDICAL INC. 5775 W OLD SHAKOPEE RD STE #90 BLOOMINGTON MN 55437	6/8/2017	\$2,635.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.567.	SIGHTPATH MEDICAL INC. 5775 W OLD SHAKOPEE RD STE #90 BLOOMINGTON MN 55437	5/18/2017	\$6,601.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.568.	SIGHTPATH MEDICAL INC. 5775 W OLD SHAKOPEE RD STE #90 BLOOMINGTON MN 55437	5/11/2017	\$6,601.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.569.	SIGHTPATH MEDICAL INC. 5775 W OLD SHAKOPEE RD STE #90 BLOOMINGTON MN 55437	4/13/2017	\$2,475.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.570.	SIMPLEX GRINNELL- TYCO DEPT CH 10320 PALATINE IL 60055-0320	6/8/2017	\$3,939.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.571.	SIMPLEX GRINNELL- TYCO DEPT CH 10320 PALATINE IL 60055-0320	5/11/2017	\$712.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.572.	SIMPLEX GRINNELL- TYCO DEPT CH 10320 PALATINE IL 60055-0320	4/13/2017	\$2,185.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.573.	SIRIUS/ COMPUTER SOLUTIONS /VARROW 10100 REUNION PL STE 500 PO BOX 202289 SAN ANTONIO TX 78216	6/15/2017	\$63,445.79	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.574.	SIRIUS/ COMPUTER SOLUTIONS /VARROW 10100 REUNION PL STE 500 PO BOX 202289 SAN ANTONIO TX 78216	5/25/2017	\$39,321.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.575.	SIRIUS/ COMPUTER SOLUTIONS /VARROW 10100 REUNION PL STE 500 PO BOX 202289 SAN ANTONIO TX 78216	4/13/2017	\$1,865.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.576.	SMALL PLEASURES GIFT SHOP VOL 117 E KINGS HWY EDEN NC 27288	7/5/2017	\$849.95	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.577.	SMALL PLEASURES GIFT SHOP VOL 117 E KINGS HWY EDEN NC 27288	6/22/2017	\$3,502.66	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.578.	SMALL PLEASURES GIFT SHOP VOL 117 E KINGS HWY EDEN NC 27288	6/15/2017	\$2,650.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.579.	SMALL PLEASURES GIFT SHOP VOL 117 E KINGS HWY EDEN NC 27288	6/8/2017	\$1,651.15	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.580.	SMALL PLEASURES GIFT SHOP VOL 117 E KINGS HWY EDEN NC 27288	4/19/2017	\$1,834.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.581.	SMALL PLEASURES GIFT SHOP VOL 117 E KINGS HWY EDEN NC 27288	4/13/2017	\$1,254.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.582.	SOUTHERN COMFORT ANESTHESIA PLLC 131 FRANKLIN PLZ DR FRANKLIN NC 29734	7/5/2017	\$4,255.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.583.	SOUTHERN COMFORT ANESTHESIA PLLC 131 FRANKLIN PLZ DR FRANKLIN NC 29734	6/28/2017	\$4,025.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.584.	SOUTHERN COMFORT ANESTHESIA PLLC 131 FRANKLIN PLZ DR FRANKLIN NC 29734	6/15/2017	\$7,590.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.585.	SOUTHERN COMFORT ANESTHESIA PLLC 131 FRANKLIN PLZ DR FRANKLIN NC 29734	6/8/2017	\$2,760.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.586.	STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478	6/22/2017	\$190.49	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.587.	STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478	6/8/2017	\$1,081.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.588.	STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478	5/25/2017	\$1,055.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.589.	STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478	5/11/2017	\$1,404.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.590.	STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478	4/27/2017	\$1,461.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.591.	STAPLES ADVANTAGE LEGAL DEPT BANKRUPTCY 500 STAPLES DR FARMINGHAM MA 01702-4478	4/13/2017	\$1,642.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.592.	STORZ, KARL 10111 W JEFFERSON BLVD CULVER CITY CA 90232	6/8/2017	\$191.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.593.	STORZ, KARL 10111 W JEFFERSON BLVD CULVER CITY CA 90232	5/18/2017	\$11,644.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.594.	STRYKER INSTRUMENT SALECORPORATION LEGAL DEPT BANKRUPTCY 2825 AIRVIEW BLVD KALAMAZOO MI 49002	6/8/2017	\$28,733.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.595.	STRYKER INSTRUMENT SALECORPORATION LEGAL DEPT BANKRUPTCY 2825 AIRVIEW BLVD KALAMAZOO MI 49002	5/25/2017	\$9,410.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.596.	STRYKER INSTRUMENT SALECORPORATION LEGAL DEPT BANKRUPTCY 2825 AIRVIEW BLVD KALAMAZOO MI 49002	4/27/2017	\$2,582.86	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.597.	STRYKER INSTRUMENT SALECORPORATION LEGAL DEPT BANKRUPTCY 2825 AIRVIEW BLVD KALAMAZOO MI 49002	4/13/2017	\$3,492.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.598.	STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002	6/8/2017	\$4,707.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.599.	STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002	6/8/2017	\$1,474.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.600.	STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002	5/25/2017	\$2,376.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.601.	STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002	5/18/2017	\$184.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.602.	STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002	4/27/2017	\$455.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.603.	STRYKER MEDICAL SALES CORP 3800 E CENTRE AVE PORTAGE MI 49002	4/13/2017	\$339.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.604.	STRYKER SPINE MARLANE DUNCAN 21912 NETWORK PL CHICAGO IL 60673-1912	6/8/2017	\$3,484.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.605.	STRYKER SPINE MARLANE DUNCAN 21912 NETWORK PL CHICAGO IL 60673-1912	5/25/2017	\$1,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.606.	STRYKER SPINE MARLANE DUNCAN 21912 NETWORK PL CHICAGO IL 60673-1912	5/18/2017	\$1,750.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.607.	STRYKER SPINE MARLANE DUNCAN 21912 NETWORK PL CHICAGO IL 60673-1912	4/13/2017	\$1,870.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.608.	SUPERIOR VISION SRVS INC/NGLIC LEGAL DEPT BANKRUPTCY 939 ELKRIDGE LANDING RD STE 200 LINTHICUM MD 21090	6/8/2017	\$6,529.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.609.	SUPERIOR VISION SRVS INC/NGLIC LEGAL DEPT BANKRUPTCY 939 ELKRIDGE LANDING RD STE 200 LINTHICUM MD 21090	5/18/2017	\$5,926.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.610.	SYSTEL BUSINESS EQUIPMENT BX41602 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	6/22/2017	\$5,042.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.611.	SYSTEL BUSINESS EQUIPMENT BX41602 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	6/8/2017	\$5,042.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.612.	SYSTEL BUSINESS EQUIPMENT BX41602 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	5/11/2017	\$5,042.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.613.	SYSTEL BUSINESS EQUIPMENT BX41602 1111 OLD EAGLE SCHOOL RD WAYNE PA 19087	4/13/2017	\$5,042.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.614.	THERACOM INC LEGAL DEPT BANKRUPTCY 10407 REGINA CT CLARKSBURG MD 20871	6/28/2017	\$12,874.95	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.615.	THERACOM INC LEGAL DEPT BANKRUPTCY 10407 REGINA CT CLARKSBURG MD 20871	6/1/2017	\$11,909.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.616.	THERACOM INC LEGAL DEPT BANKRUPTCY 10407 REGINA CT CLARKSBURG MD 20871	4/27/2017	\$3,690.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.617.	THERACOM INC LEGAL DEPT BANKRUPTCY 10407 REGINA CT CLARKSBURG MD 20871	4/13/2017	\$11,909.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.618.	THOMPSON BROS MECHANICALINC LEGAL DEPT BANKRUPTCY BANKKRUPCY 1220 PRICE GRANGE RD STONEVILLE NC 27048	6/8/2017	\$2,450.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.619.	THOMPSON BROS MECHANICALINC LEGAL DEPT BANKRUPTCY BANKKRUPCY 1220 PRICE GRANGE RD STONEVILLE NC 27048	5/25/2017	\$9,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.620.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	6/28/2017	\$57.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.621.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	6/15/2017	\$1,751.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.622.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	6/8/2017	\$2,546.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.623.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	6/1/2017	\$1,773.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.624.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	5/25/2017	\$1,630.39	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.625.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	5/4/2017	\$3,168.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.626.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	4/27/2017	\$776.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.627.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	4/19/2017	\$169.01	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.628.	TIME WARNER CABLE SPECTRUM LEGAL DEPT BANKRUPTCY 60 COLUMBUS CIR NEW YORK NY 10023	4/13/2017	\$1,714.28	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.629.	TOTALMED STAFFING INC LEGAL DEPT BANKRUPTCY 10 E COLLEGE AVE SUITE 300 APPLETON WI 54911	6/8/2017	\$12,833.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.630.	TOTALMED STAFFING INC LEGAL DEPT BANKRUPTCY 10 E COLLEGE AVE SUITE 300 APPLETON WI 54911	5/25/2017	\$4,541.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.631.	TOTALMED STAFFING INC LEGAL DEPT BANKRUPTCY 10 E COLLEGE AVE SUITE 300 APPLETON WI 54911	5/4/2017	\$9,083.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.632.	TOTALMED STAFFING INC LEGAL DEPT BANKRUPTCY 10 E COLLEGE AVE SUITE 300 APPLETON WI 54911	4/13/2017	\$10,416.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.633.	TRAVEL MAX LEGAL DEPT BANKRUPTCY 14502 NORTH DALE MABRY TAMPA FL 33618	5/25/2017	\$1,186.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.634.	TRAVEL MAX LEGAL DEPT BANKRUPTCY 14502 NORTH DALE MABRY TAMPA FL 33618	5/18/2017	\$2,044.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.635.	TRAVEL MAX LEGAL DEPT BANKRUPTCY 14502 NORTH DALE MABRY TAMPA FL 33618	5/11/2017	\$2,030.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.636.	TRAVEL MAX LEGAL DEPT BANKRUPTCY 14502 NORTH DALE MABRY TAMPA FL 33618	4/13/2017	\$2,950.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.637.	TRUSTAFF TRAVEL NURSES LLC LEGAL DEPT BANKRUPTCY 4675 CORNELL RD STE 100 CINCINNATI OH 45241	6/8/2017	\$7,150.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.638.	TRUSTAFF TRAVEL NURSES LLC LEGAL DEPT BANKRUPTCY 4675 CORNELL RD STE 100 CINCINNATI OH 45241	5/25/2017	\$2,346.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.639.	TRUSTAFF TRAVEL NURSES LLC LEGAL DEPT BANKRUPTCY 4675 CORNELL RD STE 100 CINCINNATI OH 45241	5/11/2017	\$2,293.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.640.	ULTIMATE SOFTWARE GROUP INC 2000 ULTIMATE WAY WESTON FL 33326	6/8/2017	\$902.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.641.	ULTIMATE SOFTWARE GROUP INC 2000 ULTIMATE WAY WESTON FL 33326	5/4/2017	\$22,069.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.642.	ULTIMATE SOFTWARE GROUPINC 2000 ULTIMATE WAY WESTON FL 33326	4/27/2017	\$5,627.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.643.	UNIFY LEGAL DEPT BANKRUPTCY 1630 CORPORATE CT IRVING TX 75038	6/8/2017	\$6,040.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.644.	UNIFY LEGAL DEPT BANKRUPTCY 1630 CORPORATE CT IRVING TX 75038	4/13/2017	\$6,040.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.645.	UNUM LIFE INSURANCE CO OF AMERICA LEGAL DEPT BANKRUPTCY 1 FOUNTAIN SQ STE 1 CHATTANOOGA TN 37402	6/28/2017	\$28,716.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.646.	UNUM LIFE INSURANCE CO OF AMERICA LEGAL DEPT BANKRUPTCY 1 FOUNTAIN SQ STE 1 CHATTANOOGA TN 37402	6/8/2017	\$28,938.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.647.	UNUM LIFE INSURANCE CO OF AMERICA LEGAL DEPT BANKRUPTCY 1 FOUNTAIN SQ STE 1 CHATTANOOGA TN 37402	5/4/2017	\$29,041.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.648.	VALIC INSURANCE LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	6/27/2017	\$50,284.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.649.	VALIC INSURANCE LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	6/13/2017	\$51,398.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.650.	VALIC INSURANCE LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	5/30/2017	\$53,402.25	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.651.	VALIC INSURANCE LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	5/16/2017	\$53,192.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.652.	VALIC INSURANCE LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	5/2/2017	\$51,783.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.653.	VALIC INSURANCE LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	4/20/2017	\$52,470.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.654.	WALDREP LLP 101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104	7/10/2017	\$59,362.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.655. ¹	WALDREP LLP 101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104	7/7/2017	\$11,240.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.656.	WALDREP LLP 101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104	6/23/2017	\$100,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.657. ¹	WALDREP LLP 101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104	6/22/2017	\$20,659.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.658.	WASTE MANAGEMENT PO BOX 105453 ATLANTA GA 30348-5453	6/28/2017	\$1,027.10	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.659.	WASTE MANAGEMENT PO BOX 105453 ATLANTA GA 30348-5453	6/22/2017	\$3,409.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.660.	WASTE MANAGEMENT PO BOX 105453 ATLANTA GA 30348-5453	6/15/2017	\$444.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.661.	WASTE MANAGEMENT PO BOX 105453 ATLANTA GA 30348-5453	5/25/2017	\$3,992.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.662.	WASTE MANAGEMENT PO BOX 105453 ATLANTA GA 30348-5453	4/27/2017	\$4,472.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.663.	WASTE MANAGEMENT PO BOX 105453 ATLANTA GA 30348-5453	4/13/2017	\$296.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.664.	WEISER SECURITY SERVICES INC LEGAL DEPT BANKRUPTCY 3939 TULANE AVE NEW ORLEANS LA 70119	6/8/2017	\$8,639.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.665.	WEISER SECURITY SERVICES INC LEGAL DEPT BANKRUPTCY 3939 TULANE AVE NEW ORLEANS LA 70119	5/25/2017	\$2,926.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.666.	WEISER SECURITY SERVICES INC LEGAL DEPT BANKRUPTCY 3939 TULANE AVE NEW ORLEANS LA 70119	4/27/2017	\$2,914.08	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.667.	WEISER SECURITY SERVICES INC LEGAL DEPT BANKRUPTCY 3939 TULANE AVE NEW ORLEANS LA 70119	4/13/2017	\$3,205.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.668.	WOMBLE CARLYLE SANDRIDGE & RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	7/5/2017	\$9,164.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.669.	WOMBLE CARLYLE SANDRIDGE & RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	6/28/2017	\$20,836.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.670.	WOMBLE CARLYLE SANDRIDGE & RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	6/8/2017	\$39,439.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.671.	WOMBLE CARLYLE SANDRIDGE & RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	5/25/2017	\$1,028.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.672.	WOMBLE CARLYLE SANDRIDGE& RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	5/11/2017	\$4,467.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.673.	WOMBLE CARLYLE SANDRIDGE& RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	4/13/2017	\$100,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.674.	WOMBLE CARLYLE SANDRIDGE& RICE LEGAL DEPT BANKRUPTCY ONE WEST FOURTH ST WINSTON SALE NC 27101	4/13/2017	\$3,531.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.675.	ZIMMER INC LEGAL DEPT BANKRUPTCY 1800 WEST CTR ST PO BOX 70870 WARSAW IN 46581-0708	6/8/2017	\$38,643.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.676.	ZIMMER INC LEGAL DEPT BANKRUPTCY 1800 WEST CTR ST PO BOX 70870 WARSAW IN 46581-0708	5/25/2017	\$3,327.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.677.	ZIMMER INC LEGAL DEPT BANKRUPTCY 1800 WEST CTR ST PO BOX 70870 WARSAW IN 46581-0708	4/27/2017	\$6,310.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.678.	ZIMMER INC LEGAL DEPT BANKRUPTCY 1800 WEST CTR ST PO BOX 70870 WARSAW IN 46581-0708	4/13/2017	\$8,863.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

¹PAYMENT MADE TO WALDREP LLP FOR THE BENEFIT OF DONLIN RECANO

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425.00. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	6/15/2017	\$1,718.51	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.2.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	6/8/2017	\$1,651.15	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.3.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	4/19/2017	\$1,834.20	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.4.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	3/16/2017	\$1,317.80	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.5.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	2/16/2017	\$2,962.77	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.6.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	1/19/2017	\$2,474.19	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.7.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	12/8/2016	\$1,750.22	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.8.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	11/17/2016	\$2,356.85	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.9.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	10/27/2016	\$2,261.92	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.10.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	10/13/2016	\$1,292.76	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.11.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	8/25/2016	\$1,986.80	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.12.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	8/4/2016	\$2,205.14	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor			
	MOREHEAD MEMORIAL GIFT SHOP			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.13.	TORREY W GOARD Address Intentionally Omitted	7/7/2017	\$1,149.14	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.14.	TORREY W GOARD Address Intentionally Omitted	6/23/2017	\$1,131.59	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.15.	TORREY W GOARD Address Intentionally Omitted	6/9/2017	\$1,149.70	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.16.	TORREY W GOARD Address Intentionally Omitted	5/26/2017	\$1,164.09	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.17.	TORREY W GOARD Address Intentionally Omitted	5/12/2017	\$1,157.36	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.18.	TORREY W GOARD Address Intentionally Omitted	4/28/2017	\$1,169.73	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.19.	TORREY W GOARD Address Intentionally Omitted	4/14/2017	\$1,153.57	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.20.	TORREY W GOARD Address Intentionally Omitted	3/31/2017	\$1,145.11	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.21.	TORREY W GOARD Address Intentionally Omitted	3/17/2017	\$1,143.90	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.22.	TORREY W GOARD Address Intentionally Omitted	3/3/2017	\$1,166.40	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.23.	TORREY W GOARD Address Intentionally Omitted	2/17/2017	\$1,164.08	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.24.	TORREY W GOARD Address Intentionally Omitted	2/3/2017	\$1,159.16	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.25.	TORREY W GOARD Address Intentionally Omitted	1/20/2017	\$1,163.35	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.26.	TORREY W GOARD Address Intentionally Omitted	1/6/2017	\$1,169.73	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.27.	TORREY W GOARD Address Intentionally Omitted	12/23/2016	\$1,148.61	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.28.	TORREY W GOARD Address Intentionally Omitted	12/9/2016	\$1,161.35	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.29.	TORREY W GOARD Address Intentionally Omitted	11/25/2016	\$1,161.55	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.30.	TORREY W GOARD Address Intentionally Omitted	11/11/2016	\$1,167.16	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.31.	TORREY W GOARD Address Intentionally Omitted	10/28/2016	\$1,156.14	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.32.	TORREY W GOARD Address Intentionally Omitted	10/14/2016	\$1,156.14	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.33.	TORREY W GOARD Address Intentionally Omitted	9/30/2016	\$1,161.24	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.34.	TORREY W GOARD Address Intentionally Omitted	9/16/2016	\$1,157.63	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.35.	TORREY W GOARD Address Intentionally Omitted	9/2/2016	\$1,168.15	NET WAGES
	Relationship to debtor			
	DIRECTOR OF AFFILIATES			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.36.	TORREY W GOARD Address Intentionally Omitted	8/19/2016	\$1,160.61	NET WAGES
	Relationship to debtor DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.37.	TORREY W GOARD Address Intentionally Omitted	8/5/2016	\$1,155.57	NET WAGES
	Relationship to debtor DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.38.	TORREY W GOARD Address Intentionally Omitted	7/22/2016	\$1,162.32	NET WAGES
	Relationship to debtor DIRECTOR OF AFFILIATES			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.39.	WILLIAM J. MCLEOD 522 SOUTH VAN BUREN ROAD EDEN NC 27288	6/1/2017	\$499.57	REIMBURSEMENT FOR DUES
	Relationship to debtor MEMBER OF THE BOARD OF TRUSTEES			

5. Repossessions, foreclosures, and returns

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

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	_____	_____	_____	\$ _____

6. Setoffs

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

☐ None

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

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. PROFESSIONAL FINANCE COMPANY COLLECTIONS 5754 W 11TH ST STE 100 GREELEY CO 80634	MOREHEAD CONTRACTS WITH PROFESSIONAL FINANCE COMPANY COLLECTIONS TO ASSIST WITH COLLECTIONS EFFORTS OF THE HOSPITAL. ON JULY 3, 2017, PFC COLLECTIONS APPLIED COLLECTED FUNDS OWED TO THE HOSPITAL TO AN OUTSTANDING INVOICE.	7/3/2017	\$464.70

Last 4 digits of account number: XXXX-_____

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. N/A Case number N/A	WORKERS COMPENSATION CLAIM-COLEMAN, ANNA B	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. N/A Case number N/A	WORKERS COMPENSATION CLAIM-ROYSTER, CINDY S	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. N/A Case number N/A	WORKERS COMPENSATION CLAIM - SMITH, BRYAN C	N/A	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4. N/A Case number N/A	WORKERS COMPENSATION CLAIM-WAGSTAFF, CARL W	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5. N/A Case number N/A	MEDICAL MALPRACTICE	LES S. BOWERS RE: BRENDA MCCLEARN GENTRY LOCKE RAKES AND MOORE, LLP PO BOX 40013 ROANOKE VA 24022	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6. N/A Case number N/A	MEDICAL MALPRACTICE	WALTER K. BURTON RE: PATRICIA ANN HALEY BURTON, SUE AND ANDERON, LLP 419 N. ELM STREET PO BOX 20083 GREENSBORO NC 27420	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

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

☒ None

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

Custodian's name and address	Description of the property	Value
8.1. _____	_____	\$ _____
_____	Case title	Court name and address
_____	_____	_____
_____	Case number	_____
	_____	_____
	Date of order or assignment	

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 4: Certain Gifts and Charitable Contributions**

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

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____

Recipient's relationship to debtor			

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1. _____	\$ _____	_____	\$ _____

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

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

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. ¹	DONLIN, RECANO & COMPANY, INC.		7/7/2017	\$11,240.04
	Address 6201 15TH AVENUE BROOKLYN NY 11219 Email or website address WWW.DONLINRECANO.COM Who made the payment, if not debtor? _____			
11.2. ¹	DONLIN, RECANO & COMPANY, INC.		6/27/2017	\$20,659.19
	Address 6201 15TH AVENUE BROOKLYN NY 11219 Email or website address WWW.DONLINRECANO.COM Who made the payment, if not debtor? _____			
11.3. ¹	DONLIN, RECANO & COMPANY, INC.		3/14/2017	\$15,000.00
	Address 6201 15TH AVENUE BROOKLYN NY 11219 Email or website address WWW.DONLINRECANO.COM Who made the payment, if not debtor? _____			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.4.	GRANT THORNTON LLP		7/10/2017	\$88,408.05
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.5.	GRANT THORNTON LLP		7/7/2017	\$151,605.94
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.6.	GRANT THORNTON LLP		6/28/2017	\$41,304.59
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.7.	GRANT THORNTON LLP		6/22/2017	\$43,332.99
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.8.	GRANT THORNTON LLP		6/8/2017	\$59,464.07
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.9.	GRANT THORNTON LLP		6/1/2017	\$50,015.99
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.10.	GRANT THORNTON LLP		5/25/2017	\$60,967.71
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.11.	GRANT THORNTON LLP		5/11/2017	\$26,500.00
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.12.	GRANT THORNTON LLP		5/4/2017	\$45,778.33
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.13.	GRANT THORNTON LLP		4/28/2017	\$37,124.80
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.14.	GRANT THORNTON LLP		4/13/2017	\$66,010.99
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.15.	GRANT THORNTON LLP		3/23/2017	\$43,063.50
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.16.	GRANT THORNTON LLP		3/20/2017	\$53,888.67
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.17.	GRANT THORNTON LLP		2/23/2017	\$50,000.00
	Address			
	201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244			
	Email or website address			
	WWW.GRANTTHORNTON.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.18.	HAMMOND HANLON CAMP, LLC		7/10/2017	\$5,618.18
	Address			
	623 FIFTH AVENUE 29TH FLOOR NEW YORK NY 10022			
	Email or website address			
	WWW.H2C.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.19.	HAMMOND HANLON CAMP, LLC		8/30/2016	\$83,000.00
	Address			
	623 FIFTH AVENUE 29TH FLOOR NEW YORK NY 10022			
	Email or website address			
	WWW.H2C.COM			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.20.	WALDREP LLP		7/10/2017	\$59,362.50
	Address			
	101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104			
	Email or website address			
	WWW.WALDREPLLP.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.21.	WALDREP LLP		6/23/2017	\$100,000.00
	Address			
	101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104			
	Email or website address			
	WWW.WALDREPLLP.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.22.	WALDREP LLP		3/9/2017	\$85,000.00
	Address			
	101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104			
	Email or website address			
	WWW.WALDREPLLP.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.23.	WALDREP LLP		1/9/2017	\$100,000.00
	Address			
	101 S. STRATFORD ROAD SUITE 210 WINSTON-SALEM NC 27104			
	Email or website address			
	WWW.WALDREPLLP.COM			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.24.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		9/22/2017	\$6,182.50
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.25.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		9/15/2017	\$12,320.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.26.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		7/5/2017	\$9,164.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.27.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		6/28/2017	\$20,836.50
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.28.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		6/8/2017	\$39,439.70
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.29.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		5/25/2017	\$1,028.70
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.30.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		5/11/2017	\$4,467.50
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.31.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		4/13/2017	\$100,000.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.32.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		4/13/2017	\$3,531.35
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.33.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		2/23/2017	\$492.75
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.34.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		2/9/2017	\$7,801.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.35.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		1/19/2017	\$1,312.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.36.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		12/22/2016	\$1,955.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.37.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		12/8/2016	\$3,025.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.38.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		11/10/2016	\$1,002.60
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.39.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		11/3/2016	\$2,103.75
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.40.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		10/27/2016	\$5,005.00
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.41.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		10/20/2016	\$4,280.85
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.42.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		9/7/2016	\$163.35
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			
11.43.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		8/18/2016	\$617.40
	Address 1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address WWW.WCSR.COM			
	Who made the payment, if not debtor? _____			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.44.	WOMBLE CARLYLE SANDRIDGE & RICE, LLP		8/18/2016	\$13,120.00
	Address			
	1 W 4TH STREET WINSTON-SALEM NC 27101			
	Email or website address			
	WWW.WCSR.COM			
	Who made the payment, if not debtor?			

¹PAYMENT MADE TO WALDREP LLP FOR THE BENEFIT OF DONLIN RECANO**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
12.1.				\$
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	SPECTRAMED SOLUTIONS	ENT EQUIPMENT	10/5/2016	\$19,500.00
	Address			
	161 CAPE COD WAY MOORESVILLE NC 28117			
	Relationship to debtor			
	NONE			

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

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.2.	SPECTRAMED SOLUTIONS	ENT EQUIPMENT	11/16/2016	\$3,950.00
	Address			
	161 CAPE COD WAY MOORESVILLE NC 28117			
	Relationship to debtor			
	NONE			
	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.3.	SU WOOL TEOH, MD	ENT EQUIPMENT	4/20/2017	\$2,800.00
	Address			
	Relationship to debtor			
	NONE			

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 7: Previous Locations****14. Previous addresses**

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

☒ Does not apply

Address	Dates of occupancy
14.1. _____	From _____ To _____

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 8: Healthcare Bankruptcies****15. Healthcare bankruptcies**

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

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

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

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	515 THOMPSON ST 515 THOMPSON ST EDEN NC 27288	OUTPATIENT SERVICES Type of services: EYE, SURGICAL, DIGESTIVE HEALTH, FAMILY PRACTICE Location where patient records are maintained (if different from facility address). If electronic, identify any service provider 117 E. KINGS HIGHWAY EDEN NC 27288 Electronic records service provider:	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2.	CANCER CENTER 516 S. VAN BUREN RD EDEN NC 27288	CANCER TREATMENT Type of services: CANCER TREATMENT Location where patient records are maintained (if different from facility address). If electronic, identify any service provider 117 E. KINGS HIGHWAY EDEN NC 27288 Electronic records service provider:	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

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

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.3.	DAYSPRING BUILDING 250 W. KINGS HIGHWAY EDEN NC 27288	<p>FAMILY PRACTICE</p> <p>Type of services: FAMILY PRACTICE</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider</p> <p>117 E. KINGS HIGHWAY EDEN NC 27288</p> <p>Electronic records service provider:</p>	<p>How are records kept?</p> <p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Electronically</p> <p><input checked="" type="checkbox"/> Paper</p>
15.4.	MOB 1 518 S. VAN BUREN RD EDEN NC 27288	<p>OUTPATIENT SERVICES</p> <p>Type of services: NEUROSPINE, OCCUPATIONAL HEALTH, FAMILY PRACTICE</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider</p> <p>117 E. KINGS HIGHWAY EDEN NC 27288</p> <p>Electronic records service provider:</p>	<p>How are records kept?</p> <p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Electronically</p> <p><input checked="" type="checkbox"/> Paper</p>
15.5.	MOB 2 520 S. VAN BUREN RD EDEN NC 27288	<p>OUTPATIENT SERVICES</p> <p>Type of services: ORTHOPEDICS, HEALTH CLINIC, KIDNEY</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider</p> <p>117 E. KINGS HIGHWAY EDEN NC 27288</p> <p>Electronic records service provider:</p>	<p>How are records kept?</p> <p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Electronically</p> <p><input checked="" type="checkbox"/> Paper</p>

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

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.6.	MOREHEAD MEMORIAL HOSPITAL 117 E. KINGS HIGHWAY EDEN NC 27288	ACUTE CARE COMMUNITY HOSPITAL Type of services: INPATIENT AND OUTPATIENT ACUTE CARE Location where patient records are maintained (if different from facility address). If electronic, identify any service provider _____ Electronic records service provider: _____	108 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.7.	MOREHEAD NURSING CENTER 205 E. KINGS HIGHWAY EDEN NC 27288	NURSING HOME Type of services: SENIOR ASSISTED LIVING Location where patient records are maintained (if different from facility address). If electronic, identify any service provider _____ 117 E. KINGS HIGHWAY EDEN NC 27288 Electronic records service provider: _____	121 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.8.	WOMEN'S HEALTH 522 S. VAN BUREN RD EDEN NC 27288	WOMENS HEALTH Type of services: WOMENS HEALTH Location where patient records are maintained (if different from facility address). If electronic, identify any service provider _____ 117 E. KINGS HIGHWAY EDEN NC 27288 Electronic records service provider: _____	 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.9. WRIGHT DIAGNOSTIC CENTER 618 S. PIERCE ST EDEN NC 27288	OUTPATIENT SERVICES Type of services: WOUND CARE, UROLOGY	How are records kept?
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider	Check all that apply:
	117 E. KINGS HIGHWAY EDEN NC 27288	<input checked="" type="checkbox"/> Electronically
	Electronic records service provider:	<input checked="" type="checkbox"/> Paper

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No☒ Yes. State the nature of the information collected and retained. MEDICAL RECORDS, SOCIAL SECURITY NUMBERS, BILLING INFORMATION, ADDRESSES, TELEPHONE NUMBERS

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10☒ Yes. Fill in below:**Name of plan****Employer identification number of the plan**PENSION PLAN OF MOREHEAD MEMORIAL HOSPITAL AND MOREHEAD
MEMORIAL HOSPITAL 403(B) RETIREMENT PLAN

EIN: 56-0591294

Has the plan been terminated?

☒ No☐ Yes

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ _____ _____	XXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

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

☐ None

Depository institution name and address	Name and address of anyone with access to it	Description of the contents	Does debtor still have it?
19.1. WELLS FARGO 665 S. VAN BUREN ROAD EDEN NC 27288	CARLA A ESTES-PORTER 130 N RICKMAN ST EDEN NC 27288	UNKNOWN	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
19.2. WELLS FARGO 665 S. VAN BUREN ROAD EDEN NC 27288	CRETEENA P KIRKMAN 319 HOWE ST EDEN NC 27288	UNKNOWN	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

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

☐ None

Depository institution name and address	Name and address of anyone with access to it	Description of the contents	Does debtor still have it?
20.1. EASTERN MICROFILM INC. 1010 MARYHUNTER DRIVE BASSETT VA 24055	ANNETTE WHITE 223 RIDGEWOOD ST STONEVILLE NC 27048	MEDICAL RECORDS	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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

	Depository institution name and address	Name and address of anyone with access to it	Description of the contents	Does debtor still have it?
20.2.	IRON MOUNTAIN 1020 WINSTON STREET GREENSBORO NC 27405	CARLA A ESTES-PORTER C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201	MEDICAL RECORDS	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
20.3.	SPRAY COTTON MILLS, LLC PO BOX 3207 EDEN NC 27288	MARK TETREAU C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201	MISCELLANEOUS MACHINERY & EQUIPMENT	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

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

☐ None

	Owner's name and address	Location of the property	Description of the property	Value
21.1.	MOREHEAD MEMORIAL HOSPITAL 117 E. KINGS HWY EDEN NC 27288-5201	WELLS FARGO BANK N.A. MOREHEAD NURSING CENTER RESIDENT TRUST ACCOUNT	NURSING CENTER RESIDENT FUNDS	\$98,834.41

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 12: Details About Environmental Information**

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

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

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
22.1. _____	_____	_____	<input type="checkbox"/> Pending
Case number	_____		<input type="checkbox"/> On appeal
_____	_____		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
23.1. _____	_____	_____	_____
_____	_____		
_____	_____		

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
24.1. _____	_____	_____	_____
_____	_____		
_____	_____		

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

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

☐ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	ADVANCED HOME CARE, INC. P.O. BOX 18049 GREENSBORO NC 27419	HOME HEALTH SERVICES	EIN: 56-1844651
			Dates business existed From UNKNOWN To Present
	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2.	PIEDMONT COMMUNITY HEALTHCARE ALLIANCE 612 - D BUSINESS PARK DR EDEN NC 27288	PHYSICIAN HOSPITAL ORGANIZATION	EIN: UNKNOWN
			Dates business existed From UNKNOWN To Present

26. Books, records, and financial statements

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

☐ None

	Name and address	Dates of service
26a.1.	CLIFTON LARSON ALLEN LLP 227 WEST TRADE ST STE 800 CHARLOTTE NC 28202	From 11/11/1998 To Present
	Name and address	Dates of service
26a.2.	DIXON HUGHES GOODMAN 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607	From 12/31/2000 To Present
	Name and address	Dates of service
26a.3.	NOVANT HEALTH 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103	From 6/13/2014 To Present
	Name and address	Dates of service
26a.4.	STANLEY BENEFITS PO BOX 8249 GREENSBORO NC 27419-0249	From 9/17/2010 To Present
	Name and address	Dates of service
26a.5.	VALIC BENEFITS LEGAL DEPT BANKRUPTCY 1050 N WESTERN ST AMARILLO TX 79106-7011	From 6/28/2013 To Present

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

☐ None

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

	Name and address	Dates of service
26b.1.	CLIFTON LARSON ALLEN 227 WEST TRADE ST STE 800 CHARLOTTE NC 28202	From 11/11/1998 To Present
	Name and address	Dates of service
26b.2.	DIXON HUGHES GOODMAN 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607	From 12/31/2000 To Present

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

☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	CLIFTON LARSEN ALLEN 227 WEST TRADE ST STE 800 CHARLOTTE NC 28202	_____
	Name and address	If any books of account and records are unavailable, explain why
26c.2.	DANA WESTON C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201	_____
	Name and address	If any books of account and records are unavailable, explain why
26c.3.	DIXON HUGHES GOODMAN 2501 BLUE RIDGE RD STE 200 RALEIGH NC 27607	_____
	Name and address	If any books of account and records are unavailable, explain why
26c.4.	GRANT THORNTON LLP 201 S. COLLEGE STREET SUITE 2500 CHARLOTTE NC 28244 WWW.GRANTTHORNTON.COM	_____
	Name and address	If any books of account and records are unavailable, explain why
26c.5.	RAY OWINGS C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201	_____

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

☐ None

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

26d.1. ANNIE PENN/CONE HOSPITAL
1200 N ELM ST
GREENSBORO NC 27401-1004

Name and address

26d.2. ARTHUR J. GALLAGHER
6525 MORRISON BLVD STE 200
CHARLOTTE NC 28211

Name and address

26d.3. BERKADIA
118 WELSH ROAD
HORSHAM PA 19044

Name and address

26d.4. CATHY DEMASON - GRANTS
520 SOUTHWOOD DR
EDEN NC 27288

Name and address

26d.5. CLIFTON LARSEN ALLEN
227 WEST TRADE ST
STE 800
CHARLOTTE NC 28202

Name and address

26d.6. DIXON HUGHES GOODMAN
2501 BLUE RIDGE RD STE 200
RALEIGH NC 27607

Name and address

26d.7. FIRST CITIZENS BANCSHARES
4300 SIX FORKS RD
RALEIGH NC 27609

Name and address

26d.8. GRANT THORNTON LLP
201 S. COLLEGE STREET
SUITE 2500
CHARLOTTE NC 28244
WWW.GRANTTHORNTON.COM

Name and address

26d.9. HAMMON HANLON CAMP LLC
623 FIFTH AVENUE
29TH FLOOR
NEW YORK NY 10022

Name and address

26d.10. KATE B REYNOLDS CHARITABLE TRUST GRANT
128 REYNOLDA VILLAGE
WINSTON-SALEM NC 27106

Name and address

26d.11. MERRITT CORPORATION
1212 DINA CT
HIAWATHA IA 52233-4706

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

26d.12. NC DEPARTMENTS OF HUMAN AND HEALTH SERVICES
101 BLAIR DR
RALEIGH NC 27603

Name and address

26d.13. NC OFFICE OF RURAL HEALTH COMMUNITY
2009 MAIL SERVICE CENTER
RALEIGH NC 27699-2009

Name and address

26d.14. ROCKINGHAM COUNTY SCHOOLS
511 HARRINGTON HWY
EDEN NC 27288

Name and address

26d.15. SECRETARY OF HOUSING AND URBAN DEVELOPMENT
451 7TH STREET NW
WASHINGTON DC 20410

Name and address

26d.16. TRIAD FOUNDATION
15 ASCOT PLACE
ITHACA NY 14850

Name and address

26d.17. UNITED WAY OF ROCKINGHAM COUNTY
1520 S SCALES ST
REIDSVILLE NC 27320

27. Inventories

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

☐ No

☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1.	(FOOD) DAVID NEAL	9/30/2016	\$18,096.47 (Cost Basis)
	Name and address of the person who has possession of inventory records		
	DAVID NEAL C/O MORRISON MANAGEMENT 4721 MORRISON DR STE 300 MOBILE AL 33609		

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.2.	(FORMS) TAMMY JONES	9/30/2016	\$10,246.97 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.3.	(INHALATION) TAMMY JONES	9/30/2016	\$880.06 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.4.	(IV FLUIDS) TAMMY JONES	9/30/2016	\$19,494.85 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.5.	(LAB SUPPLIES) TAMMY JONES	9/30/2016	\$694.55 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.6.	(M & S CHARGEABLE) TAMMY JONES	9/30/2016	\$110,118.24 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.7.	(M & S NON CHG) TAMMY JONES	9/30/2016	\$74,880.79 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.8.	(OFFICE SUPPLIES) TAMMY JONES	9/30/2016	\$461.44 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.9.	(OR CHG SUPPLIES) TARA PRUETT	9/30/2016	\$278,130.37 (Cost Basis)
	Name and address of the person who has possession of inventory records TARA PRUETT C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.10.	(OTHER SUPPLIES) TAMMY JONES	9/30/2016	\$27,402.56 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.11.	(PAIN MGMT) TARA PRUETT	9/30/2016	\$22,499.45 (Cost Basis)
	Name and address of the person who has possession of inventory records TARA PRUETT C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.12.	(PHARMACY) JANE YOUNTS	9/30/2016	\$379,397.00 (Cost Basis)
	Name and address of the person who has possession of inventory records JANE YOUNTS C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.13.	(X-RAY FILM) TAMMY JONES	9/30/2016	\$2,496.93 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.14.	(X-RAY SUPPLIES) TAMMY JONES	9/30/2016	\$4,416.14 (Cost Basis)
	Name and address of the person who has possession of inventory records TAMMY JONES C/O MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HWY EDEN NC 27288-5201		

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

	Name and address	Position	Nature of any interest	% of interest, if any
28.1.	DANA WESTON 117 EAST KINGS HWY EDEN NC 27288-5201	PRESIDENT AND CHIEF EXECUTIVE OFFICER	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.2.	EUGENE RUSSELL 117 EAST KINGS HWY EDEN NC 27288-5201	CHAIRMAN, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.3.	GLENN MARTIN 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.4.	JAMES BURNETTE 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A

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	Name and address	Position	Nature of any interest	% of interest, if any
28.5.	JEFFREY PARRIS 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.6.	JOHN DABBS 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.7.	JUDY ROUSE 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.8.	MARK COLLINS 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.9.	PETE CROUCH 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.10.	SCOTT BARHAM 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.11.	TERRY DANIEL 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A
	Name and address	Position	Nature of any interest	% of interest, if any
28.12.	WILLIAM J. MCLEOD 117 EAST KINGS HWY EDEN NC 27288-5201	MEMBER, BOARD OF DIRECTORS	N/A	N/A

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

☐ No

☒ Yes. Identify below.

	Name and address	Position	Nature of any interest	Period during which position or interest was held
29.1.	DEL BOOTHE 728 OLEANDER DRIVE UNIT B EDEN NC 27288	BOARD MEMBER	N/A	From 10/1/2012 To 8/25/2016

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	Name and address	Position	Nature of any interest	Period during which position or interest was held
29.2.	DR. MOHAMMAD ANWAR 165 GLEMOOR DRIVE EDEN NC 27288	BOARD MEMBER	N/A	From 10/1/2007 To 9/30/2016

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

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

☐ No☒ Yes. Identify below

	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.1.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,718.51	CASH	6/15/2017	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.2.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,651.15	CASH	6/8/2017	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.3.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,834.20	CASH	4/19/2017	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.4.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,317.80	CASH	3/16/2017	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor MOREHEAD MEMORIAL GIFT SHOP				

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	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.5.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$2,962.77	CASH	2/16/2017	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.6.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$2,474.19	CASH	1/19/2017	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.7.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,750.22	CASH	12/8/2016	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.8.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$2,356.85	CASH	11/17/2016	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.9.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$2,261.92	CASH	10/27/2016	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.10.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,292.76	CASH	10/13/2016	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				

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	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.11.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$1,986.80	CASH	8/25/2016	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.12.	SMALL PLEASURES GIFT SHOP 117 E KINGS HWY EDEN NC 27288	\$2,205.14	CASH	8/4/2016	GIFT SHOP REIMBURSEMENT FOR AFFILIATE
	Relationship to debtor				
	MOREHEAD MEMORIAL GIFT SHOP				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.13.	TORREY W GOARD Address Intentionally Omitted	\$1,149.14	NET WAGES	7/7/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.14.	TORREY W GOARD Address Intentionally Omitted	\$1,131.59	NET WAGES	6/23/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.15.	TORREY W GOARD Address Intentionally Omitted	\$1,149.70	NET WAGES	6/9/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.16.	TORREY W GOARD Address Intentionally Omitted	\$1,164.09	NET WAGES	5/26/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				

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	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.17.	TORREY W GOARD Address Intentionally Omitted	\$1,157.36	NET WAGES	5/12/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.18.	TORREY W GOARD Address Intentionally Omitted	\$1,169.73	NET WAGES	4/28/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.19.	TORREY W GOARD Address Intentionally Omitted	\$1,153.57	NET WAGES	4/14/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.20.	TORREY W GOARD Address Intentionally Omitted	\$1,145.11	NET WAGES	3/31/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.21.	TORREY W GOARD Address Intentionally Omitted	\$1,143.90	NET WAGES	3/17/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.22.	TORREY W GOARD Address Intentionally Omitted	\$1,166.40	NET WAGES	3/3/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.23.	TORREY W GOARD Address Intentionally Omitted	\$1,164.08	NET WAGES	2/17/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				

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	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.24.	TORREY W GOARD Address Intentionally Omitted	\$1,159.16	NET WAGES	2/3/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.25.	TORREY W GOARD Address Intentionally Omitted	\$1,163.35	NET WAGES	1/20/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.26.	TORREY W GOARD Address Intentionally Omitted	\$1,169.73	NET WAGES	1/6/2017	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.27.	TORREY W GOARD Address Intentionally Omitted	\$1,148.61	NET WAGES	12/23/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.28.	TORREY W GOARD Address Intentionally Omitted	\$1,161.35	NET WAGES	12/9/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.29.	TORREY W GOARD Address Intentionally Omitted	\$1,161.55	NET WAGES	11/25/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.30.	TORREY W GOARD Address Intentionally Omitted	\$1,167.16	NET WAGES	11/11/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				

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	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.31.	TORREY W GOARD Address Intentionally Omitted	\$1,156.14	NET WAGES	10/28/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.32.	TORREY W GOARD Address Intentionally Omitted	\$1,156.14	NET WAGES	10/14/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.33.	TORREY W GOARD Address Intentionally Omitted	\$1,161.24	NET WAGES	9/30/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.34.	TORREY W GOARD Address Intentionally Omitted	\$1,157.63	NET WAGES	9/16/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.35.	TORREY W GOARD Address Intentionally Omitted	\$1,168.15	NET WAGES	9/2/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.36.	TORREY W GOARD Address Intentionally Omitted	\$1,160.61	NET WAGES	8/19/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.37.	TORREY W GOARD Address Intentionally Omitted	\$1,155.57	NET WAGES	8/5/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor				
	DIRECTOR OF AFFILIATES				

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	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.38.	TORREY W GOARD Address Intentionally Omitted	\$1,162.32	NET WAGES	7/22/2016	DIRECTOR OF AFFILIATES
	Relationship to debtor DIRECTOR OF AFFILIATES				
	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.39.	WILLIAM J. MCLEOD 522 SOUTH VAN BUREN ROAD EDEN NC 27288	\$499.57	CASH	6/1/2017	REIMBURSEMENT FOR DUES
	Relationship to debtor MEMBER OF THE BOARD OF TRUSTEES				

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

☒ No

☐ Yes. Identify below

	Name of the parent corporation	Employer Identification number of the parent corporation
31.1.	_____	EIN: ____-____-____

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

☐ No

☒ Yes. Identify below

	Name of the pension fund	Employer Identification number of the pension fund
32.1.	PENSION PLAN OF MOREHEAD MEMORIAL HOSPITAL	EIN: 56-0591294

Debtor **Morehead Memorial Hospital**Case number (if known) **17-10775****Part 14: Signature and Declaration**

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

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

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

7/24/2017
MM/DD/YYYY

✕ /s/ *Dana M. Weston*
Signature of individual signing on behalf of the debtor

Printed name Dana M. Weston

Position or relationship to debtor President & CEO

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

☒ No
☐ Yes