

Fill in this information to identify the case:Debtor name NovaSom, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 19-11734 (BLS)☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

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

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>9,444,231.41</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>9,444,231.41</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>31,691,526.37</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>4,560.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>3,020,030.30</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>34,716,116.67</u>

Fill in this information to identify the case:Debtor name NovaSom, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 19-11734 (BLS)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

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

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

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

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. US BankChecking7355\$254,292.863.2. Pacific Western Bank f/k/a square 1 bankChecking6195\$679.663.3. East West BankChecking5802\$185,323.31**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

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

\$440,295.83**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

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

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. St. John Perpoerties (units 107,108-110 and 797) Deposit\$26,888.75

Debtor **NovaSom, Inc.**
NameCase number (If known) **19-11734 (BLS)**

7.2.	Regis Office Deposit	\$2,172.00
7.3.	Farnam Lease Deposit	\$139,292.94
7.4.	BG&E	\$2,752.00
7.5.	iGate Deposit	\$8,000.00
7.6.	NextGen Deposit	\$38,488.91
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent Description, including name of holder of prepayment	
8.1.	Prepaid Insurnace	\$27,288.60
8.2.	Prepaid expense - Salesforce.com	\$18,752.65
8.3.	Prepaid expense - NextGen License	\$995.00
8.4.	Prepaid expense - CDW Government	\$3,713.50
8.5.	Prepaid expense - FDA	\$2,442.00
8.6.	Prepaid expense - Protiviti	\$2,698.67
8.7.	Prepaid expense - SSI Consulting	\$1,003.66
8.8.	Prepaid expense - ADT Security	\$616.96

Debtor **NovaSom, Inc.**
NameCase number (If known) **19-11734 (BLS)**8.9. **Prepaid expense - Colorite Polymers** **\$19,485.18**8.10 **Prepaid expense - 2017 President's Club** **\$33,861.66**9. **Total of Part 2.**

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

\$328,452.48**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

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

11. **Accounts receivable**

11b. Over 90 days old:	10,852,179.00	-	6,372,655.00	=....	\$4,479,524.00
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

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

\$4,479,524.00**Part 4: Investments**13. **Does the debtor own any investments?**

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

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	Production supplies		\$229,002.50	net book value	\$229,002.50

22. **Other inventory or supplies**23. **Total of Part 5.**

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

\$229,002.5024. **Is any of the property listed in Part 5 perishable?**

- ☒ No

Debtor **NovaSom, Inc.**
NameCase number (If known) **19-11734 (BLS)**☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes. Book value **81,287.00** Valuation method **net book value** Current Value **81,287.00**26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture	\$3,726.55	net book value	\$3,726.55
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office Equipment, including all computer equipment and communication systems equipment and software and testing equipment (owned)	\$1,803,011.06	net book value	\$1,803,011.06

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,806,737.6144. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

Debtor **NovaSom, Inc.**
NameCase number (If known) **19-11734 (BLS)**

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Sleep Apnea Diagnostic Test Equipment	\$2,157,493.99	net book value	\$2,157,493.99

51. **Total of Part 8.**

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

\$2,157,493.9952. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.	801 Cromwell Park Drive Suite 105-110 Glen Burnie, MD 21061	Leasehold - Tenant	Unknown		Unknown
55.2.	233 Mt. Airy Road 1st floor Basking Ridge, NJ 07920	Leasehold - Tenant	Unknown		Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.

\$0.00

Debtor **NovaSom, Inc.**
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Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

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

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	<p>Patents, copyrights, trademarks, and trade secrets US Patent Nos./Application: 6213955; 6171258; 6290654</p> <p>apparatus and method for breath monitoring; multi-channel self-contained apparatus and method for diagnosis of sleep disorders; obstructive sleep apnea detection apparatus and method for using pattern recognition.</p> <p>Trademark Registration/Serial Nos: 85118635; 76338692; 76411763; 75599443; 001185370</p> <p>Accuson; Novasom; Meditrack; Sleep Solutions; Sleep Solutions (registered with the European Union IP Office)</p>	Unknown		Unknown
61.	<p>Internet domain names and websites www.novasom.com www.apnea.com www.novasom.mobi www.novasom.net www.sleepsolutions.com www.novasomwebinar.com www.occupymyownbed.com www.occupymyownbed.org www.occupymyownbed.net www.ssibd.com www.accusom.us www.accusom.info www.accusom.mobi www.accusom.biz www.accusom.net www.accusom.org</p>	Unknown		Unknown
62.	Licenses, franchises, and royalties			
63.	<p>Customer lists, mailing lists, or other compilations Physician customer lists and reports</p>	Unknown		Unknown

Debtor **NovaSom, Inc.**
NameCase number (If known) **19-11734 (BLS)**64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)☐ No☒ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

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

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

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

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership**Leasehold improvements (net book value)****\$2,725.00**78. **Total of Part 11.**

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

\$2,725.0079. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **NovaSom, Inc.**
NameCase number (If known) **19-11734 (BLS)****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$440,295.83	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$328,452.48	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$4,479,524.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$229,002.50	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,806,737.61	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$2,157,493.99	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$2,725.00	
91. Total. Add lines 80 through 90 for each column	\$9,444,231.41	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$9,444,231.41

Fill in this information to identify the case:Debtor name **NovaSom, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-11734 (BLS)**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

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

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Advanced Business Systems Creditor's Name P.O. Box 759319 Baltimore, MD 21275 Creditor's mailing address Creditor's email address, if known Date debt was incurred 1/22/18 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Canon office copiers Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,192.49	Unknown

2.2	Amur Equipment Finance, Inc. Creditor's Name 308 N. Locust Street Suite 108 Grand Island, NE 68801 Creditor's mailing address Creditor's email address, if known Date debt was incurred 1/15/19 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Sleep Apnea Diagnostic Test Equipment Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$91,401.00	Unknown
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Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Ascentium Capital, LLC**

Creditor's Name

**23970 Hwy 59 N.
Kingwood, TX 77339**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**3/4/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$126,841.00****\$0.00**

Describe the lien

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

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 BB&T Commercial Equipment Capital**

Creditor's Name

**2 Great Valley Parkway
Suite 300
Malvern, PA 19355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**2/28/17****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$56,002.00****Unknown**

Describe the lien

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

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Blue Bridge Financial, LLC**

Creditor's Name

**535 Washington Street
Suite 201
Suite 570
Buffalo, NY 14203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$82,419.00****Unknown**

Describe the lien

UCC-1

Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)

Creditor's email address, if known

Date debt was incurred

7/20/18

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Bryn Mawr Equipment**

Creditor's Name

Finance, Inc.**801 Lancaster Avenue****Bryn Mawr, PA 19010**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/11/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

\$89,997.00**\$0.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Cencor Capital, LLC**

Creditor's Name

207 Grand Blvd.**Park Ridge, IL 60068-3133**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/22/16 and 7/10/17

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

Unknown**Unknown****Sleep Apnea Diagnostic Test Equipment**

Describe the lien

UCC-1s

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **NovaSom, Inc.**
NameCase number (if know) **19-11734 (BLS)****2.8 CIT Bank, N.A.**

Creditor's Name

**155 Commerce Way
Portsmouth, NH 03801**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/4/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$175,835.00****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 Creekridge Financial**

Creditor's Name

**7808 Creekridge Circle
Minneapolis, MN 55439**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/14/17

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$54,318.00****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1 0 Crestmark Vendor Finance**

Creditor's Name

**(a Division of Metabank)
5480 Corporate Drive
Suite 350
Troy, MI 48098**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

7/20/18

Last 4 digits of account number

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$182,116.00****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **NovaSom, Inc.**
NameCase number (if know) **19-11734 (BLS)****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
1 **CT Corporation System, as Representative**

Creditor's Name

330 N. Brand Blvd.**Suite 700****ATTN: SPRS****Glendale, CA 91203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred**3/13/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
2 **East West Bank**

Creditor's Name

2350 Mission College Blvd.**Suite 988****Santa Clara, CA 95054**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$10,156,791.95**Unknown****All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred**1/25/18****Last 4 digits of account number****Do multiple creditors have an interest in the same property?****As of the petition filing date, the claim is:**

Check all that apply

Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)☐ No☐ Contingent☒ Yes. Specify each creditor, including this creditor and its relative priority.☐ Unliquidated☐ Disputed**1. Safeguard Delaware, Inc.****2. Quaker Biventes II, L.P.****3. Francis H. Koch & John****F. Koch Trustees****4. Gregory Hartzler****5. John Spitznagel****6. East West Bank****7. Gary Corbett****8. Reid Alexander Williams****9. TPG Biotechnology****Partner II, L.P.**2.1
3**Essex Capital Corporation**

Creditor's Name

**1486 East Valley Road
Santa Barbara, CA
93108-1241**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/22/16

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$440,287.00****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
4**Farnam Street Financial**

Creditor's Name

**5850 Opus Parkway
Suite 240
Minnetonka, MN 55343**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/9/18

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$1,839,634.00****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed2.1
5**Fidelity Capital Partners, LLC**

Creditor's Name

**ATTN: Jeff Emard
19600 Fairchild Road
Suite 120
Irvine, CA 92612**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**7/20/18****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$151,933.00****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
6**Financial Agent Services**

Creditor's Name

**P.O. Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**3/15/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
7**First Financial Corporation**

Creditor's Name

**Dept. # 2067
P.O. Box 87618
Chicago, IL 60680**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$79,931.00****Unknown**

Describe the lien

UCC-1

Debtor **NovaSom, Inc.**
NameCase number (if know) **19-11734 (BLS)**

Creditor's email address, if known

Date debt was incurred
7/24/17

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
8 **Francis H. Koch & John F. Koch Trustees**

Creditor's Name

of the Survivor's Trust Under the Koch Family Truste Agreement dated 8/19/03

403 Ramona Road

Portola Valley, CA 94028

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
7/14/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.12

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors

\$45,929.00**Unknown**

Describe the lien

Security Interest

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
9 **Gary Corbett**

Creditor's Name

1505 W. Saint Mary's Road

158

Tucson, AZ 85745

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
3/22/18

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors

\$5,546.00**Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**☐ Contingent☐ Unliquidated☐ Disputed2.2
0**Gregory Hartzler**

Creditor's Name

**1245 Wilson Avenue
Goshen, IN 46526**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**3/22/18****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**\$6,205.00****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
1**Hanmi Bank**

Creditor's Name

**3660 Wilshire Blvd.
PH A
Los Angeles, CA 90010**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**7/11/17****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$59,970.00****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
2**Hitachi Capital America Corp.**

Creditor's Name

**7808 Creekridge Circle
Suite 250
Minneapolis, MN 55439**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**Unknown****Unknown**

Describe the lien

UCC-1

Debtor **NovaSom, Inc.**
NameCase number (if know) **19-11734 (BLS)**

Creditor's email address, if known

Date debt was incurred

9/21/17

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
3**John Spitznagel**

Creditor's Name

**419 Tidal Drive
Beach Haven, NJ 08008**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/15/16

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**\$12,638.90****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
4**LCA Bank Corporation**

Creditor's Name

**3150 Livernois Blvd.
Suite 300
Troy, MI 48083**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/19/19

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$134,804.00****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed2.2
5**M2 Lease Funds, LLC**

Creditor's Name

**175 N. Patrick Blvd.
Suite 140
Brookfield, WI 53045-5811**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**9/28/17****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**\$47,207.00****\$0.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
6**Oneworld Business Finance, LLC**

Creditor's Name

**2407 S. Congress Avenue
Suite E-224
Austin, TX 78704**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**6/29/17****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**Unknown****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
7**Pawnee Leasing Corporation**

Creditor's Name

**3801 Automation Way
Suite 207
Fort Collins, CO 80526**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**Unknown****Unknown**

Describe the lien

Debtor **NovaSom, Inc.** Case number (if known) **19-11734 (BLS)**

Name

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
8**Quaker Biventures II, L.P.**

Creditor's Name

**Circa Centre
2929 Arch street
Philadelphia, PA 19104**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**\$9,097,712.95****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

5/22/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
9**Reid Alexander Williams**

Creditor's Name

**13 Vandam Street
New York, NY 10013**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**\$13,160.49****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

3/22/18

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **NovaSom, Inc.**

Name

Case number (if know)

19-11734 (BLS)☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**☐ Contingent☐ Unliquidated☐ Disputed2.3
0**Safeguard Delaware, Inc.**

Creditor's Name

**1105 N. Market Street
Suite 1300
Wilmington, DE 19801**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**5/28/14 contuation filed
5/29/19**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**\$8,309,854.59****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3
1**Susquhanna Comm. Fin., Inc.**

Creditor's Name

**2 Country View Road
Suite 300
Malvern, PA 19355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2/27/17

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

Sleep Apnea Diagnostic Test Equipment**Unknown****Unknown**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3
2**TPG Biotechnology Partner II, L.P.**

Creditor's Name

**345 California Street
Suite 3300
San Francisco, CA 94104**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All assets, excluding Sleep Apnea Diagnostic Test Equipment liened by PMSI holders and/or lessors**\$424,800.00****Unknown**

Describe the lien

Debtor **NovaSom, Inc.**
NameCase number (if know) **19-11734 (BLS)****UCC-1**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

5/28/14

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.12**

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$31,691,526.
37**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

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

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

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **NovaSom, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-11734 (BLS)**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Delaware Div. of Corp. P.O. Box 898 Dover, DE 19903 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Franchise tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,560.00 \$4,560.00

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

	Amount of claim
3.1 Nonpriority creditor's name and mailing address Adam B. Hernandez 1810 Woodstock Road Woodstock, MD 21163 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,000.00
3.2 Nonpriority creditor's name and mailing address ADT Security Systems, Inc. P.O. Box 371967 Pittsburgh, PA 15250 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$925.58

Debtor **NovaSom, Inc.**
NameCase number (if known) **19-11734 (BLS)**

3.3	Nonpriority creditor's name and mailing address AdvantEdge Healthcare Sol., Inc. c/o AHS Services Inc. PO Box 638564 Cincinnati, OH 45263-8564 Date(s) debt was incurred _____ Last 4 digits of account number ADVANTEDGE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$314,744.93
3.4	Nonpriority creditor's name and mailing address Arkadin PO Box 347261 Attn: Accounts Receivable Pittsburgh, PA 15251-4261 Date(s) debt was incurred _____ Last 4 digits of account number ARKADIN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$618.90
3.5	Nonpriority creditor's name and mailing address Assurity Life Ins Company PO Box 957494 St. Louis, MO 63195-7494 Date(s) debt was incurred _____ Last 4 digits of account number ASSURITY	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,545.32
3.6	Nonpriority creditor's name and mailing address Austria-Rea Enterprises, LLC 850 Calle Plano Suite F Camarillo, CA 93012 Date(s) debt was incurred _____ Last 4 digits of account number PACT	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,392.50
3.7	Nonpriority creditor's name and mailing address Auto Quest Inc. 6C Worchester Drive Monroe Township, NJ 08831-4933 Date(s) debt was incurred _____ Last 4 digits of account number OQ00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.8	Nonpriority creditor's name and mailing address BankDirect Capital Finance PO Box 660448 Dallas, TX 75266-0448 Date(s) debt was incurred _____ Last 4 digits of account number BANKDIRECT	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance finance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,877.44
3.9	Nonpriority creditor's name and mailing address BeneTrac Lockbox #732954 PO BOX 732954 Dallas, TX 75373-2954 Date(s) debt was incurred _____ Last 4 digits of account number ET00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll admin.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$641.75

Debtor **NovaSom, Inc.**
NameCase number (if known) **19-11734 (BLS)**

3.10	Nonpriority creditor's name and mailing address Bethke CPA, LLC 1613 Guston Ct Silver Spring, MD 20906 Date(s) debt was incurred ____ Last 4 digits of account number BETHKE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,975.00
3.11	Nonpriority creditor's name and mailing address Change Healthcare Sol. LLC PO Box 572490 Murray, UT 84157-2490 Date(s) debt was incurred ____ Last 4 digits of account number CHANGE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,874.25
3.12	Nonpriority creditor's name and mailing address Cigna-Lina P.O. Box 13701 Philadelphia, PA 19101-3701 Date(s) debt was incurred ____ Last 4 digits of account number LINA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.51
3.13	Nonpriority creditor's name and mailing address Colorite Polymers 2870 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number OR00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,366.10
3.14	Nonpriority creditor's name and mailing address Comcast PO BOX 3005 Southeastern, PA 19398 Date(s) debt was incurred ____ Last 4 digits of account number CA00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$663.23
3.15	Nonpriority creditor's name and mailing address Concur Technologies, Inc 62157 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number CU00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,128.60
3.16	Nonpriority creditor's name and mailing address Corporation Service Company PO Box 13397 Philadelphia, PA 19101-3397 Date(s) debt was incurred ____ Last 4 digits of account number CSC	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Registered Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,020.00

Debtor **NovaSom, Inc.**
NameCase number (if known) **19-11734 (BLS)**

3.17	Nonpriority creditor's name and mailing address Coverall Service Company NGT Corp - Maryland 8965 Guilford Road, Suite 100 Columbia, MD 21046 Date(s) debt was incurred ____ Last 4 digits of account number <u>ER00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,741.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address CR Group LP 1000 Main St. Suite 2500 Houston, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number <u>CRG</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Investment Group</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Dean Frymoyer LLC 417 Floret Avenue Reading, PA 19605 Date(s) debt was incurred ____ Last 4 digits of account number <u>DEAN</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Dell Business Credit P.O. Box 5275 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number <u>LB00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,243.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Dept. of Labor & Industries 950 Boradway Suite 200 Tacoma, WA 98402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$166.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address eFax Corporate c/o J2 Global Comm., Inc PO BOX 51873 Los Angeles, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number <u>XC00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,212.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address EisnerAmper LLP PO Box 360635 Pittsburgh, PA 15251-6635 Date(s) debt was incurred ____ Last 4 digits of account number <u>EISNER</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,210.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.24	Nonpriority creditor's name and mailing address Emagine Communications 1082 Davol Street Lower Level Fall River, MA 02721 Date(s) debt was incurred _____ Last 4 digits of account number G100	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$240.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Expedient/Continental Broadband PO Box 645209 Pittsburgh, PA 15264-5209 Date(s) debt was incurred _____ Last 4 digits of account number EXPEDIENT	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,410.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address Five9, Inc. 4000 Executive Parkway Suite 400 San Ramon, CA 94583 Date(s) debt was incurred _____ Last 4 digits of account number E900	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,363.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address Fogarty Engineering, Inc. 3270 Alpine Road Portola Valley, CA 94028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$374,890.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Royalties</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Gemini Partners, Inc. 10900 Wilshire Blvd. Suite 300 Los Angeles, CA 90024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address GS1 US, Inc. Dept 781271 P.O. Box 78000 Detroit, MI 48278-1271 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Hickory Printing Solutions 725 Reese Drive SW Conover, NC 28613 Date(s) debt was incurred _____ Last 4 digits of account number HICKORY	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,552.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.31 Nonpriority creditor's name and mailing address

HighStarr, Inc
2661 Riva Road
Bldg 700
Annapolis, MD 21401

Date(s) debt was incurred _

Last 4 digits of account number HS02As of the petition filing date, the claim is: *Check all that apply.***\$1,424.64**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes

3.32 Nonpriority creditor's name and mailing address

HS Technology Group
1215 Greenwood Road
Baltimore, MD 21208

Date(s) debt was incurred _

Last 4 digits of account number EC00As of the petition filing date, the claim is: *Check all that apply.***\$269.92**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes

3.33 Nonpriority creditor's name and mailing address

Infosys Technologies, Ltd
3998 Collections Center Drive
Chicago, IL 60693

Date(s) debt was incurred _

Last 4 digits of account number OS00As of the petition filing date, the claim is: *Check all that apply.***\$34,073.60**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: ConsultantIs the claim subject to offset? ☒ No ☐ Yes

3.34 Nonpriority creditor's name and mailing address

Iron Mountain Inc.
PO Box 27129
New York, NY 10087-7129

Date(s) debt was incurred _

Last 4 digits of account number NM00As of the petition filing date, the claim is: *Check all that apply.***\$1,475.38**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes

3.35 Nonpriority creditor's name and mailing address

Language Line Services, Inc.
PO Box 202564
Dallas, TX 75320

Date(s) debt was incurred _

Last 4 digits of account number GU00As of the petition filing date, the claim is: *Check all that apply.***\$18,439.43**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes

3.36 Nonpriority creditor's name and mailing address

Mediaid, Inc
17517 Fabrica Way
Suite E
Cerritos, CA 90703

Date(s) debt was incurred _

Last 4 digits of account number IA00As of the petition filing date, the claim is: *Check all that apply.***\$131,400.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: SupplierIs the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address

Merrill Communications LLC
CM-9638
St. Paul, MN 55170-9638

Date(s) debt was incurred _

Last 4 digits of account number MERRILLAs of the petition filing date, the claim is: *Check all that apply.***\$14,042.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes

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3.38	Nonpriority creditor's name and mailing address Metro Medical Supply, Inc dba Metro Medical Supply PO Box 744691 Atlanta, GA 30374-4691 Date(s) debt was incurred ____ Last 4 digits of account number <u>RO01</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,734.69
3.39	Nonpriority creditor's name and mailing address Michael Coppola 100 Harborview Drive Baltimore, MD 21230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,448.00
3.40	Nonpriority creditor's name and mailing address Minuteman Press Inc. 100 Roesler Rd Suite 101 Glen Burnie, MD 21060 Date(s) debt was incurred ____ Last 4 digits of account number <u>UT00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,281.56
3.41	Nonpriority creditor's name and mailing address Morgan Lewis & Bockius 1701 Market Street Philadelphia, PA 19103-2921 Date(s) debt was incurred ____ Last 4 digits of account number <u>AN00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,508.27
3.42	Nonpriority creditor's name and mailing address MultiView, Inc. P.O. Box 123806 Dept 3806 Dallas, TX 75312-3806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,333.33
3.43	Nonpriority creditor's name and mailing address Myers Bigel Sibley & Sajovec, P.A. PO BOX 37428 Raleigh, NC 27627 Date(s) debt was incurred ____ Last 4 digits of account number <u>RS01</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.00
3.44	Nonpriority creditor's name and mailing address Neil Kline, M.D. 1002 Lititz Pike # 229 Lititz, PA 17543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,166.67

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3.45	Nonpriority creditor's name and mailing address New Jersey Dept. of Labor Division of Employer Accounts P.O. Box 059 Trenton, NJ 08646-0059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.91
3.46	Nonpriority creditor's name and mailing address NextGen Healthcare, Inc 18111 Von Karman Avenue Suite 800 Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number <u>LI00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,234.55
3.47	Nonpriority creditor's name and mailing address Office Depot PO BOX 633211 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number <u>IC01</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$860.87
3.48	Nonpriority creditor's name and mailing address OFTC, Inc PO Box 553 Forest Hills, MD 21050 Date(s) debt was incurred ____ Last 4 digits of account number <u>OFTC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,801.08
3.49	Nonpriority creditor's name and mailing address Ohio Bureau of Workers' Comp. P.O. Box 89492 Cleveland, OH 44101-6492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.81
3.50	Nonpriority creditor's name and mailing address Parker Hannifin Corporation 7925 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number <u>KE00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,560.50
3.51	Nonpriority creditor's name and mailing address PBM Graphics, Inc 725 Reese Dr SW Conover, NC 28613 Date(s) debt was incurred ____ Last 4 digits of account number <u>GR00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,163.66

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3.52	Nonpriority creditor's name and mailing address Philadelphia Ins. Companies PO BOX 70251 Philadelphia, PA 19176 Date(s) debt was incurred ____ Last 4 digits of account number <u>LA00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,752.83
3.53	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services LLC PO Box 371887 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number <u>NE25</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,103.53
3.54	Nonpriority creditor's name and mailing address Powers Pyles Sutter & Verville P.C. 1501 M Street, NW Seventh Floor Washington, DC 20005 Date(s) debt was incurred ____ Last 4 digits of account number <u>RS00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.00
3.55	Nonpriority creditor's name and mailing address Quaker BioVentures Cira Centre 2929 Arch Street Philadelphia, PA 19104 Date(s) debt was incurred ____ Last 4 digits of account number <u>KE00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BOD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$907.50
3.56	Nonpriority creditor's name and mailing address Regus 233 Mt. Airy Rd 1st Floor Basking Ridge, NJ 07920 Date(s) debt was incurred ____ Last 4 digits of account number <u>REGUS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,484.37
3.57	Nonpriority creditor's name and mailing address Roberts Oxygen 1601 South Caton Ave Baltimore, MD 21227 Date(s) debt was incurred ____ Last 4 digits of account number <u>ROBERTS OX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.37
3.58	Nonpriority creditor's name and mailing address RSM US LLP 5155 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number <u>RSM</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,035.55

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3.59	Nonpriority creditor's name and mailing address Safeguard Business Systems PO Box 88043 Chicago, IL 60680-1043 Date(s) debt was incurred _____ Last 4 digits of account number <u>SAFEGUARD BUS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$368.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Safeguard Scientifics, Inc. 170 North Radnor-Chester Road Suite 200 Radnor, PA 19087 Date(s) debt was incurred _____ Last 4 digits of account number <u>EG00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$857.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BOD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address Salesforce.com, Inc. The Landmark at One Market Street # 300 San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120,100.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address Secretary of State Division of Corporations Franchise Tax P.O. Box 898 Dover, DE 19903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address Securities & Exchange Comm. Washington, DC 20549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address Securities & Exchange Comm. New York Regional Office ATTN: Andrew Calamari, Regional Director 200 Vesey Street, Suite 400 New York, NY 10281-1022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address Shred It PO Box 13574 New York, NY 10087-3574 Date(s) debt was incurred _____ Last 4 digits of account number <u>ED01</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,231.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address Software Design Partners, LLC 536 Trade Center Blvd Chesterfield, MO 63005 Date(s) debt was incurred ____ Last 4 digits of account number TW01	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,040.00
3.67	Nonpriority creditor's name and mailing address Sprint P.O. Box 4181 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702.41
3.68	Nonpriority creditor's name and mailing address SSi Consulting, Inc Attn: Support Solutions, Inc. PO Box 76016 Baltimore, MD 21275-6016 Date(s) debt was incurred ____ Last 4 digits of account number CO00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,125.00
3.69	Nonpriority creditor's name and mailing address Technotiz LLC PO Box 1071 Glen Burnie, MD 21061 Date(s) debt was incurred ____ Last 4 digits of account number TECHNOTIZ	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,200.00
3.70	Nonpriority creditor's name and mailing address Terminix Terminix Processing Center PO BOX 742592 Cincinnati, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number MI00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.00
3.71	Nonpriority creditor's name and mailing address The Hartford PO Box 660916 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number TF15	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,694.84
3.72	Nonpriority creditor's name and mailing address Uline PO BOX 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number NE00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,779.04

Debtor **NovaSom, Inc.**
NameCase number (if known) **19-11734 (BLS)**

3.73	Nonpriority creditor's name and mailing address UPS PO BOX 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred ____ Last 4 digits of account number SX00	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Freight Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353,068.43
3.74	Nonpriority creditor's name and mailing address UrgentCare Mentor, LLC 155 Waterford Circle Rancho Mirage, CA 92270 Date(s) debt was incurred ____ Last 4 digits of account number URGENTCARE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Consultant Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92,000.00
3.75	Nonpriority creditor's name and mailing address VeriShip 8880 Ward Parkway #300 Kansas City, MO 64114 Date(s) debt was incurred ____ Last 4 digits of account number VERISHIP	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,712.11
3.76	Nonpriority creditor's name and mailing address Verizon Wireless P.O.Box 25505 Lehigh Valley, PA 18002-5505 Date(s) debt was incurred ____ Last 4 digits of account number 7722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,874.35
3.77	Nonpriority creditor's name and mailing address Victory Awards 569 Baltimore Annapolis Blvd Severna Park, MD 21146 Date(s) debt was incurred ____ Last 4 digits of account number TO18	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.06
3.78	Nonpriority creditor's name and mailing address Vikas Jain, M.D. 4243 Honey Locust Drive Naperville, IL 60564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,250.00
3.79	Nonpriority creditor's name and mailing address Vonage Business PO Box 392479 Pittsburgh, PA 15251-9479 Date(s) debt was incurred ____ Last 4 digits of account number VONAGE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,669.86

Debtor **NovaSom, Inc.**
NameCase number (if known) **19-11734 (BLS)**

3.80 Nonpriority creditor's name and mailing address

Wireless Research Center
3331 Heritage Trade Dr.
Suite 101
Wake Forest, NC 27587

Date(s) debt was incurred _

Last 4 digits of account number **WIRELESS**As of the petition filing date, the claim is: *Check all that apply.***\$5,250.00**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Consultant**Is the claim subject to offset? ☒ No ☐ Yes

3.81 Nonpriority creditor's name and mailing address

Zentech Manufacturing, Inc
PO BOX 85079
Chicago, IL 60680

Date(s) debt was incurred _

Last 4 digits of account number **TC00**As of the petition filing date, the claim is: *Check all that apply.***\$811,357.56**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Manufacturer/Service**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts5a. \$ **4,560.00**
5b. + \$ **3,020,030.30**5c. \$ **3,024,590.30**

Fill in this information to identify the case:Debtor name **NovaSom, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-11734 (BLS)**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

National Interpretation Services Contract

State the term remaining

List the contract number of any government contract

**Adam B. Hernandez
1810 Woodstock Road
Woodstock, MD 21163**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Canon Copiers - this creditor is also listed in Schedule D.**Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.**

State the term remaining

List the contract number of any government contract

**Advanced Business Systems
P.O. Box 759319
Baltimore, MD 21275**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Client Billing and Collections Agreement

State the term remaining

List the contract number of any government contract

**AdvantEdge Healthcare Solutions
9 Northeastern Blvd.
Salem, NH 03079**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.4. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Aetna Natinal Contracting
980 Jolly Road
U13W
Blue Bell, PA 19422

2.5. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Altius Health Plans, Inc.
(Coventry Health Care)
10421 S. Jordan Gateway
Suite 400
South Jordan, UT 84095

2.6. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreements**

Includes: AmeriGroup
Florida, Inc.,
AmeriGroup Iowa, Inc.,
AmeriGroup Louisiana,
Inc., AmeriGroup
Maryland, Inc.,
AmeriGroup New
Jersey, Inc.,
AmeriGroup New
Mexico, Inc.,
AmeriGroup Nevada,
Inc., AmeriGroup
Tennessee, Inc.,
AmeriGroup Texas, Inc.

State the term remaining

List the contract number of any government contract

AmeriGroup Community Care
4425 Corporation Lane
Virginia Beach, VA 23462

2.7. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

AmeriGroup District of Columbia
5800 Northampton Blvd.
Norfolk, VA 23502

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.8. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

**AmeriGroup New York
d/b/a HealthPlus
4800 Westown Parkway
Suite 200
West Des Moines, IA 50266**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

AmeriGroup Washington, Inc.

2.10. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

**AmeriHealth HMO, Inc. and
AmeriHealth Ins. Co.
1901 Market Street
Philadelphia, PA 19103**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

**AMGP Georgia Managed Care Co., Inc.
d/b/a AmeriGroup Community Care
4425 Corporation Lane
Virginia Beach, VA 23462**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.12. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.**

**Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.**

State the term remaining

through 1/15/23

List the contract number of any government contract

**Amur Equipment Finance, Inc.
308 N. Locust Street
Suite 108
Grand Island, NE 68801**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest

**Ancillary Services
Provider Agreements**

**Includes: Anthem
Health Plans of Maine,
Inc., Anthem Health
Plans of New
Hampshire, Inc., Rocky
Mountain Hospital and
Medical Services, Inc.,
Blue Shield and HMO
Colorado, Inc. d/b/a
HMO Nevada, and
Anthem Health Plans,
Inc., Anthem Health
Care Plans of
Kentucky, Inc.,
Community Insurance
Company, Anthem
Health Plans of
Virginia, Inc.,**

State the term remaining

List the contract number of any government contract

**Anthem Blue Cross Blue Shield
2221 Edward Holland Drive
Richmond, VA 23230**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest

**Ancillary Services
Provider Agreement**

**Anthem Health Plans of Maine, Inc.
2 Gannett Drive
Mail # ME 0102-W030
South Portland, ME 04106**

State the term remaining

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

List the contract number of any government contract _____

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract _____

**Anthem Health Plans of Maine, Inc.
d/b/a Anthem BCBS
2221 Edward Holland Drive
Richmond, VA 23230**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract _____

**Anthem Health Plans, Inc.
2221 Edward Holland Drive
Richmond, VA 23230**

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.**

Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.

State the term remaining

List the contract number of any government contract _____

through 2/4/21

**Ascentium Capital, LLC
23970 Hwy 59 N.
Kingwood, TX 77339**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Web Security Agreement**

State the term remaining

List the contract number of any _____

**Barracuda Networks
3175 S. winchester Blvd.
Campbell, CA 95008**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

government contract

- 2.19. State what the contract or lease is for and the nature of the debtor's interest

Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.

Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.

State the term remaining

List the contract number of any government contract

**BB&T Commercial Equipment Capital
2 Great Valley Parkway
Suite 300
Malvern, PA 19355**

- 2.20. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

List the contract number of any government contract

**BCBS of Georgia
2221 Edward Holland Drive
Richmond, VA 23230**

- 2.21. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

List the contract number of any government contract

**BCBS of Illinois
300 E. Randolph Street
Chicago, IL 60601**

- 2.22. State what the contract or lease is for and the nature of the debtor's interest

Sleep Study Facility Provider Services Agreement

State the term remaining

List the contract number of any government contract

**BCBS of Massachusetts, Inc.
Landmark Center
401 Park Drive
Boston, MA 02215**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.23. State what the contract or lease is for and the nature of the debtor's interest
- Ancillary Services
Provider
Application/Agreement**

State the term remaining

List the contract number of any government contract

**BCBS of NC
P.O. Box 2291
Durham, NC 27702-2291**

- 2.24. State what the contract or lease is for and the nature of the debtor's interest
- Ancillary Services
Provider Agreement**

State the term remaining

List the contract number of any government contract

**BCBS of Texas
P.O. Box 8333840
Richardson, TX 75083-3840**

- 2.25. State what the contract or lease is for and the nature of the debtor's interest
- Ancillary Services
Provider Agreement**

State the term remaining

List the contract number of any government contract

**BCBS of Texas (Medicaid)
P.O. Box 8333840
Richardson, TX 75083-3840**

- 2.26. State what the contract or lease is for and the nature of the debtor's interest
- Ancillary Services
Provider Agreement**

State the term remaining

List the contract number of any government contract

**BCBS of Texas (PPO)
P.O. Box 8333840
Richardson, TX 75083-3840**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.27. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.
thru 11/30/21**

State the term remaining

List the contract number of any government contract

**Blue Bridge Financial, LLC
535 Washington Street
Suite 201
Suite 570
Buffalo, NY 14203**

2.28. State what the contract or lease is for and the nature of the debtor's interest

**Participating Provider
Contract Medicaid MCO
Program**

State the term remaining

List the contract number of any government contract

**Blue Choice Health Plans of SC
Mail Code AX-567
1-20 @ Alpine
Columbia, SC 29219**

2.29. State what the contract or lease is for and the nature of the debtor's interest

**Medical Products and
Services Agreement**

State the term remaining

List the contract number of any government contract

**Blue Cross of California
2450 El Camino Real
Suite 101
Palo Alto, CA 94306**

2.30. State what the contract or lease is for and the nature of the debtor's interest

**Ancillary Services
Provider Agreement**

State the term remaining

List the contract number of any government contract

**Blue Shield and HMO Colorado
2221 Edward Holland Drive
Richmond, VA 23230**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.31. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.
thru 12/4/23**

State the term remaining

List the contract number of any government contract

**Bryn Mawr Equipment
Finance, Inc.
801 Lancaster Avenue
Bryn Mawr, PA 19010**

2.32. State what the contract or lease is for and the nature of the debtor's interest

**Contract for Collection
of Receivables**

State the term remaining

List the contract number of any government contract

**BYL Collection Services, LLC
301 Lacey Street
West Chester, PA 19382**

2.33. State what the contract or lease is for and the nature of the debtor's interest

Copier lease

State the term remaining

List the contract number of any government contract

**Canon Financial Services
14904 Collections Center Drive
Chicago, IL 60693-0149**

2.34. State what the contract or lease is for and the nature of the debtor's interest

**Ancillary Services
Provider Agreement**

State the term remaining

List the contract number of any government contract

**Capital Blue Cross
P.O. Box 3531
Harrisburg, PA 17177-3531**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Care First BCBS
8028 Ritchie Hwy
Suite 120
Pasadena, MD 21122-1069

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Centurion Correctional Healthcare
of New Mexico, LLC
7700 Forsyth Blvd.
Saint Louis, MO 63105

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Centurion of Florida, LLC
7700 Forsyth Blvd.
Saint Louis, MO 63105

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Centurion of Minnesota, LLC
7700 Forsyth Blvd.
Saint Louis, MO 63105

- 2.39. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Centurion of Mississippi, LLC
7700 Forsyth Blvd.
Saint Louis, MO 63105

- 2.40. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Centurion of Tennessee, LLC
7700 Forsyth Blvd.
Saint Louis, MO 63105

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

government contract

- 2.41. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Centurion of Vermont, LLC
7700 Forsyth Blvd.
Saint Louis, MO 63105

- 2.42. State what the contract or lease is for and the nature of the debtor's interest **National Interpretation Services Contract**

State the term remaining

List the contract number of any government contract

Chandra Matadeen-Ali
4 Mount Airy Farm Road
Glen Mills, PA 19342

- 2.43. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Cigna Health Corp.
900 Cottage Grove Road
Bloomfield, CT 06002

- 2.44. State what the contract or lease is for and the nature of the debtor's interest **Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.**

Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.

State the term remaining

List the contract number of any government contract

through 3/4/22

CIT Bank, N.A.
155 Commerce Way
Portsmouth, NH 03801

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.45. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**

State the term remaining

List the contract number of any government contract

Correctional Medical Services, Inc.
12647 Olive Blvd.
Saint Louis, MO 63141

- 2.46. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Coventry Health Care Nat'l Network, Inc.
on behalf of First Health Group Corp.
750 riverpoint Drive
West Sacramento, CA 95605

- 2.47. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Coventry Health Care of Delaware
750 Prides Crossing
Suite 300
Newark, DE 19713

- 2.48. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Coventry Health care of Georgia, Inc.

- 2.49. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Coventry Health Care of Missouri, Inc.

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.50. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.
thru 8/1/20**

State the term remaining

List the contract number of any government contract

**Creekridge Financial
7808 Creekridge Circle
Minneapolis, MN 55439**

2.51. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.**

State the term remaining

List the contract number of any government contract

**Crestmark Vendor Finance
(a Division of Metabank)
5480 Corporate Drive
Suite 350
Troy, MI 48098**

2.52. State what the contract or lease is for and the nature of the debtor's interest

**Veterans Choice
Program Provide
Agreement**

State the term remaining

List the contract number of any government contract

**Department of Veteran Affairs
17221 I Street NW
Washington, DC 20421**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

government contract

- 2.53. State what the contract or lease is for and the nature of the debtor's interest

Contract for faxing with SSL encryption

State the term remaining

List the contract number of any government contract

eFax Corporate
c/o J2 Global Comm., Inc
PO BOX 51873
Los Angeles, CA 90051

- 2.54. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

List the contract number of any government contract

Emblem Health
55 Water Street
New York, NY 10041

- 2.55. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

List the contract number of any government contract

Empire HealthChoice HMO, Inc.
Empire HealthChoice Assurance, Inc.
One Liberty Plaza
New York, NY 10006

- 2.56. State what the contract or lease is for and the nature of the debtor's interest

Employment Agreement
Restricted Stock Purchase Agreement
Note Amendment and Waiver Agreement

State the term remaining

List the contract number of any government contract

Ernest S. Bicsak
P.O. Box 240
Brookside, NJ 07926

- 2.57. State what the contract or lease is for and the nature of the debtor's interest

Healthcare Delivery Organization Application

State the term remaining

List the contract number of any government contract

Essence Healthcare
13900 Riverport Drive
Maryland Heights, MO 63043

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.58. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.**

State the term remaining

List the contract number of any
government contract**Essex Capital Corporation
1486 East Valley Road
Santa Barbara, CA 93108-1241**

2.59. State what the contract or lease is for and the nature of the debtor's interest

**Contract - Date
connectivity & cloud
storage**

State the term remaining

List the contract number of any
government contract**Expedient/Continental
Broadband
PO Box 645209
Pittsburgh, PA 15264-5209**

2.60. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.**

State the term remaining

List the contract number of any

**Farnam Street Financial
5850 Opus Parkway
Suite 240
Minnetonka, MN 55343**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

government contract

2.61. State what the contract or lease is for and the nature of the debtor's interest

Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.**Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.**

State the term remaining

List the contract number of any government contract

**Farnam Street Financial, Inc.
5850 Opus Parkway
Suite 240
Hopkins, MN 55343**

2.62. State what the contract or lease is for and the nature of the debtor's interest

Sleep study with interpretation

State the term remaining

List the contract number of any government contract

**Federal Bureau of Prisons
FCC Terra Haute
4700 Bureau Road South
Contracting Office
Terre Haute, IN 47802**

2.63. State what the contract or lease is for and the nature of the debtor's interest

Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.**Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.****Fidelity Capital Partners, LLC
ATTN: Jeff Emard
19600 Fairchild Road
Suite 120
Irvine, CA 92612**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

State the term remaining **through 7/15/21**

List the contract number of any government contract _____

2.64. State what the contract or lease is for and the nature of the debtor's interest

Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.**Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.**

State the term remaining

List the contract number of any government contract _____

**First Financial Corporation
Dept. # 2067
P.O. Box 87618
Chicago, IL 60680**

2.65. State what the contract or lease is for and the nature of the debtor's interest

Contract - Virtual Call Center Suite

State the term remaining

List the contract number of any government contract _____

**Five9, Inc.
4000 Executive Parkway
Suite 400
San Ramon, CA 94583**

2.66. State what the contract or lease is for and the nature of the debtor's interest

Roylaty Agreement

State the term remaining

List the contract number of any government contract _____

**Fogarty Engineering, Inc.
3270 Alpine Road
Portola Valley, CA 94028**

2.67. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

**Fox Valley Medicine
30 North Lincoln Street
Batavia, IL 60510**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

List the contract number of any government contract _____

2.68. State what the contract or lease is for and the nature of the debtor's interest

**Employment Agreement
Restricted Stock Purchase Agreement
Note Amendment and Waiver Agreement**

State the term remaining

List the contract number of any government contract _____

**Gregory J. Stokes
98 Summit Drive
Freehold, NJ 07728**

2.69. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea Diagnostic Test
Equipment Agreement - this creditor is also listed in Schedule D.****Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.
6/1/20**

State the term remaining

List the contract number of any government contract _____

**Hanmi Bank
1920 Main Street
1140
Irvine, CA 92614**

2.70. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

List the contract number of any government contract _____

**HAP Preferred, Inc. and Alliance Health & Life Ins. Co.
2850 West Grand Blvd.
Detroit, MI 48202**

2.71. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

**Health Net Federal Services, LLC
2107 Wilson Blvd.
Suite 900
Arlington, VA 22201**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

List the contract number of any government contract _____

- 2.72. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Health Value Management, Inc.
d/b/a ChoiceCare Network**

- 2.73. State what the contract or lease is for and the nature of the debtor's interest **Medicaid Participating Facility Agreement**

State the term remaining _____

List the contract number of any government contract _____

Healthamerica PA, Inc.

- 2.74. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Healthkeepers, Inc.
2221 Edward Holland Drive
Richmond, VA 23230**

- 2.75. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Horizon HealthCare Services, Inc.
d/b/a Horizon BCBS of NJ
3 Penn Plaza East
Newark, NJ 07105**

- 2.76. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining _____

List the contract number of any government contract _____

**Humbolt-Del Norte Foundation for
Mediacare - Independent Phys. Assn.
2662 Harris Street
Eureka, CA 95503**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.77. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Independence Blue Cross
1901 Market Street
Philadelphia, PA 19103

- 2.78. State what the contract or lease is for and the nature of the debtor's interest **Server Back up/Storage Facility Agreement**

State the term remaining

List the contract number of any government contract

Iron Mountain Inc.
PO Box 27129
New York, NY 10087-7129

- 2.79. State what the contract or lease is for and the nature of the debtor's interest **Restricted Stock Purchase Agreement Note Amendment and Waiver Agreement**

State the term remaining

List the contract number of any government contract

John Spitznagel
419 Tidal Drive
Loveladies, New Jersey 08008-0000

- 2.80. State what the contract or lease is for and the nature of the debtor's interest **National Interpretation Services Contract**

State the term remaining

List the contract number of any government contract

Joseph Golish
24800 Higpoint Road
Suite A
Beachwood, OH 44122

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.81. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.**

State the term remaining

thru 3/11/22

List the contract number of any government contract

**LCA Bank Corporation
3150 Livernois Blvd.
Suite 300
Troy, MI 48083**

2.82. State what the contract or lease is for and the nature of the debtor's interest

**Sleep Apnea
Diagnostic Test
Equipment Agreement -
this creditor is also
listed in Schedule D.****Nothing contained
herein shall be deemed
a waiver of the Debtor's
right to assert that the
agreement between the
parties is not a true
lease and may be
considered a security
agreement, either
perfected or
unperfected. The
Debtor reserves all
rights.**

State the term remaining

thru 8/1/20

List the contract number of any government contract

**M2 Lease Funds, LLC
175 N. Patrick Blvd.
Suite 140
Brookfield, WI 53045-5811**

2.83. State what the contract or lease is for and the nature of the debtor's interest

**Ancillary Services
Provider Agreement**

State the term remaining

List the contract number of any government contract

**MagnaCare Admin. Services, LLC
825 East Gate Blvd.
Garden City, NY 11530**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

government contract

2.84. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Employment Agreement
Restricted Stock Purchase Agreement****Mark Janofsky
116 Timber Hill Drive
Monroe Township, NJ 08831**

2.85. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

National Interpretation Services Contract**Michael Coppola
100 Harborview Drive
Baltimore, MD 21230**

2.86. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Internet Marketing Services Agreement**MultiView, Inc.
P.O. Box 123806
Dept 3806
Dallas, TX 75312-3806**

2.87. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Ancillary Services Provider Agreement**MVP Health Plan, Inc.
625 State Street
Schenectady, NY 12305**

2.88. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

National Interpretation Services Contract**Neil Kline, M.D.
1002 Lititz Pike
229
Lititz, PA 17543**

2.89. State what the contract or lease is for and the nature of the debtor's interest

NexGen eLearning License**NextGen Healthcare, Inc
18111 Von Karman Avenue
Suite 800
Irvine, CA 92612**

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

State the term remaining

List the contract number of any government contract _____

- 2.90. State what the contract or lease is for and the nature of the debtor's interest **Server Warranty Agreement**

State the term remaining

List the contract number of any government contract _____

Park Place Technologies, LLC
5910 Landerbrook Drive
Suite 300
Cleveland, OH 44124

- 2.91. State what the contract or lease is for and the nature of the debtor's interest **Sleep Apnea Diagnostic Test Equipment Agreement - this creditor is also listed in Schedule D.**

Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.

State the term remaining

List the contract number of any government contract _____

Pawnee Leasing Corporation
3801 Automation Way
Suite 207
Fort Collins, CO 80526

- 2.92. State what the contract or lease is for and the nature of the debtor's interest **Payroll Administration Agreement**

State the term remaining

List the contract number of any government contract _____

Paycom
7501 West Memorial Road
Oklahoma City, OK 73142

- 2.93. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

Protiviti
12269Collections Center Drive
Chicago, IL 60693

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

List the contract number of any government contract _____

- 2.94. State what the contract or lease is for and the nature of the debtor's interest **National Interpretation Services Contract**

State the term remaining _____

List the contract number of any government contract _____

Ramesh Donepudi
26 Coachman Ridge Road
Shrewsbury, MA 01545

- 2.95. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining _____

List the contract number of any government contract _____

Regence BCBS of Oregon
100 Southwest Market Street
P.O. Box 1271
Portland, OR 97207-1271

- 2.96. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining _____

List the contract number of any government contract _____

Regence HMO Oregon
2450 El Camino Real
Palo Alto, CA 94306

- 2.97. State what the contract or lease is for and the nature of the debtor's interest **Commercial property lease - Debtor is lessee.**

State the term remaining _____

List the contract number of any government contract _____

Regus
10130 Perimeter Parkway
Suite 200
Charlotte, NC 28216

- 2.98. State what the contract or lease is for and the nature of the debtor's interest **National Interpretation Services Contract**

State the term remaining _____

List the contract number of any government contract _____

Rochelle Goldberg
1991 Sproul Road
Suite 500
Broomall, PA 19008

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.99. State what the contract or lease is for and the nature of the debtor's interest **Customer Relationship Management Agreement**

State the term remaining

List the contract number of any government contract

Salesforce.com, Inc.
The Landmark at One Market Street
300
San Francisco, CA 94105

- 2.100. State what the contract or lease is for and the nature of the debtor's interest **Ancillary Services Provider Agreement**

State the term remaining

List the contract number of any government contract

Shield and Matthew Thronton
Health Plan, Inc.
2221 Edward Holland Drive
Richmond, VA 23230

- 2.101. State what the contract or lease is for and the nature of the debtor's interest **Microsft Annual Maintenance Software and Services Agreement**

State the term remaining

List the contract number of any government contract

SSi Consulting, Inc
Attn: Support Solutions, Inc.
PO Box 76016
Baltimore, MD 21275-6016

- 2.102. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease - Debtor is lessee**

State the term remaining

List the contract number of any government contract

through 4/30/21

St. John Properties, Inc.
St. John Properties, Inc - D
PO BOX 62696
Baltimore, MD 21264

- 2.103. State what the contract or lease is for and the nature of the debtor's interest **Data Entry Services Agreement**

State the term remaining

List the contract number of any government contract

SupportSave, LLC
340 S. Lemon Avenue
Suite 1301
Walnut, CA 91789

- 2.104. State what the contract or lease is for and the nature of the debtor's interest **Restricted Stock Purchase Agreement Note Amendment and Waiver Agreement**

State the term remaining

List the contract number of any

Terence K. O'Hara
629 Old Lancaster road
Bryn Mawr, PA 19010

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

government contract

2.105. State what the contract or lease is for and the nature of the debtor's interest

Trend Micro License Agreement

State the term remaining

List the contract number of any government contract

Trend Micro, Inc.
225 E. John Carpenter Freeway
Suite 1500
Irving, TX 75062

2.106. State what the contract or lease is for and the nature of the debtor's interest

Inclusion of NovaSom, Inc. in network for health care services to Department of Veteran Affairs

State the term remaining

List the contract number of any government contract

TriWest Health Care Alliance Corp.
P.O. Box 42049
Phoenix, AZ 85053

2.107. State what the contract or lease is for and the nature of the debtor's interest

Ancillary Services Provider Agreement

State the term remaining

List the contract number of any government contract

UniCare Life & Health Ins. Co.
Commonwealth Service Center
300 Brickstone Sq., 8th Fl.
Andover, MA 01810

2.108. State what the contract or lease is for and the nature of the debtor's interest

UHC Facility Participation Agreement

State the term remaining

List the contract number of any government contract

United Healthcare Insurance Co.
5901 Lincoln Drive
Minneapolis, MN 55436

2.109. State what the contract or lease is for and the nature of the debtor's interest

Carrier/Shipping

State the term remaining

List the contract number of any government contract

United Parcel Service, Inc.
55 Lenlake Parkway
Atlanta, GA 30328

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.110. State what the contract or lease is for and the nature of the debtor's interest **Medicine Consulting Agreement**

State the term remaining

List the contract number of any government contract

UrgentCare Mentor, LLC
155 Waterford Circle
Rancho Mirage, CA 92270

- 2.111. State what the contract or lease is for and the nature of the debtor's interest **Software License Agreement**

State the term remaining

List the contract number of any government contract

Veritas Technologies, LLC
2625 Augustine Drive
Santa Clara, CA 95054

- 2.112. State what the contract or lease is for and the nature of the debtor's interest **Contract for use of M2M lines**

State the term remaining

List the contract number of any government contract

Verizon Wireless
100 Southgate Pkwy
Morristown, NJ 07960

- 2.113. State what the contract or lease is for and the nature of the debtor's interest **National Interpretation Services Contract**

State the term remaining

List the contract number of any government contract

Vikas Jain, M.D.
4243 Honey Locust Drive
Naperville, IL 60564

- 2.114. State what the contract or lease is for and the nature of the debtor's interest **Telephone, communications**

State the term remaining **through 2/28/20**

List the contract number of any government contract

Vonage Business
PO Box 392479
Pittsburgh, PA 15251-9479

Debtor 1 **NovaSom, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-11734 (BLS)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

- 2.115. State what the contract or lease is for and the nature of the debtor's interest

Manufacturing Agreement - this creditor is also listed in Schedule D.

Nothing contained herein shall be deemed a waiver of the Debtor's right to assert that the agreement between the parties is not a true lease and may be considered a security agreement, either perfected or unperfected. The Debtor reserves all rights.

State the term remaining

List the contract number of any government contract

**Zentech Manufacturing, Inc
PO BOX 85079
Chicago, IL 60680**

Fill in this information to identify the case:Debtor name NovaSom, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 19-11734 (BLS)☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

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

1. Do you have any codebtors?

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

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

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name **NovaSom, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-11734 (BLS)**☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

Declaration and signature

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

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

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

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

Executed on **August 15, 2019**

x

Signature of individual signing on behalf of debtor

Gregory J. Stokes

Printed name

President & CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name NovaSom, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 19-11734 (BLS)☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

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 applyGross revenue
(before deductions and exclusions)From the beginning of the fiscal year to filing date:
From 1/01/2019 to Filing Date☒ Operating a business\$16,791,575.00☐ Other _____For prior year:
From 1/01/2018 to 12/31/2018☒ Operating a business\$29,206,975.00☐ Other _____For year before that:
From 1/01/2017 to 12/31/2017☒ Operating a business\$27,369,418.00☐ Other _____

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)

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 \$6,825. (This amount may be adjusted on 4/01/22 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 of value

Reasons for payment or transfer
Check all that apply

Debtor **NovaSom, Inc.**Case number (if known) **19-11734 (BLS)**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. SEE ATTACHED SCHEDULE		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

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 \$6,825. (This amount may be adjusted on 4/01/22 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 Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. SEE ATTACHED SCHEDULE		\$1,242,522.23	

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	Describe of the Property	Date	Value of property
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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

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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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 Case number	Nature of case	Court or agency's name and address	Status of case
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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**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**

Date	Party	Amount	Category
5/15/2019	Adam B. Hernandez	5,000.00	INTERP DOC
6/19/2019	Adam B. Hernandez	10,000.00	INTERP DOC
6/26/2019	Adam B. Hernandez	5,000.00	INTERP DOC
7/2/2019	Adam B. Hernandez	5,000.00	INTERP DOC
7/17/2019	Adam B. Hernandez	5,000.00	INTERP DOC
8/1/2019	Adam B. Hernandez	5,000.00	INTERP DOC
	Adam B. Hernandez Total	35,000.00	
7/2/2019	AdvantEdge Healthcare Solutions, Inc.	40,000.00	CONSULTANT
7/8/2019	AdvantEdge Healthcare Solutions, Inc.	39,078.29	CONSULTANT
7/17/2019	AdvantEdge Healthcare Solutions, Inc.	39,000.00	CONSULTANT
7/24/2019	AdvantEdge Healthcare Solutions, Inc.	39,000.00	CONSULTANT
	AdvantEdge Healthcare Solutions, Inc. Total	157,078.29	
5/15/2019	American Express	49,309.54	VENDOR
6/12/2019	American Express	59,679.23	VENDOR
7/11/2019	American Express	9,344.89	VENDOR
7/24/2019	American Express	5,739.58	VENDOR
	American Express Total	124,073.24	
5/8/2019	Austria-Rea Enterprises, LLC	17,880.00	SUPPLIER
5/15/2019	Austria-Rea Enterprises, LLC	11,927.45	SUPPLIER
5/29/2019	Austria-Rea Enterprises, LLC	14,900.00	SUPPLIER
6/5/2019	Austria-Rea Enterprises, LLC	11,920.00	SUPPLIER
6/12/2019	Austria-Rea Enterprises, LLC	8,940.00	SUPPLIER
6/26/2019	Austria-Rea Enterprises, LLC	11,920.00	SUPPLIER
7/2/2019	Austria-Rea Enterprises, LLC	5,960.00	SUPPLIER
7/11/2019	Austria-Rea Enterprises, LLC	5,960.00	SUPPLIER
7/24/2019	Austria-Rea Enterprises, LLC	17,880.00	SUPPLIER
7/29/2019	Austria-Rea Enterprises, LLC	36,000.00	SUPPLIER
8/1/2019	Austria-Rea Enterprises, LLC	16,150.00	SUPPLIER
	Austria-Rea Enterprises, LLC Total	159,437.45	
6/13/2019	BankDirect Capital Finance	4,877.44	INSURANCE
7/2/2019	BankDirect Capital Finance	4,877.44	INSURANCE
7/24/2019	BankDirect Capital Finance	5,365.18	INSURANCE
	BankDirect Capital Finance Total	15,120.06	
5/29/2019	Bay Associates Wire Technologies	24,923.08	VENDOR
	Bay Associates Wire Technologies Total	24,923.08	
5/15/2019	BYL Collection Services, LLC	8,475.00	CONSULTANT
6/30/2019	BYL Collection Services, LLC	8,602.07	CONSULTANT
7/29/2019	BYL Collection Services, LLC	5,932.50	CONSULTANT
	BYL Collection Services, LLC Total	23,009.57	
5/8/2019	Coverall Service Company	1,720.38	VENDOR
5/15/2019	Coverall Service Company	1,720.38	VENDOR
7/17/2019	Coverall Service Company	2,877.73	VENDOR
8/1/2019	Coverall Service Company	2,741.62	VENDOR
	Coverall Service Company Total	9,060.11	
7/31/2019	Dilworth Paxson	65,000.00	COUNSEL

	Dilworth Paxson Total	65,000.00	
8/2/2019	Donlin Recano	5,000.00	CLAIMS AGENT
	Donlin Recano Total	5,000.00	
5/15/2019	eFax Corporate	9,454.71	UTILITIES
7/9/2019	eFax Corporate	11,391.56	UTILITIES
	eFax Corporate Total	20,846.27	
5/8/2019	Expedient/Continental Broadband	12,013.23	VENDOR
6/4/2019	Expedient/Continental Broadband	12,013.23	VENDOR
7/11/2019	Expedient/Continental Broadband	12,015.83	VENDOR
	Expedient/Continental Broadband Total	36,042.29	
6/12/2019	Farnam St. Financial, Inc.	69,647.45	LEASE PAYMENT
	Farnam St. Financial, Inc. Total	69,647.45	
5/29/2019	Infosys Technologies, Ltd	12,390.40	CONSULTANT
6/5/2019	Infosys Technologies, Ltd	11,264.00	CONSULTANT
	Infosys Technologies, Ltd Total	23,654.40	
5/15/2019	Joseph Golish	5,250.00	INTERP DOC
6/19/2019	Joseph Golish	4,650.00	INTERP DOC
7/17/2019	Joseph Golish	4,830.00	INTERP DOC
	Joseph Golish Total	14,730.00	
6/18/2019	Kurtzman Steady	5,000.00	COUNSEL
7/8/2019	Kurtzman Steady	20,000.00	COUNSEL
7/31/2019	Kurtzman Steady	35,000.00	COUNSEL
	Kurtzman Steady Total	60,000.00	
5/15/2019	Laurie Yates	16,140.00	CONSULTANT
5/29/2019	Laurie Yates	14,700.00	CONSULTANT
6/26/2019	Laurie Yates	34,950.00	CONSULTANT
7/24/2019	Laurie Yates	10,050.00	CONSULTANT
	Laurie Yates Total	75,840.00	
7/8/2019	Life Insurance Company of North America	8,224.80	INSURANCE
	Life Insurance Company of North America Total	8,224.80	
7/8/2019	LINA	16,390.29	INSURANCE
	LINA Total	16,390.29	
6/5/2019	OFTC, Inc	6,776.72	SUPPLIER
7/5/2019	OFTC, Inc	18,801.08	SUPPLIER
7/26/2019	OFTC, Inc	6,350.00	SUPPLIER
	OFTC, Inc Total	31,927.80	
5/8/2019	Parker Hannifin Corporation	2,329.75	SUPPLIER
5/15/2019	Parker Hannifin Corporation	2,795.70	SUPPLIER
5/29/2019	Parker Hannifin Corporation	8,853.05	SUPPLIER
6/5/2019	Parker Hannifin Corporation	4,659.50	SUPPLIER
6/12/2019	Parker Hannifin Corporation	4,610.08	SUPPLIER
7/11/2019	Parker Hannifin Corporation	5,551.86	SUPPLIER
	Parker Hannifin Corporation Total	28,799.94	
5/8/2019	Philadelphia Insurance Companies	6,752.83	INSURANCE
7/2/2019	Philadelphia Insurance Companies	6,752.83	INSURANCE
7/17/2019	Philadelphia Insurance Companies	6,752.83	INSURANCE
	Philadelphia Insurance Companies Total	20,258.49	

6/4/2019	Plastics One, Inc	11,423.16	SUPPLIER
	Plastics One, Inc Total	11,423.16	
5/15/2019	Rochelle Goldberg	21,800.00	INTERP DOC
6/19/2019	Rochelle Goldberg	20,900.00	INTERP DOC
7/11/2019	Rochelle Goldberg	21,540.00	INTERP DOC
	Rochelle Goldberg Total	64,240.00	
6/24/2019	Sherwood Partners, Inc.	10,000.00	FINANCIAL ADVISOR
6/25/2019	Sherwood Partners, Inc.	10,000.00	FINANCIAL ADVISOR
7/1/2019	Sherwood Partners, Inc.	10,000.00	FINANCIAL ADVISOR
7/8/2019	Sherwood Partners, Inc.	10,000.00	FINANCIAL ADVISOR
7/16/2019	Sherwood Partners, Inc.	10,933.23	FINANCIAL ADVISOR
7/22/2019	Sherwood Partners, Inc.	10,000.00	FINANCIAL ADVISOR
7/29/2019	Sherwood Partners, Inc.	10,000.00	FINANCIAL ADVISOR
7/31/2019	Sherwood Partners, Inc.	60,843.56	FINANCIAL ADVISOR
	Sherwood Partners, Inc. Total	131,776.79	
6/5/2019	St. John Properties, Inc.	32,671.11	RENT
7/2/2019	St. John Properties, Inc.	32,387.51	RENT
	St. John Properties, Inc. Total	65,058.62	
5/29/2019	Technotiz LLC	9,440.00	CONSULTANT
	Technotiz LLC Total	9,440.00	
7/2/2019	The Hartford	2,313.92	INSURANCE
8/1/2019	The Hartford	4,694.84	INSURANCE
	The Hartford Total	7,008.76	
5/15/2019	United Healthcare Ins. Co.	145,192.48	INSURANCE
6/12/2019	United Healthcare Ins. Co.	136,988.54	INSURANCE
7/2/2019	United Healthcare Ins. Co.	133,199.73	INSURANCE
	United Healthcare Ins. Co. Total	415,380.75	
5/8/2019	UPS	49,364.46	FREIGHT
5/8/2019	UPS	4,723.00	FREIGHT
5/15/2019	UPS	52,554.19	FREIGHT
5/24/2019	UPS	58,282.18	FREIGHT
5/30/2019	UPS	49,202.78	FREIGHT
6/5/2019	UPS	45,876.08	FREIGHT
6/12/2019	UPS	43,725.08	FREIGHT
6/26/2019	UPS	52,359.84	FREIGHT
7/2/2019	UPS	51,786.30	FREIGHT
7/11/2019	UPS	49,747.10	FREIGHT
7/17/2019	UPS	43,588.31	FREIGHT
7/24/2019	UPS	51,902.21	FREIGHT
	UPS Total	553,111.53	
5/15/2019	Verizon Wireless	17,785.62	UTILITIES
6/5/2019	Verizon Wireless	2,134.86	UTILITIES
6/13/2019	Verizon Wireless	17,534.17	UTILITIES
6/26/2019	Verizon Wireless	1,803.64	UTILITIES
7/11/2019	Verizon Wireless	21,940.20	UTILITIES
7/17/2019	Verizon Wireless	1,798.19	UTILITIES
	Verizon Wireless Total	62,996.68	

5/15/2019	Vikas Jain M.D.	4,250.00	INTERP DOC
6/14/2019	Vikas Jain M.D.	4,250.00	INTERP DOC
6/26/2019	Vikas Jain M.D.	4,250.00	INTERP DOC
7/2/2019	Vikas Jain M.D.	4,250.00	INTERP DOC
7/17/2019	Vikas Jain M.D.	4,250.00	INTERP DOC
8/1/2019	Vikas Jain M.D.	4,250.00	INTERP DOC
	Vikas Jain M.D. Total	25,500.00	
6/5/2019	Vonage Business	8,078.10	UTILITIES
	Vonage Business Total	8,078.10	
5/8/2019	Willard Packaging Company	874.29	SUPPLIER
5/15/2019	Willard Packaging Company	391.99	SUPPLIER
7/17/2019	Willard Packaging Company	20,993.79	SUPPLIER
	Willard Packaging Company Total	22,260.07	
6/25/2019	Wyrick Robbins	10,000.00	COUNSEL
7/1/2019	Wyrick Robbins	10,000.00	COUNSEL
7/8/2019	Wyrick Robbins	10,000.00	COUNSEL
7/16/2019	Wyrick Robbins	10,000.00	COUNSEL
7/22/2019	Wyrick Robbins	10,000.00	COUNSEL
7/29/2019	Wyrick Robbins	10,000.00	COUNSEL
7/31/2019	Wyrick Robbins	20,000.00	COUNSEL
	Wyrick Robbins Total	80,000.00	

Michael Coppola-Executive Vice President of Medical Affairs						
Date	P/R	Reimbursement	Exp	Reimb	Total	
2018						
15-Aug	9,975.00	3,250.15		1,321.98	13,547.13	
31-Aug	9,975.00	-		1,321.98	10,696.98	
15-Sep	9,975.00	1,124.25		1,321.98	11,812.23	
30-Sep	9,975.00	586.43		1,321.98	11,293.41	
1-Oct	8,658.85	489.06		1,321.98	10,466.79	
16-Oct	8,658.85	1,590.61		1,321.98	11,965.44	
30-Nov	8,658.85	675.35		1,321.98	10,851.18	
7-Dec	8,658.85	376.69		1,321.98	10,852.43	
21-Dec	8,658.85	2,340.75		1,321.98	12,328.32	
21-Dec	8,658.85	1,086.15		1,321.98	11,661.98	
21-Dec	4,926.93	-		-	4,926.93	
2019						
4-Jan	8,658.85	611.30		1,321.98	10,597.63	
18-Jan	8,658.85	2,205.69		1,321.98	12,218.58	
1-Feb	8,658.85	313.96		1,321.98	10,288.78	
15-Feb	8,658.85	743.22		1,321.98	10,719.05	
1-Mar	8,658.85	5,180.71		1,321.98	14,489.54	
15-Mar	8,658.85	733.48		1,321.98	10,708.31	
29-Mar	8,658.85	1,042.18		1,321.98	11,351.01	
12-Apr	8,658.85	3,508.59		1,321.98	13,556.65	
26-Apr	9,652.21	2,342.46		1,321.98	13,316.65	
10-May	8,658.85	1,481.65		1,321.98	11,560.57	
24-May	8,658.85	-		1,321.98	10,148.51	
7-Jun	8,658.85	2,145.33		1,321.98	12,294.24	
21-Jun	8,658.85	3,588.38		1,321.98	13,719.21	
5-Jul	8,658.85	-		1,321.98	10,148.51	
19-Jul	8,658.85	1,223.22		1,321.98	11,372.23	
2-Aug	8,658.85	1,500.55		1,321.98	11,799.28	
	294,859.91	37,409.24		34,971.42	306,659.63	

Eric Black-COO and Executive Vice President						
Date	P/R	Exp Reimbursement	Total			
2018						
15-Aug	11,516.67	2,577.03	14,483.70			
31-Aug	11,516.67	2,714.85	14,631.52			
15-Sep	11,516.67	-	11,916.67			
30-Sep	11,516.67	2,682.70	14,571.17			
1-Oct	11,516.67	1,985.18	13,986.28			
16-Oct	11,516.67	2,175.93	13,175.43			
30-Nov	11,516.67	7,175.32	18,576.42			
7-Dec	11,516.67	1,243.32	12,243.32			
21-Dec	11,516.67	1,132.22	11,244.96			
21-Dec	11,516.67	1,749.63	11,749.63			
21-Dec	5,500.00	-	5,500.00			
2019						
4-Jan	11,516.67	2,798.13	13,798.13			
18-Jan	11,516.67	2,377.51	13,771.61			
1-Feb	11,516.67	-	11,000.00			
15-Feb	11,516.67	3,126.75	14,106.75			
1-Mar	11,516.67	1,565.86	13,583.86			
15-Mar	11,516.67	25.00	11,076.00			
29-Mar	11,516.67	2,177.60	13,391.60			
12-Apr	11,516.67	4,181.99	15,401.99			
26-Apr	11,516.67	1,212.00	12,432.00			
10-May	11,516.67	673.14	12,893.14			
24-May	11,516.67	-	11,076.00			
7-Jun	11,516.67	1,977.69	13,167.69			
21-Jun	11,516.67	1,312.66	11,832.66			
5-Jul	11,516.67	2,332.51	11,545.51			
19-Jul	11,516.67	712.35	11,867.35			
2-Aug	11,516.67	885.89	12,086.89			
	257,839.42	48,675.85	346,055.23			

Terence O'Hara-CFO (former Officer)						
Date	P/R	Exp Reimbursement	Total			
2018						
15-Aug	10,416.70	1,402.65	11,897.35			
31-Aug	10,416.70	1,584.56	11,806.26			
15-Sep	10,416.70	801.50	11,218.20			
30-Sep	10,416.70	602.87	11,071.57			
1-Oct	9,615.42	1,491.77	11,407.19			
16-Oct	9,615.42	568.55	10,284.57			
30-Nov	9,615.42	1,056.28	10,711.70			
7-Dec	9,615.42	1,061.15	10,676.57			
21-Dec	9,615.42	590.17	10,205.59			
21-Dec	9,615.42	1,021.55	10,636.97			
21-Dec	4,807.71	-	4,807.71			
2019						
4-Jan	9,615.42	-	9,615.42			
18-Jan	9,615.42	2,580.15	12,295.57			
1-Feb	9,615.42	617.60	10,233.02			
15-Feb	9,615.42	2,258.15	11,873.57			
1-Mar	9,615.42	971.09	10,586.51			
15-Mar	9,615.42	571.34	10,286.76			
29-Mar	9,615.42	2,745.04	12,340.77			
12-Apr	9,615.42	589.51	10,801.54			
26-Apr	9,615.42	832.10	10,638.83			
10-May	9,615.42	1,216.86	11,024.59			
24-May	9,615.42	1,041.18	5,942.05			
7-Jun	-	-	-			
21-Jun	-	-	-			
5-Jul	-	-	-			
19-Jul	-	-	-			
2-Aug	-	-	-			
	205,584.34	23,369.45	229,460.79			

Sue Stiles-President and CEO						
Date	P/R	Exp Reimbursement	Total			
2018						
15-Aug	11,500.01	1,461.12	12,961.13			
31-Aug	11,500.01	-	12,500.01			
15-Sep	11,500.01	1,550.74	13,050.75			
30-Sep	11,500.01	1,545.98	13,045.99			
1-Oct	11,500.01	1,714.82	13,214.82			
16-Oct	11,500.01	1,475.47	12,975.47			
30-Nov	11,500.01	2,736.62	14,236.62			
7-Dec	11,500.01	1,526.68	13,026.68			
21-Dec	11,500.01	1,101.57	12,601.57			
21-Dec	11,500.01	1,181.59	12,681.59			
21-Dec	5,769.24	-	5,769.24			
2019						
4-Jan	11,500.01	1,011.06	12,511.06			
18-Jan	11,500.01	2,095.11	13,595.11			
1-Feb	11,500.01	1,785.98	13,285.98			
15-Feb	11,500.01	3,708.82	15,208.82			
1-Mar	11,500.01	1,032.00	12,532.00			
15-Mar	11,500.01	1,615.51	13,115.51			
29-Mar	11,500.01	2,403.25	13,903.25			
12-Apr	11,500.01	5,900.51	17,400.51			
26-Apr	11,500.01	2,650.83	14,150.83			
10-May	11,500.01	3,128.31	14,628.31			
24-May	11,500.01	1,827.15	13,327.15			
7-Jun	11,500.01	1,280.00	12,780.00			
21-Jun	11,500.01	1,622.50	13,122.50			
5-Jul	11,500.01	1,570.71	13,070.71			
19-Jul	11,500.01	1,438.65	12,938.65			
2-Aug	11,500.01	2,021.51	13,521.51			
	311,535.65	42,950.47	354,486.12			

12-02-2023

Debtor NovaSom, Inc.Case number (if known) 19-11734 (BLS)☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

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

Dates of loss

Value of property lost

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).

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.

Debtor NovaSom, Inc.Case number (if known) 19-11734 (BLS)

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.		04/16/19 \$269.50 - billed and paid pre-petition. 06/18/19 \$5,000 - billed and applied pre-petition. 07/08/19 \$20,000 wired to operating account; \$10,000 of transferred to Dilworth Paxson, LLP. \$10,000 billed and applied pre-petition. 07/31/19 \$35,000 - \$12,288.50 billed and applied pre- petition; \$22,711.50 - bankruptcy retainer.	\$50,269.50
Kurtzman Steady, LLC			
Email or website address			
Who made the payment, if not debtor?			

Debtor NovaSom, Inc.Case number (if known) 19-11734 (BLS)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Dilworth Paxson, LLP		07/09/19 \$10,000 - billed and applied pre-petition. 07/31/19 \$65,000 - \$33,000 billed and applied pre- petition; \$32,000 - bankruptcy retainer.	\$75,000.00
	Email or website address			
	Who made the payment, if not debtor? \$10,000 payment made on 07/09/19 was transferred from Kurtzman Steady, LLC at the direction of the Debtor			
11.3.	Sherwood Partners, Inc.		06/24/19 - \$10,000 06/25/19 - \$10,000 07/01/19 - \$10,000 07/08/19 - \$10,000 07/16/19 - \$10,000 07/22/19 - \$10,000 07/29/19 - \$10,000 07/31/19 - \$60,000 - bankruptcy retainer	\$131,776.79
	Email or website address			
	Who made the payment, if not debtor?			

Debtor **NovaSom, Inc.**Case number (if known) **19-11734 (BLS)**

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.4.		06/24/19 - \$10,000 06/25/19 - \$10,000 07/01/19 - \$10,000 07/08/19 - \$10,000 07/16/19 - \$10,000 07/22/19 - \$10,000 07/29/19 - \$10,000 07/31/19 - \$20,000 - bankruptcy deposit	\$80,000.00
Wyrick Robbins Yates & Ponton, LLP			
Email or website address			
Who made the payment, if not debtor?			

11.5.	Donlin Recano	08/02/19	\$5,000.00
	Email or website address		
	Who made the payment, if not debtor?		

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
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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? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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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.

Debtor **NovaSom, Inc.**Case number (if known) **19-11734 (BLS)**☒ Does not apply**Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies****15. Health Care 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****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.

HIPAA protected patient information

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****NovaSom, Inc. 401(k)****Employer identification number of the plan****EIN:**

Has the plan been terminated?

- ☒ No
- ☐ Yes

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 or
instrument****Date account was
closed, sold,
moved, or
transferred****Last balance
before closing or
transfer****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

Debtor NovaSom, Inc.Case number (if known) 19-11734 (BLS)

case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

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

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
797 Cromwell Park Drive Suite K Glen Burnie, MD 21061	TBS	TBS	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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**Part 12: Details About Environment 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 Case number	Court or agency name and address	Nature of the case	Status of case

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

24. Has the debtor notified any governmental unit of any release of hazardous material?

Debtor NovaSom, Inc.Case number (if known) 19-11734 (BLS)

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

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 address

Describe the nature of the business

Employer identification number
Do not include Social Security number or ITIN.

Dates business existed

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

Date of service
From-To

26a.1. Terence O'Hara, former CFO
629 Old Lancaster Road
Bryn Mawr, PA 19010

04/2018 through
04/2019

26a.2. Mark Janofsky, Consultant
801 Cromwell Park Drive
Suite 108
Glen Burnie, MD 21061

05/2019 through
present

26a.3. Cheryl Bonanno, Controller
233 Mt. Airy Road
1st Floor
Basking Ridge, NJ 07920

06/2014 through
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

Name and address

Date of service
From-To

26b.1. RSM US LLP
5155 Paysphere Circle
Chicago, IL 60674

2018 audit (on hold,
not final)

Name and address

Date of service
From-To

26b.2. EisnerAmper LLP
One Logan Square
130 N. 18th Street
Suite 3000
Philadelphia, PA 19103

2017 audit

Name and address

Date of service
From-To

26b.3. KPMG
51 JFK Parkway
Short Hills, NJ 07078

2016 audit

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

Debtor **NovaSom, Inc.**Case number (if known) **19-11734 (BLS)**☐ None**Name and address****If any books of account and records are unavailable, explain why**26c.1. **Mark Janofsky, Consultant**26c.2. **Cheryl Bonanno, Controller**

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**Name and address**

26d.1. **East West Bank**
2350 Mission College Blvd.
Suite 988
Santa Clara, CA 95054

26d.2. **Square1 Bank (PacWest)**
406 Blackwell Street
Suite 240
Durham, NC 27701

26d.3. **Cencor Capital, LLC**
207 Grand Blvd.
Park Ridge, IL 60068-3133

26d.4. **Farnam Street Financial**
5850 Opus Parkway
Suite 240
Hopkins, MN 55343

26d.5. **Fidelity Capital Partners, LLC**
ATTN: Jeff Emard
19600 Fairchild Road
Suite 120
Irvine, CA 92612

26d.6. **Safeguard Delaware, Inc.**

26d.7. **Quaker Biventes II, L.P.**

26d.8. **TPG Biotechnology Partner II, L.P.**

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.

Debtor **NovaSom, Inc.**Case number (if known) **19-11734 (BLS)**

	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	Adbul Akinyemi	01/03/19	Production supplies - \$297,664.00

Name and address of the person who has possession of inventory records

Debtor

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	Address	Position and nature of any interest	% of interest, if any
Gregory J. Stokes		President and CEO Board Member	
Ernest S. Biczak, M.D.		COO and EVP	
Michael Coppola		EVP of Medical Affairs	
Brian Sisko		Board Member	
Steve Grenfell		Board Member	
Richard Kollender		Board Member	
Adele C. Oliva		Board Member	
Safeguard Delaware, Inc.		Shareholder	27.5%
Quaker Biventes II, L.P.		Shareholder	36.6%
TPG Biotechnology Partner II, L.P.		Shareholder	22%

Debtor NovaSom, Inc.Case number (if known) 19-11734 (BLS)

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	Address	Position and nature of any interest	Period during which position or interest was held
Terence O'Hara		CFO	

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jack Stoddard		Accolade	

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 description and value of property	Dates	Reason for providing the value
30.1 SEE ATTACHED SCHEDULE	\$1,242,522.23 - Officer compensation and expense reimbursement		
Relationship to debtor			

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

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 parent corporation

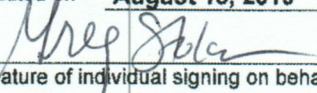
Part 14: Signature and Declaration

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.

Executed on August 15, 2019


Signature of individual signing on behalf of the debtor

Gregory J. Stokes
Printed name

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

Michael Oppala-Executive Vice President of Medical Affairs						
Date	P/R	Exp	Reimbursement	Housing	Total	
2018						
15-Aug	9,375.00			1,321.98	10,696.98	
31-Aug	9,375.00			1,321.98	10,696.98	
15-Sep	9,375.00			1,321.98	10,696.98	
30-Sep	9,375.00			1,321.98	10,696.98	
15-Oct	9,375.00			1,321.98	10,696.98	
30-Oct	9,375.00			1,321.98	10,696.98	
15-Nov	9,375.00			1,321.98	10,696.98	
30-Nov	9,375.00			1,321.98	10,696.98	
15-Dec	9,375.00			1,321.98	10,696.98	
31-Dec	9,375.00			1,321.98	10,696.98	
2019						
4-Jan	9,375.00			1,321.98	10,696.98	
19-Jan	9,375.00			1,321.98	10,696.98	
3-Feb	9,375.00			1,321.98	10,696.98	
15-Feb	9,375.00			1,321.98	10,696.98	
1-Mar	9,375.00			1,321.98	10,696.98	
15-Mar	9,375.00			1,321.98	10,696.98	
1-Apr	9,375.00			1,321.98	10,696.98	
15-Apr	9,375.00			1,321.98	10,696.98	
1-May	9,375.00			1,321.98	10,696.98	
15-May	9,375.00			1,321.98	10,696.98	
1-Jun	9,375.00			1,321.98	10,696.98	
15-Jun	9,375.00			1,321.98	10,696.98	
1-Jul	9,375.00			1,321.98	10,696.98	
15-Jul	9,375.00			1,321.98	10,696.98	
1-Aug	9,375.00			1,321.98	10,696.98	
2-Aug	9,375.00			1,321.98	10,696.98	

Ernie Black-COO and Executive Vice President						
Date	P/R	Exp	Reimbursement	Housing	Total	
2018						
15-Aug	11,916.57			2,577.03	14,493.60	
31-Aug	11,916.57			2,577.03	14,493.60	
15-Sep	11,916.57			2,577.03	14,493.60	
30-Sep	11,916.57			2,577.03	14,493.60	
15-Oct	11,916.57			2,577.03	14,493.60	
30-Oct	11,916.57			2,577.03	14,493.60	
15-Nov	11,916.57			2,577.03	14,493.60	
30-Nov	11,916.57			2,577.03	14,493.60	
15-Dec	11,916.57			2,577.03	14,493.60	
31-Dec	11,916.57			2,577.03	14,493.60	
2019						
4-Jan	11,916.57			2,577.03	14,493.60	
19-Jan	11,916.57			2,577.03	14,493.60	
3-Feb	11,916.57			2,577.03	14,493.60	
15-Feb	11,916.57			2,577.03	14,493.60	
1-Mar	11,916.57			2,577.03	14,493.60	
15-Mar	11,916.57			2,577.03	14,493.60	
1-Apr	11,916.57			2,577.03	14,493.60	
15-Apr	11,916.57			2,577.03	14,493.60	
1-May	11,916.57			2,577.03	14,493.60	
1-Jun	11,916.57			2,577.03	14,493.60	
15-Jun	11,916.57			2,577.03	14,493.60	
1-Jul	11,916.57			2,577.03	14,493.60	
15-Jul	11,916.57			2,577.03	14,493.60	
1-Aug	11,916.57			2,577.03	14,493.60	
2-Aug	11,916.57			2,577.03	14,493.60	

Teresa O'Hare-CFO (Former Officer)						
Date	P/R	Exp	Reimbursement	Housing	Total	
2018						
15-Aug	10,416.70			1,420.63	11,837.33	
31-Aug	10,416.70			1,420.63	11,837.33	
15-Sep	10,416.70			1,420.63	11,837.33	
30-Sep	10,416.70			1,420.63	11,837.33	
15-Oct	10,416.70			1,420.63	11,837.33	
30-Oct	10,416.70			1,420.63	11,837.33	
15-Nov	10,416.70			1,420.63	11,837.33	
30-Nov	10,416.70			1,420.63	11,837.33	
15-Dec	10,416.70			1,420.63	11,837.33	
31-Dec	10,416.70			1,420.63	11,837.33	
2019						
4-Jan	10,416.70			1,420.63	11,837.33	
19-Jan	10,416.70			1,420.63	11,837.33	
3-Feb	10,416.70			1,420.63	11,837.33	
15-Feb	10,416.70			1,420.63	11,837.33	
1-Mar	10,416.70			1,420.63	11,837.33	
15-Mar	10,416.70			1,420.63	11,837.33	
1-Apr	10,416.70			1,420.63	11,837.33	
15-Apr	10,416.70			1,420.63	11,837.33	
1-May	10,416.70			1,420.63	11,837.33	
1-Jun	10,416.70			1,420.63	11,837.33	
15-Jun	10,416.70			1,420.63	11,837.33	
1-Jul	10,416.70			1,420.63	11,837.33	
15-Jul	10,416.70			1,420.63	11,837.33	
1-Aug	10,416.70			1,420.63	11,837.33	
2-Aug	10,416.70			1,420.63	11,837.33	

Greg Stakes-President and CEO						
Date	P/R	Exp	Reimbursement	Housing	Total	
2018						
15-Aug	12,500.01			1,085.12	13,585.13	
31-Aug	12,500.01			1,085.12	13,585.13	
15-Sep	12,500.01			1,085.12	13,585.13	
30-Sep	12,500.01			1,085.12	13,585.13	
15-Oct	12,500.01			1,085.12	13,585.13	
30-Oct	12,500.01			1,085.12	13,585.13	
15-Nov	12,500.01			1,085.12	13,585.13	
30-Nov	12,500.01			1,085.12	13,585.13	
15-Dec	12,500.01			1,085.12	13,585.13	
31-Dec	12,500.01			1,085.12	13,585.13	
2019						
4-Jan	12,500.01			1,085.12	13,585.13	
19-Jan	12,500.01			1,085.12	13,585.13	
3-Feb	12,500.01			1,085.12	13,585.13	
15-Feb	12,500.01			1,085.12	13,585.13	
1-Mar	12,500.01			1,085.12	13,585.13	
15-Mar	12,500.01			1,085.12	13,585.13	
1-Apr	12,500.01			1,085.12	13,585.13	
15-Apr	12,500.01			1,085.12	13,585.13	
1-May	12,500.01			1,085.12	13,585.13	
1-Jun	12,500.01			1,085.12	13,585.13	
15-Jun	12,500.01			1,085.12	13,585.13	
1-Jul	12,500.01			1,085.12	13,585.13	
15-Jul	12,500.01			1,085.12	13,585.13	
1-Aug	12,500.01			1,085.12	13,585.13	
2-Aug	12,500.01			1,085.12	13,585.13	

1,242,571.73