

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

AAC HOLDINGS, INC., *et al.*,¹

Debtors.

Chapter 11

Case No.: 20-11648 (JTD)

(Jointly Administered)

**SCHEDULES OF ASSETS AND LIABILITIES FOR
OXFORD TREATMENT CENTER, LLC (CASE NO. 20-11608)**

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: Recovery First of Florida, LLC (3005); Fitrx, LLC (5410); Oxford Treatment Center, LLC (7853); Oxford Outpatient Center, LLC (0237); Concorde Treatment Center, LLC (6483); New Jersey Addiction Treatment Center, LLC (7108); ABTTC, LLC (7601); Laguna Treatment Hospital, LLC (0830); AAC Las Vegas Outpatient Center, LLC (5381); Greenhouse Treatment Center, LLC (4402); AAC Dallas Outpatient Center, LLC (6827); Forterus Health Care Services, Inc. (4758); Solutions Treatment Center, LLC (8175); San Diego Addiction Treatment Center, Inc. (1719); River Oaks Treatment Center, LLC (0640); Singer Island Recovery Center LLC (3015); B&B Holdings Intl LLC (8549); The Academy Real Estate, LLC (9789); BHR Oxford Real Estate, LLC (0023); Concorde Real Estate, LLC (7890); BHR Greenhouse Real Estate, LLC (4295); BHR Ringwood Real Estate, LLC (0565); BHR Aliso Viejo Real Estate, LLC (2910); Behavioral Healthcare Realty, LLC (2055); Clinical Revenue Management Services, LLC (8103); Recovery Brands, LLC (8920); Referral Solutions Group, LLC (7817); Taj Media LLC (7047); Sober Media Group, LLC (4655); American Addiction Centers, Inc. (3320); Tower Hill Realty, Inc. (0039); Lincoln Catharine Realty Corporation (5998); AdCare Rhode Island, Inc. (2188); Green Hill Realty Corporation (4951); AdCare Hospital of Worcester, Inc. (3042); Diversified Healthcare Strategies, Inc. (3809); AdCare Criminal Justice Services, Inc. (1653); AdCare, Inc. (7005); Sagenex Diagnostics Laboratory, LLC (7900); RI - Clinical Services, LLC (6291); Addiction Labs of America, LLC (1133); AAC Healthcare Network, Inc. (0677); AAC Holdings, Inc. (6142); San Diego Professional Group, P.C. (9334); Grand Prairie Professional Group, P.A. (2102); Palm Beach Professional Group, Professional Corporation (7608); Pontchartrain Medical Group, A Professional Corporation (1271); Oxford Professional Group, P.C. (8234); and Las Vegas Professional Group - Calarco, P.C. (5901). The location of the Debtors' corporate headquarters is 200 Powell Place, Brentwood, TN 37027.

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**GLOBAL NOTES, RESERVATION OF RIGHTS, AND
STATEMENT OF LIMITATIONS, METHODOLOGY AND
DISCLAIMER REGARDING DEBTOR'S SCHEDULES OF ASSETS
AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

These Global Notes, Reservation of Rights, and Statement of Limitations, Methodology and Disclaimer Regarding Debtor's Schedules of Assets and Liabilities and Statements of Financial Affairs (the "Global Notes") are an integral part of the Debtors' Schedules and Statements (defined below). The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements. In the event that the Schedules and Statements differ from the Global Notes, the Global Notes shall control.

On June 20, 2020 (the "Petition Date"), each of the above-captioned debtors and debtors in possession (collectively, the "Debtors" or "AAC") filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court"). The

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Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Debtors' cases (collectively, the "Chapter 11 Cases") have been consolidated for procedural purposes only and are being jointly administered under Case Number 20-11648 (JTD).

The Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements" or "SOFA"; together with the Schedules, the "Schedules and Statements") have been prepared by the Debtors' management with the assistance of their advisors pursuant to section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules"). The Schedules and Statements are unaudited.

While the Debtors have made every reasonable effort to ensure that the Schedules and Statements are accurate and complete, based upon information that was available at the time of preparation, inadvertent errors or omissions may exist and the subsequent receipt of information and/or further review and analysis of the Debtors' books and records may result in changes to financial data and other information contained in the Schedules and Statements. Accordingly, the Debtors reserve the right to amend and/or supplement its Schedules and Statements from time to time as may be necessary or appropriate and they will do so as information becomes available. The Debtors, on behalf of themselves, their officers, employees, agents and advisors, disclaims any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserves all rights with respect thereto.

The Schedules and Statements have been signed by Andrew McWilliams, the Debtors' Chief Executive Officer and an authorized signatory for each of the Debtors in respect of the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. McWilliams relied upon the efforts, statements, and representations of various personnel employed by the Debtors and their advisors. Mr. McWilliams has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes and Overview of Methodology

1. **Basis of Presentation.** The Schedules and Statements are unaudited and do not purport to be financial statements prepared in accordance with generally accepted accounting principles in the United States of America ("GAAP"), nor were they reconciled with the Debtor's financial statements. These Schedules and Statements represent the Debtor's good faith attempt to comply with the requirements of the Bankruptcy Code and Bankruptcy Rules using commercially reasonable efforts and resources available and are subject to further review and potential adjustment.

The Debtors conduct their business through limited liability companies and C-corporations, each of which is a direct or indirect wholly owned subsidiary of Debtor AAC Holdings, Inc. ("Holdings") The consolidated financial statements include the accounts of Holdings, its wholly owned subsidiaries, and the accounts of variable interest entities ("VIEs") in which Holdings is the primary beneficiary, which include certain professional groups through rights granted to the Debtors by contract to manage and control the business of such professional

groups. The Debtors consolidated the professional groups that constituted VIEs. All intercompany transactions and balances have been eliminated in consolidation.

2. **Reservation of Rights.** The Debtors and their advisors who assisted in the preparation of the Schedules and Statements do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the errors or omissions, negligent or otherwise, in preparing, collecting, reporting, or communicating the information contained herein. The Debtors and their advisors do not have an obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party upon such revisions. In no event shall the Debtors or their advisors be liable to any third party for any direct, indirect, incidental, consequential, or other damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtor or its advisors are advised of the possibility of such damages. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements from time to time as is necessary and appropriate.

The failure to designate a claim in the Schedules and Statements as “contingent,” “unliquidated,” or “disputed” does not constitute an admission by the Debtors that such claim or amount is not “contingent,” “unliquidated,” or “disputed.” The Debtors reserve their rights to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as “contingent,” “unliquidated,” or “disputed.” Moreover, the Debtors reserve all of their rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation.

The Debtors have made commercially reasonable efforts to correctly characterize, classify, categorize or designate certain claims, assets, executory contracts, among other items reported in the Schedules and Statements. Nevertheless, the Debtors may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all of their rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as necessary or appropriate as additional information becomes available.

The Debtors’ accounting systems were designed and maintained to manage the consolidated treasury and cash management systems of the Debtors, as well as report the Debtors’ financial results on a consolidated basis. Additionally, the Debtors’ accounting and finance staff have been trained and followed procedures consistent with these primary objectives. Neither the Debtors nor their advisors can ensure that the transactions recorded in one of the Debtors’ books and records does not inadvertently reflect activity of another Debtor.

The Debtors’ reports are based information extracted from a data warehouse and are not designed to keep separate general ledgers for each entity or produce entity level financial statements. AAC maintains its financial records in a manner that allows it to prepare consolidated financial statements and file tax returns on a consolidated basis while also

providing for the preparation and development of operating reports for certain business units and facilities that can be used to manage the performance of a business unit. Accordingly, reports are provided for the consolidated AAC Holdings, Inc. entities and for the consolidated AdCare, Inc. entities. Where information is available for assets or liabilities of specific entities, they are listed. Otherwise information is presented on a consolidated basis.

Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the foregoing general reservation of rights.

3. **Global Notes.** These Global Notes are in addition to the specific notes set forth in the Schedules and Statements of the individual Debtor entities. The fact that the Debtors have prepared a Global Note with respect to a particular Schedule or Statement and not as to others does not reflect and should not be interpreted as a decision by the Debtors to exclude the applicability of such Global Note to any or all of the Debtors' remaining Schedules or Statements, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment.

4. **Reporting Date.** The Debtors' assets are valued as of May 31, 2020. The liabilities for the "AdCare Debtors" are valued as of June 30, 2020.² The liabilities for the "AAC Debtors" are valued as of the Petition Date.³

5. **Valuation.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, the Schedules and Statements reflect net book values as of the Petition Date. Cash is reported as of the Petition Date on a bank basis. Amounts ultimately realized may vary from net book value (or whatever value was ascribed) and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as "unknown" or "undetermined" and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements. In some instances, the Debtors have used estimates where actual data was not available. The Debtors have not hired a third party to value its assets for purposes of completing the Schedules and Statements.

6. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars, unless otherwise indicated

7. **Quantification of Claims.** Amounts that were not readily quantifiable by the Debtor were reported as "undetermined" which is not intended to reflect the magnitude of the claim.

² The AdCare Debtors include AdCare, Inc. and each of its direct and indirect subsidiaries: (i) AdCare Criminal Justice Services, Inc.; (ii) AdCare Hospital of Worcester, Inc.; (iii) AdCare Rhode Island, Inc.; (iv) Diversified Healthcare Strategies, Inc.; (v) Green Hill Realty Corporation; (vi) Lincoln Catharine Realty Corporation; and (vii) Tower Hill Realty, Inc.

³ The "AAC Entities" means collectively all Debtors that are not AdCare Debtors.

8. **Claims Paid Pursuant to Court Orders.** Pursuant to several motions filed on the first day of the Debtors' Chapter 11 Cases (the "First Day Motions"), the Debtors sought authority to pay certain outstanding prepetition payables pursuant to court order. The Bankruptcy Court entered certain orders authorizing the Debtors to pay certain of the outstanding prepetition payables it sought to pay under the First Day Motions (collectively, the "First Day Orders"). Consequently, certain prepetition fixed, liquidated and undisputed unsecured claims have been paid following the Petition Date. Where and to the extent these claims have been satisfied or are anticipated to be satisfied, they may not be listed in the Schedules and Statements. To the extent the Debtor later pays any amount of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend or supplement the Schedules and Statements as is necessary or appropriate.

9. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

10. **Intercompany Transactions.** In the ordinary course of business, the Debtors engage in various intercompany transactions. As an accounting matter, certain of these ordinary course transactions may not be memorialized by journal entry or settled by check or wire payment, and, as such, may not be reflected in the Schedules and SOFA. The Debtors have historically maintained their books and records on a consolidated basis rather than a legal-entity basis. Since intercompany assets and liabilities are eliminated upon consolidation of all filing entities, no intercompany transactions, assets or liabilities have been reflected in the Schedules and Statements, even if it was available. Accordingly, Debtor entity-level information regarding intercompany transactions is not reflected in the Schedules.

11. **Offsets.** The Debtors incur certain offsets and other similar rights during the ordinary course of their business. Offsets in the ordinary course can result from various transactions including a patient's use of his or her credit balance to offset later-incurred patient charges or third-party-payor multi-account settlements involving the obligations of such payor to a Debtor and any Debtor reimbursement obligations to such payor. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules and SOFA, offsets are not independently accounted for, and as such, are or may be excluded from the Schedules and SOFA.

12. **Setoffs.** The claims of individual creditors for, among other things, goods, products, services or taxes are listed as the amounts entered on the Debtors' books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights regarding such credits, allowances or other adjustments.

13. **Property and Equipment.** Nothing in the Schedules or SOFA (including,

without limitation, the failure to list leased property or equipment as owned property or equipment) is, or shall be construed as, an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement), and the Debtors reserve all their rights with respect to such issues.

14. **Exclusions.** The Debtors believe that they have identified, but did not necessarily value, all material categories of assets and liabilities in the Schedules and Statements. The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including employee benefit accruals, accrued accounts payable, and deferred gains. The Debtors also have excluded potential rejection damage claims of counterparties to executory contracts and unexpired leases that may be rejected, to the extent such damage claims may exist. In addition, certain immaterial assets and liabilities may have been excluded.

15. **Causes of Action.** The Debtors, despite their reasonable efforts, may not have listed all of their causes of action or potential causes of action against third parties as assets in the Schedules and Statements, including, without limitation, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any causes of action they may have, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action.

16. **Insiders.** For purposes of the Schedules and Statements, the Debtors defined “insiders” as: (a) directors; (b) officers; and (c) debtor/non-debtor affiliates. Persons listed as “insiders” have been included for informational purposes only and by including them in the Schedules and Statements, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtors do not take any position with respect to: (a) any insider’s influence over the control of the Debtors; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtors or any such insider could successfully argue that he or she is not an “insider” under applicable law or with respect to any theories of liability or for any other purpose.

17. **Litigation.** Certain litigation reflected as claims against one of the Debtors may relate to any of the other Debtors. The Debtors have made reasonable efforts to accurately record these actions in the Schedules and Statements of the Debtors that are the party to the action.

18. **Guarantees and Other Secondary Liability Claims.** The Debtors have exercised reasonable efforts to locate and identify guarantees of their executory contracts, unexpired leases, secured financings, and other such agreements. Where guarantees have been identified, they have been included in the relevant Schedules D, E/F, G and H for the affected Debtor. The Debtors may have inadvertently omitted guarantees embedded in their contractual agreements and may identify additional guarantees as they continue to review their books and records and contractual agreements. The Debtors reserve their rights, but is not required, to amend the Schedules and Statements if additional guarantees are identified.

19. **Totals.** All totals that are included in the Schedules and Statements represent totals of known amounts only and do not include any undetermined amounts. To the extent there are unknown or otherwise undetermined amounts, the actual total may be materially different than the listed total. The description of an amount as “unknown,” “disputed,” “contingent,” “unliquidated,” or “undetermined” is not intended to reflect upon the materiality of such amount. Due to unliquidated, contingent and/or disputed claims, summary statistics in the Schedules and Statements may significantly understate the Debtors’ liabilities.

20. **Unliquidated Claim Amounts.** Claim amounts that could not be fairly quantified by the Debtors are scheduled as “undetermined” or “unknown.” The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.

21. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

22. **Confidentiality.** Addresses of current and former employees (including directors and officers) of the Debtors are generally not included in the Schedules and Statements. Notwithstanding, the Debtors will mail any required notice or other documents to the address in their books and records for such individuals.

Specific disclosure of certain claims, names, addresses, or amounts may be subject to certain disclosure restrictions contained in the the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320, *et seq.* (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, Public Law 111-5, and their implementing regulations set forth at 45 C.F.R. Parts 160 and Part 164 (the “HIPAA Rules”); and the federal regulations governing the Federal Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 (particularly 42 C.F.R. §§ 2.1 through 2.3, 2.61, and 2.64) (the “Part 2 Regulations”), and in any event, are of a particularly personal and private nature. On June 23, 2020, the Court entered the *Order Authorizing Implementation of Procedures to Maintain and Protect Confidential Client Information* [Docket No. 40] (the “Privacy Procedures Order”) establishing certain Privacy Procedures (as defined in the Privacy Procedures Order). With respect to the Schedules and Statements, the Privacy Procedures Order provides that:

The Debtors are permitted to file the Client Matrix and the Client Schedules under seal and file publicly viewable redacted versions of the Client Matrix and the Client Schedules that redact the names and addresses of the Clients and assigns a unique identification number (the “Client ID”) to each of the Clients; provided, however, that the unredacted Client Matrix and the Client Schedules shall be provided to (i) this Court, (ii) the Office of the United States Trustee, (iii) Donlin, Recano & Company, Inc., as the Debtors’ proposed Claims Agent (if retention of such Claims Agent is approved by the Court), and (iv) any other party in interest that obtains, after notice and a hearing, an order directing the Debtors to disclose the Client Matrix and Client Schedules to such party.

Privacy Procedures Order ¶ 3. In accordance with HIPAA, Part 2 Regulations and the Privacy Procedures Order, to the extent the Debtors believe a claim, name, address, or amount falls under the purview of HIPAA or Part 2 Regulations or includes information that is personal or private in nature, such claims, names, addresses, or amounts, as applicable, have been redacted.

23. **Accuracy.** The financial information disclosed herein was not prepared in accordance with GAAP, federal or state securities laws, or other applicable nonbankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertakes no responsibility to indicate variations from securities laws.

Specific Notes to the Schedules of Assets and Liabilities

Classifications.

Listing a Claim on Schedule D as “secured,” or on Schedule E/F as “priority,” or “unsecured,” or a contract on Schedule G as “executory” or “unexpired,” does not in each case constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors’ right to recharacterize or reclassify such Claim or contract.

Schedules Summary.

For financial reporting purposes, the Debtors ordinarily prepare consolidated financial statements in accordance with GAAP. The Schedules reflect the assets and liabilities of each Debtor on a nonconsolidated basis, except where otherwise indicated. Accordingly, the totals listed in the Schedules will likely differ, at times materially, from the consolidated financial reports prepared by the Debtors for financial reporting purposes or otherwise which would include but not limited to consolidation, elimination and step-up in basis adjustments to the financial statements for financial report purposes.

Schedule A/B - Real and Personal Property.

As noted above, despite commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of its causes of action or potential causes of action against third parties as assets in the Schedules and Statements, including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws to recover assets or avoid transfers.

Item 7 & 8 (Part 2: Deposits and Prepayments)

The Debtors’ characterization of an asset listed in these Items is not a legal characterization of either a deposit or a prepayment. The Debtor reserves its rights to re-categorize and/or recharacterize such asset holdings at a later time as appropriate.

Items 59 – 64 (Part 10: Intangibles and Intellectual Property)

Internet domain names and websites, licenses, franchises and royalties and other intangibles or intellectual property are listed as an unknown amount because the fair value of such ownership is dependent on numerous variables and factors and may differ significantly from their net book value.

Schedule E/F - Creditors Holding Unsecured Priority and/or Unsecured Non-Priority Claims.

The listing of any claim on Schedule E/F does not constitute an admission by the Debtors that such claim is entitled to priority treatment under section 507 of the Bankruptcy Code or that the amount of the claim is accurate. The Debtors reserve their right to dispute the priority status of any claim on any basis.

The unsecured non-priority claims of individual creditors for among other things, products, goods or services are listed as either the lower of the amounts invoiced by the creditor or the amounts reflected on the Debtors' books and records and may not reflect credits or allowances due from such creditors to the Debtor. The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be subject to dispute. While commercially reasonable efforts have been made, determining the date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list respective dates for the claims listed on Schedule E/F. The paid time off ("PTO") accruals for the AdCare Debtors are as of September 30, 2019. The AdCare Debtors do not update these accruals until the end of their fiscal year September 30, 2020. The PTO accruals for the AAC Debtors is as of June 30, 2020.

Schedule E/F reflects the prepetition amounts owing as of the Petition Date to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G - Unexpired Leases and Executory Contracts.

Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred in preparing Schedule G. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. The Debtor hereby reserves all of its rights to (i) dispute the validity, status, or enforceability of any contract, agreement or lease set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtor reserves all of its rights, claims, and causes of action with respect to the contracts and agreements listed on these Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or

agreement is an executory contract or unexpired lease. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter, or other documents, instruments, or agreements that may not be listed therein. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space, early termination rights, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth on Schedule G.

For leases, the amounts listed do not reflect the total liability amount that would be required to be recorded under ASU 842, which would require the total of all past and future lease payments to be reflected on the books and records. Only past due lease payments have been listed in the Schedules.

Any and all rights, claims and causes of action of the Debtor with respect to the agreements listed on Schedule G are hereby reserved and preserved.

Specific Notes to Statement of Financial Affairs

Items 1 and 2 (Part 1: Income)

The Debtors reported gross revenue from business and non-business revenue from January 1, 2020 through the Debtor's latest monthly close period of May 31, 2020. The Debtors did not include estimated income from the period June 1, 2020 through the Petition Date.

Item 28 (Part 13: Details About the Debtor's Business or Connections to Any Business)

The percentages of interest for 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 were calculated based on the most recently filed Form 4 and the number of shares of common stock as of November 8, 2019 disclosed in the Form 10-Q for the quarterly period ended September 30, 2019.

Fill in this information to identify the case:**Debtor name:** Oxford Treatment Center, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11608☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

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

Copy line 88 from Schedule A/B

\$1,502,782.70

1b. Total personal property:

Copy line 91A from Schedule A/B

\$3,276,595.24

1c. Total of all property:

Copy line 92 from Schedule A/B

\$4,779,377.94

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D

\$363,691,338.58

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F

\$111,078.38

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F

+ \$906,413.26

4. Total liabilities

Lines 2 + 3a + 3b

\$364,708,830.22

Fill in this information to identify the case:**Debtor name:** Oxford Treatment Center, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11608☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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

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

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

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

2.1. _____ \$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. BANK OF AMERICA OXFORD TREATMENT CENTER, LLC- DEPOSIT ACCOUNT	CHECKING	4362	\$0.00
3.2. BANCORPSOUTH BANCORPSOUTH - THE OXFORD CENTRE INC	CHECKING	7567	\$76,321.11
3.3. WELLS FARGO BANCORPSOUTH - OXFORD TREATMENT CENTER	CHECKING	1870	\$0.00

4. Other cash equivalents (Identify all)

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

5. Total of part 1

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

\$76,321.11

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****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

Current value of
debtor's interest

7.1. _____ \$ _____

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

Description, including name of holder of prepayment

Current value of
debtor's interest

8.1. _____ \$ _____

9. Total of part 2

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

\$0.00

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

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

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

Face amount

Doubtful or uncollectible
accounts

11a. 90 days old or less: \$1,985,757.72 - \$0.00 = → \$1,985,757.72

Face amount

Doubtful or uncollectible
accounts

11b. Over 90 days old: \$1,025,437.30 - \$0.00 = → \$1,025,437.30

12. Total of part 3

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

\$3,011,195.02

Part 4: Investments**13. Does the debtor own any investments?**

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

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

Name of fund or stock

14.1. _____ \$ _____

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity

% of ownership

15.1. _____ % _____ \$ _____

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

Describe

16.1. _____ \$ _____

17. Total of part 4

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

\$0.00

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
19.1. _____	_____	\$ _____	_____	\$ _____
20. Work in progress				
20.1. _____	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
21.1. _____	_____	\$ _____	_____	\$ _____
22. Other inventory or supplies				
General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1. PHARMACEUTICAL AND MEDICAL SUPPLIES; FOOD & GROCERY	N/A	UNDETERMINED	_____	UNDETERMINED

23. Total of part 5

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

UNDETERMINED

24. Is any of the property listed in Part 5 perishable?☒ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes Book value: UNDETERMINED Valuation method: UNDETERMINED Current value: UNDETERMINED**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____
33. Total of part 6			\$0.00

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

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. SEE, RESPONSE AT PART 7, NO. 40	\$ _____	_____	\$ _____

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****40. Office fixtures**

40.1.	OWNED	\$119,156.57	Net Book Value	\$119,156.57
-------	-------	--------------	----------------	--------------

41. Office equipment, including all computer equipment and communication systems equipment and software

		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	OWNED	\$41,640.55	Net Book Value	\$41,640.55
41.2.	LEASED	UNDETERMINED	_____	UNDETERMINED

42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

43. Total of part 7

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

\$160,797.12**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

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

- ☒ No
☐ Yes

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

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

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

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1.	2007 FORD ECONOLINE E350 1FBSS31L97DA94772	\$0.00	_____	UNDETERMINED
47.2.	2002 CHEVROLET EXPRESS 35 BOX TRUCK 1GBJG31R121123046	\$0.00	_____	UNDETERMINED
47.3.	22B895	\$0.00	_____	UNDETERMINED
47.4.	SHOWTIME TRAILER 5YCBE1424GH028970	\$3,157.32	Net book value	\$3,157.32
47.5.	2015 DODGE RAM 3C6UR5DL7FG662758	\$17,542.43	Net book value	\$17,542.43
47.6.	2018 CUSHMAN HAULER 3312935	\$3,791.12	Net book value	\$3,791.12
47.7.	2018 CUSHMAN HAULER 3304256	\$3,791.12	Net book value	\$3,791.12
47.8.	2010 FORD E350 ECONOLINE VAN 1FBSS3BL5ADA22506	\$0.00	_____	UNDETERMINED

48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1.	_____	\$ _____	_____	\$ _____
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49. Aircraft and accessories

49.1.	_____	\$ _____	_____	\$ _____
-------	-------	----------	-------	----------

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1.	LEASED VEHICLE - JN8AE2KP4F9126432	UNDETERMINED	_____	UNDETERMINED
50.2.	LEASED VEHICLE - 1FBZX2YM9GKA11572	UNDETERMINED	_____	UNDETERMINED

51. Total of part 8

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

\$28,281.99

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

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

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1.	_____ LEASEHOLD IMPROVEMENTS - ALL PROPERTY	LEASEHOLD INTEREST	\$430.17	Net Book Value	\$430.17
55.2.	_____ LAND 297 COUNTY ROAD 244 ETTA MS 38627	FEE SIMPLE	\$160,000.00	Acquisition cost	\$160,000.00
55.3.	_____ LAND COMMERCE PKWY ETTA MS 38627	FEE SIMPLE	\$325,000.00	Acquisition cost	\$325,000.00
55.4.	_____ LAND 14 CR 422 ETTA MS 38627	FEE SIMPLE	\$5,000.00	Acquisition cost	\$5,000.00
55.5.	_____ LAND 28 CR 422 ETTA MS 38627	FEE SIMPLE	\$10,000.00	Acquisition cost	\$10,000.00

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

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

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.6. _____ FEE SIMPLE \$702,026.42 Acquisition cost \$702,026.42

LAND

SOUTHPOINT DEVELOPMENT 2
ETTA MS 38627

55.7. _____ FEE SIMPLE \$300,326.11 Acquisition cost \$300,326.11

LAND

611 COMMERCE PKWY
ETTA MS 38627**56. Total of part 9**

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

\$1,502,782.70

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. Patents, copyrights, trademarks, and trade secrets

60.1. _____ \$ _____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____

62. Licenses, franchises, and royalties

62.1. _____ \$ _____

63. Customer lists, mailing lists, or other compilations

63.1. _____ \$ _____

64. Other intangibles, or intellectual property

64.1. _____ \$ _____

65. Goodwill

65.1. _____ \$ _____

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****66. Total of part 10**

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

\$0.00

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

- ☐ No
☐ Yes

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

- ☐ No
☐ Yes

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

- ☐ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

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

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

Current value of debtor's interest**71. Notes receivable**

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

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

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. GLOBAL AEROSPACE, INC.	AVIATION (DRONE) INSURANCE - POLICY NO. 9005220	_____	_____	_____	UNDETERMINED
73.2. STEADFAST INSURANCE (ZURICH AMERICAN)	COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03	_____	_____	_____	UNDETERMINED
73.3. BEAZLEY GROUP (LLOYDS OF LONDON)	CYBER INSURANCE - POLICY NO. W1BB0C200501	_____	_____	_____	UNDETERMINED
73.4. NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	D&O INSURANCE - POLICY NO. 01-940-12-09	_____	_____	_____	UNDETERMINED

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

73.5.	RSUI INDEMNITY COMPANY	D&O INSURANCE - POLICY NO. NHS669565	_____	_____	_____	UNDETERMINED
73.6.	XL SPECIALTY INSURANCE COMPANY	D&O INSURANCE - POLICY NO. ELU146665-16	_____	_____	_____	UNDETERMINED
73.7.	MARKEL AMERICAN INSURANCE COMPANY	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420	_____	_____	_____	UNDETERMINED
73.8.	TOKIO MARINE SPECIALTY INSURANCE COMPANY	ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719	_____	_____	_____	UNDETERMINED
73.9.	BEAZELY USA (LLOYDS OF LONDON)	1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201	_____	_____	_____	UNDETERMINED
73.10.	ARCH CAPITAL GROUP	2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01	_____	_____	_____	UNDETERMINED
73.11.	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85	_____	_____	_____	UNDETERMINED
73.12.	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890	_____	_____	_____	UNDETERMINED
73.13.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897164-00	_____	_____	_____	UNDETERMINED
73.14.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897167-00	_____	_____	_____	UNDETERMINED
73.15.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897168-00	_____	_____	_____	UNDETERMINED

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

73.16.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09- 1151879863-00				UNDETERMINED
73.17.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501				UNDETERMINED
73.18.	ADMIRAL INSURANCE COMPANY	MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04				UNDETERMINED
73.19.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701				UNDETERMINED
73.20.	AMERICAN HOME ASSURANCE COMPANY (AIG)	PROPERTY INSURANCE - POLICY NO. 18257085				UNDETERMINED
73.21.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03				UNDETERMINED
73.22.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03				UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

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

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

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

76. Trusts, equitable or future interests in property

76.1.			\$
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Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1. _____

\$ _____

78. Total of part 11

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

UNDETERMINED

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

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****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>	\$76,321.11	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$3,011,195.02	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	UNDETERMINED	
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>	\$160,797.12	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$28,281.99	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$1,502,782.70
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> + UNDETERMINED		
91. Total. Add lines 80 through 90 for each column.91a.	\$3,276,595.24	+ 91b. \$1,502,782.70
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$4,779,377.94

Fill in this information to identify the case:**Debtor name:** Oxford Treatment Center, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11608☐ Check if this is an amended filingOfficial 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. Creditor's name and address**ANKURA TRUST COMPANY, LLC, AS
COLLATERAL AGENT
140 SHERMAN STREET
4TH FLOOR
FAIRFIELD CT 06824**Creditor's email address, if known**
_____**Date debt was incurred:** 6/30/2017**Last 4 digits of account number:**
UNKNOWN**Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Have you already specified the relative priority?☒ No. Specify each creditor, including this creditor, and its relative priority.
JUNIOR LIEN AGREEMENT
SUBORDINATED TO SENIOR LIEN
CREDIT AGREEMENT☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

ALL ASSETS

\$316,612,692.97 UNKNOWN

Describe the lienJUNIOR LIEN CREDIT AGREEMENT
UCC-1 FILING**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 **Oxford Treatment Center, LLC**Case number (if known) **20-11608****2.2. Creditor's name and address**

ANKURA TRUST COMPANY, LLC, AS
COLLATERAL AGENT
140 SHERMAN STREET
4TH FLOOR
FAIRFIELD CT 06824

Creditor's email address, if known
_____**Date debt was incurred:** 3/8/2019**Last 4 digits of account number:**
UNKNOWN**Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☒ Yes. The relative priority of creditors is specified on lines: 2.1**Describe debtor's property that is subject to a lien**

ALL ASSETS

\$47,000,000.00 UNKNOWN

Describe the lienSENIOR LIEN CREDIT AGREEMENT
UCC-1 FILING**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**2.3. Creditor's name and address**

SID COLEMAN CONSTRUCTION, LLC
56 CR 202
OXFORD MS 38655

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

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

UNDETERMINED

\$39,779.29 UNKNOWN

Describe the lien

CONSTRUCTION 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

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.4. **Creditor's name and address** Describe debtor's property that is subject to a lien

SID COLEMAN CONSTRUCTION, LLC
56 CR 202
OXFORD MS 38655

UNDETERMINED \$38,866.32 UNKNOWN

Creditor's email address, if known Describe the lien

CONSTRUCTION LIEN

Date debt was incurred: unknown ☒ No

Last 4 digits of account number: UNKNOWN ☐ Yes

Do multiple creditors have an interest in the same property? ☒ No

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

☒ Yes. Have you already specified the relative priority? **As of the petition filing date, the claim is:** Check all that apply.

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

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

☒ Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$363,691,338.58**

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
3.1.	C/O PAUL CHINICHE CHINICHE LAW FIRM, PLLC P. O. BOX 1202 OXFORD MS 38655	Line 2.3	UNKNOWN
3.2.	C/O PAUL CHINICHE CHINICHE LAW FIRM, PLLC P. O. BOX 1202 OXFORD MS 38655	Line 2.4	_____
3.3.	STROOCK & STROOCK & LAVAN LLP SAYAN BHATTACHARYYA DANIEL A. FLIMAN 180 MAIDEN LANE NEW YORK NY 10038-4982	Line 2.1	UNKNOWN
3.4.	STROOCK & STROOCK & LAVAN LLP SAYAN BHATTACHARYYA DANIEL A. FLIMAN 180 MAIDEN LANE NEW YORK NY 10038-4982	Line 2.2	UNKNOWN

Fill in this information to identify the case:**Debtor name:** Oxford Treatment Center, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11608☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

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

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ALBINO, CADE M. Address Intentionally Omitted	<i>Check all that apply.</i>	\$199.99	\$199.99
	☐ Contingent ☐ Unliquidated ☐ Disputed		Nonpriority amount
			UNDETERMINED
Date or dates debt was incurred	Basis for the claim:		
12/21/19 - 6/20/20	ACCRUED PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☒ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
BREWER, BRANDON K. Address Intentionally Omitted	<i>Check all that apply.</i>	\$161.58	\$161.58
	☐ Contingent ☐ Unliquidated ☐ Disputed		Nonpriority amount
			UNDETERMINED
Date or dates debt was incurred	Basis for the claim:		
12/21/19 - 6/20/20	ACCRUED PTO		
Last 4 digits of account number:	Is the claim subject to offset?		
	☒ No ☐ Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.3.	Priority creditor's name and mailing address BRODEUR ST-JAMES, MARILYN Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$2,114.98	Priority amount \$346.07 Nonpriority amount UNDETERMINED
2.4.	Priority creditor's name and mailing address BROGAN, STACY Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$186.66	Priority amount \$186.66 Nonpriority amount UNDETERMINED
2.5.	Priority creditor's name and mailing address CAMPBELL, MARION Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$605.98	Priority amount \$605.98 Nonpriority amount UNDETERMINED

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.6.	Priority creditor's name and mailing address CHATMAN, BARBARA A. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,102.07	Priority amount \$665.76
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

2.7.	Priority creditor's name and mailing address CHENEY, ANGEL Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$323.18	Priority amount \$323.18
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

2.8.	Priority creditor's name and mailing address CHENEY, ROBERT J. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$5,938.47	Priority amount \$1,557.27
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.9.	Priority creditor's name and mailing address COCKRELL, SAVANNAH Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$110.00	Priority amount \$110.00
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

2.10.	Priority creditor's name and mailing address CROCKER, PATRICIA Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$579.98	Priority amount \$579.98
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

2.11.	Priority creditor's name and mailing address CROSS, DONALD N. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$1,800.02	Priority amount \$1,799.93
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.12. Priority creditor's name and mailing address CRUMBY, FORREST L. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$102.55</td> <td style="text-align: center;">\$102.55</td> </tr> </table>	Total claim	Priority amount	\$102.55	\$102.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$102.55	\$102.55								
Nonpriority amount									
UNDETERMINED									
2.13. Priority creditor's name and mailing address CUTCLIFFE, MOLLY Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,819.83</td> <td style="text-align: center;">\$1,819.83</td> </tr> </table>	Total claim	Priority amount	\$1,819.83	\$1,819.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,819.83	\$1,819.83								
Nonpriority amount									
UNDETERMINED									
2.14. Priority creditor's name and mailing address DANIELS, RALPH G. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$230.98</td> <td style="text-align: center;">\$230.98</td> </tr> </table>	Total claim	Priority amount	\$230.98	\$230.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$230.98	\$230.98								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.15.	Priority creditor's name and mailing address DEPRIEST, LESLEY Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$146.66	Priority amount \$146.66
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

2.16.	Priority creditor's name and mailing address DOUGHTY, BARRY Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$12,807.12	Priority amount \$692.20
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

2.17.	Priority creditor's name and mailing address ENGLAND, JAMES H. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$724.41	Priority amount \$699.11
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.18. Priority creditor's name and mailing address FAULKNER III, JAMES M. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$111.08</td> <td style="text-align: center;">\$111.08</td> </tr> </table>	Total claim	Priority amount	\$111.08	\$111.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$111.08	\$111.08								
Nonpriority amount									
UNDETERMINED									
2.19. Priority creditor's name and mailing address GAULT, JAMES D. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$299.99</td> <td style="text-align: center;">\$299.99</td> </tr> </table>	Total claim	Priority amount	\$299.99	\$299.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$299.99	\$299.99								
Nonpriority amount									
UNDETERMINED									
2.20. Priority creditor's name and mailing address GREEN, DEJA J. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$384.52</td> <td style="text-align: center;">\$384.52</td> </tr> </table>	Total claim	Priority amount	\$384.52	\$384.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$384.52	\$384.52								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.21. Priority creditor's name and mailing address HARTFIELD, KRISTA Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,695.90</td> <td style="text-align: center;">\$234.40</td> </tr> </table>	Total claim	Priority amount	\$1,695.90	\$234.40	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,695.90	\$234.40								
Nonpriority amount									
UNDETERMINED									
2.22. Priority creditor's name and mailing address HEAVENER, HALEY D. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$849.96</td> <td style="text-align: center;">\$849.96</td> </tr> </table>	Total claim	Priority amount	\$849.96	\$849.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$849.96	\$849.96								
Nonpriority amount									
UNDETERMINED									
2.23. Priority creditor's name and mailing address HEMPHILL, LINDSEY Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$879.90</td> <td style="text-align: center;">\$879.90</td> </tr> </table>	Total claim	Priority amount	\$879.90	\$879.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$879.90	\$879.90								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.24. Priority creditor's name and mailing address HOLMES, HENRY Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$10,124.54</td> <td style="text-align: center;">\$1,038.35</td> </tr> </table>	Total claim	Priority amount	\$10,124.54	\$1,038.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$10,124.54	\$1,038.35								
Nonpriority amount									
UNDETERMINED									
2.25. Priority creditor's name and mailing address HOWELL, MALIK D. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,475.99</td> <td style="text-align: center;">\$287.96</td> </tr> </table>	Total claim	Priority amount	\$1,475.99	\$287.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,475.99	\$287.96								
Nonpriority amount									
UNDETERMINED									
2.26. Priority creditor's name and mailing address KNOX, DEMETRIC Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,329.01</td> <td style="text-align: center;">\$772.15</td> </tr> </table>	Total claim	Priority amount	\$2,329.01	\$772.15	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$2,329.01	\$772.15								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.27. Priority creditor's name and mailing address KOWALKE, KATHLEEN M. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,508.23</td> <td style="text-align: center;">\$144.79</td> </tr> </table>	Total claim	Priority amount	\$1,508.23	\$144.79	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,508.23	\$144.79								
Nonpriority amount									
UNDETERMINED									
2.28. Priority creditor's name and mailing address LEATHAM, KELSEE E. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$90.88</td> <td style="text-align: center;">\$90.88</td> </tr> </table>	Total claim	Priority amount	\$90.88	\$90.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$90.88	\$90.88								
Nonpriority amount									
UNDETERMINED									
2.29. Priority creditor's name and mailing address MCCALLUM, MICHAEL P. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,888.36</td> <td style="text-align: center;">\$639.13</td> </tr> </table>	Total claim	Priority amount	\$3,888.36	\$639.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$3,888.36	\$639.13								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.30.	Priority creditor's name and mailing address MCINTOSH, MARIA C. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$630.71</td></tr></table>	Total claim	\$630.71	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$630.71</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$630.71	Nonpriority amount	UNDETERMINED
Total claim										
\$630.71										
Priority amount										
\$630.71										
Nonpriority amount										
UNDETERMINED										
2.31.	Priority creditor's name and mailing address MOONEYHAM, DEVIN Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$3,208.59</td></tr></table>	Total claim	\$3,208.59	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$639.91</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$639.91	Nonpriority amount	UNDETERMINED
Total claim										
\$3,208.59										
Priority amount										
\$639.91										
Nonpriority amount										
UNDETERMINED										
2.32.	Priority creditor's name and mailing address MOORE, MARGARET Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$683.96</td></tr></table>	Total claim	\$683.96	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$683.96</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$683.96	Nonpriority amount	UNDETERMINED
Total claim										
\$683.96										
Priority amount										
\$683.96										
Nonpriority amount										
UNDETERMINED										

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.33. Priority creditor's name and mailing address MOOREHEAD, JEFFREY Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$506.65</td> <td style="text-align: center;">\$506.65</td> </tr> </table>	Total claim	Priority amount	\$506.65	\$506.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$506.65	\$506.65								
Nonpriority amount									
UNDETERMINED									
2.34. Priority creditor's name and mailing address MURRY, MARTY Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$11,685.00</td> <td style="text-align: center;">\$2,206.27</td> </tr> </table>	Total claim	Priority amount	\$11,685.00	\$2,206.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$11,685.00	\$2,206.27								
Nonpriority amount									
UNDETERMINED									
2.35. Priority creditor's name and mailing address ORR, CLAIRE H. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,158.00</td> <td style="text-align: center;">\$1,365.22</td> </tr> </table>	Total claim	Priority amount	\$3,158.00	\$1,365.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$3,158.00	\$1,365.22								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.36.	Priority creditor's name and mailing address PEPPER, LAURA Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$149.32	Priority amount \$149.32 Nonpriority amount UNDETERMINED
2.37.	Priority creditor's name and mailing address POTTS, BRANDON P. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$59.99	Priority amount \$59.99 Nonpriority amount UNDETERMINED
2.38.	Priority creditor's name and mailing address POTTS, SAMANTHA Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$173.33	Priority amount \$173.33 Nonpriority amount UNDETERMINED

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2.39.	Priority creditor's name and mailing address PRINCIPI, KATHERINE Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$166.66	Priority amount \$166.66 Nonpriority amount UNDETERMINED
2.40.	Priority creditor's name and mailing address PUGH, ADREANNE Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$384.59	Priority amount \$384.59 Nonpriority amount UNDETERMINED
2.41.	Priority creditor's name and mailing address ROSS, LISA Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	Total claim \$423.01	Priority amount \$423.01 Nonpriority amount UNDETERMINED

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.42. Priority creditor's name and mailing address SCOTT, IMANI E. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$146.66</td> <td style="text-align: center;">\$146.66</td> </tr> </table>	Total claim	Priority amount	\$146.66	\$146.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$146.66	\$146.66								
Nonpriority amount									
UNDETERMINED									
2.43. Priority creditor's name and mailing address SHELLY, LOREN D. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,483.65</td> <td style="text-align: center;">\$1,499.82</td> </tr> </table>	Total claim	Priority amount	\$5,483.65	\$1,499.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$5,483.65	\$1,499.82								
Nonpriority amount									
UNDETERMINED									
2.44. Priority creditor's name and mailing address SHUMPERT, ROSETTA S. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$833.50</td> <td style="text-align: center;">\$428.39</td> </tr> </table>	Total claim	Priority amount	\$833.50	\$428.39	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$833.50	\$428.39								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.45. Priority creditor's name and mailing address SMITH, ANNIE Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,471.78</td> <td style="text-align: center;">\$513.31</td> </tr> </table>	Total claim	Priority amount	\$3,471.78	\$513.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$3,471.78	\$513.31								
Nonpriority amount									
UNDETERMINED									
2.46. Priority creditor's name and mailing address STEVENS, TIMOTHY L. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,675.06</td> <td style="text-align: center;">\$149.97</td> </tr> </table>	Total claim	Priority amount	\$1,675.06	\$149.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,675.06	\$149.97								
Nonpriority amount									
UNDETERMINED									
2.47. Priority creditor's name and mailing address STILL, JAMES M. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$969.23</td> <td style="text-align: center;">\$145.61</td> </tr> </table>	Total claim	Priority amount	\$969.23	\$145.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$969.23	\$145.61								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.48. Priority creditor's name and mailing address STUPAL, MISTY D. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,270.50</td> <td style="text-align: center;">\$503.94</td> </tr> </table>	Total claim	Priority amount	\$1,270.50	\$503.94	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,270.50	\$503.94								
Nonpriority amount									
UNDETERMINED									
2.49. Priority creditor's name and mailing address TATE, AMANDA L. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$554.09</td> <td style="text-align: center;">\$252.60</td> </tr> </table>	Total claim	Priority amount	\$554.09	\$252.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$554.09	\$252.60								
Nonpriority amount									
UNDETERMINED									
2.50. Priority creditor's name and mailing address THOMAS, ETHAN O. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,504.52</td> <td style="text-align: center;">\$382.38</td> </tr> </table>	Total claim	Priority amount	\$1,504.52	\$382.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,504.52	\$382.38								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.51. Priority creditor's name and mailing address TUCKER, DAVIN L. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,153.82</td> <td style="text-align: center;">\$1,668.51</td> </tr> </table>	Total claim	Priority amount	\$3,153.82	\$1,668.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$3,153.82	\$1,668.51								
Nonpriority amount									
UNDETERMINED									
2.52. Priority creditor's name and mailing address UPTON, SHARON Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,416.52</td> <td style="text-align: center;">\$1,416.52</td> </tr> </table>	Total claim	Priority amount	\$1,416.52	\$1,416.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,416.52	\$1,416.52								
Nonpriority amount									
UNDETERMINED									
2.53. Priority creditor's name and mailing address VINSON, AMANDA B. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,011.48</td> <td style="text-align: center;">\$3,403.58</td> </tr> </table>	Total claim	Priority amount	\$4,011.48	\$3,403.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$4,011.48	\$3,403.58								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.54. Priority creditor's name and mailing address WADE, OCTAVIOUS T. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,543.04</td> <td style="text-align: center;">\$363.58</td> </tr> </table>	Total claim	Priority amount	\$1,543.04	\$363.58	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$1,543.04	\$363.58								
Nonpriority amount									
UNDETERMINED									
2.55. Priority creditor's name and mailing address WATKINS, REGINALD Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,649.01</td> <td style="text-align: center;">\$2,407.48</td> </tr> </table>	Total claim	Priority amount	\$7,649.01	\$2,407.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$7,649.01	\$2,407.48								
Nonpriority amount									
UNDETERMINED									
2.56. Priority creditor's name and mailing address WILLARD, AMY M. Address Intentionally Omitted Date or dates debt was incurred 12/21/19 - 6/20/20 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ACCRUED PTO Is the claim subject to offset? ☒ No ☐ Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$730.68</td> <td style="text-align: center;">\$292.24</td> </tr> </table>	Total claim	Priority amount	\$730.68	\$292.24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
\$730.68	\$292.24								
Nonpriority amount									
UNDETERMINED									

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

2.57. Priority creditor's name and mailing address WOODWARD, AMY S. Address Intentionally Omitted	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed	Total claim \$2,842.21	Priority amount \$323.02
Date or dates debt was incurred 12/21/19 - 6/20/20	Basis for the claim: ACCRUED PTO		Nonpriority amount UNDETERMINED
Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? ☒ No ☐ Yes		

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

3.1.	Nonpriority creditor's name and mailing address ATKINSON, BRANDELL C/O LAWERENCE J. TUCKER, JR., ESQ. HICKMAN, GOZA & SPRAGINS, PLLC P.O. DRAWER 668 OXFORD MS 38655 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,500.00
3.2.	Nonpriority creditor's name and mailing address BARBER, LAUREN E. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$583.19
3.3.	Nonpriority creditor's name and mailing address BISHOP, NORMA J. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$813.02

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.4. Nonpriority creditor's name and mailing address BLACKMON, JAMES E. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$6,471.67
3.5. Nonpriority creditor's name and mailing address BRAGG, MARY V. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$7,548.90
3.6. Nonpriority creditor's name and mailing address CATES, NATALIE C. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,906.04

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.7.	Nonpriority creditor's name and mailing address CLAYTON, RICKY Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$3,489.65
3.8.	Nonpriority creditor's name and mailing address COLLECT RX, LLC C/O PAYTON M. BRADFORD BURR & FORMAN LLP 222 SECOND AVENUE SOUTH SUITE 2000 NASHVILLE TN 37201 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: SETTLEMENT Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$800,000.00
3.9.	Nonpriority creditor's name and mailing address CRANE, ALLISON M. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$458.12

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.10.	Nonpriority creditor's name and mailing address DAVIS, GREGORY Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$665.46
3.11.	Nonpriority creditor's name and mailing address DAVIS, JENNIFER Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$8,476.60
3.12.	Nonpriority creditor's name and mailing address DICKERSON, JAMIE R. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$5.56

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.13. Nonpriority creditor's name and mailing address DILL, BRITTNEY Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$0.01
3.14. Nonpriority creditor's name and mailing address ELABDELLAOUI, MOULAY Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,115.08
3.15. Nonpriority creditor's name and mailing address FITZPATRICK, BRANDON Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,272.36

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.16. Nonpriority creditor's name and mailing address HILLIARD, SHERREDA L. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$582.06
3.17. Nonpriority creditor's name and mailing address HOLDEN, BETTY L. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$176.77
3.18. Nonpriority creditor's name and mailing address JARRIETT, KIERRA L. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$26.39

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.19. Nonpriority creditor's name and mailing address KENT, BRIDGETTE B. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$17.67
3.20. Nonpriority creditor's name and mailing address KEYES, JOHN O. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,497.76
3.21. Nonpriority creditor's name and mailing address KIDDY, KATALYN C. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$488.17

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.22.	Nonpriority creditor's name and mailing address KIDDY, MIRANDA A. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$675.30
3.23.	Nonpriority creditor's name and mailing address KIRKLAND, JAROME L. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,053.11
3.24.	Nonpriority creditor's name and mailing address KRAMER, HOPE N. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$148.90

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.25. Nonpriority creditor's name and mailing address M&A INVESTMENTS, INC. D/B/A U.S. LAWNS OF NORTHEAST MISSISSIPPI C/O JOE M. DAVIS, ESQ. RUTLEDGE AND DAVIS, PLLC P.O. BOX 29 NEW ALBANY MS 38652 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNKNOWN
3.26. Nonpriority creditor's name and mailing address M&A INVESTMENTS, INC. D/B/A U.S. LAWNS OF NORTHEAST MISSISSIPPI C/O JOE M. DAVIS, ESQ. RUTLEDGE AND DAVIS, PLLC P.O. BOX 29 NEW ALBANY MS 38652 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☒ Contingent ☒ Unliquidated ☒ Disputed Basis for the claim: LITIGATION Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim UNKNOWN
3.27. Nonpriority creditor's name and mailing address MCCOMB, PAUL A. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$423.20

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**3.28. **Nonpriority creditor's name and mailing address**

MISSISSIPPI DEPARTMENT OF HEALTH -
DIVISION OF ONSITE WASTEWATER
P. O. BOX 1700
JACKSON MS 39215

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

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

ENVIRONMENTAL ACTION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNDETERMINED

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

MORROW, SERENA S.
Address Intentionally Omitted

Date or dates debt was incurred

PRE 12/21/19

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PTO ACCRUAL

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$0.00

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

MYRICK, SHELLY L.
Address Intentionally Omitted

Date or dates debt was incurred

PRE 12/21/19

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PTO ACCRUAL

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$803.34

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.31. Nonpriority creditor's name and mailing address NAGY, AMANDA L. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,658.03
3.32. Nonpriority creditor's name and mailing address OSSENHEIMER, TORI Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$4,487.13
3.33. Nonpriority creditor's name and mailing address OWENS, HEATHER A. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$179.97

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**3.34. **Nonpriority creditor's name and mailing address**

PANOLA PAPER COMPANY
C/O BETHANY TARPLEY, ESQ.
BAILEY, WOMBLE & YELTON
P.O. DRAWER 1615
BATESVILLE MS 38606

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

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

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

PARRISH, STEPHANIE L.
Address Intentionally Omitted

Date or dates debt was incurred

PRE 12/21/19

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PTO ACCRUAL

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$1,063.27

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

PERKINS, MELISSA D.
Address Intentionally Omitted

Date or dates debt was incurred

PRE 12/21/19

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PTO ACCRUAL

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$57.45

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.37. Nonpriority creditor's name and mailing address ROBERSON, TAMMY R. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$234.77
3.38. Nonpriority creditor's name and mailing address ROBINSON III, VERNON C. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,409.68
3.39. Nonpriority creditor's name and mailing address SCHILLER, LESLIE J. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$141.46

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

3.40. Nonpriority creditor's name and mailing address SING, SUSAN P. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$2,262.31
3.41. Nonpriority creditor's name and mailing address SKIDMORE, REBECCA Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$548.76
3.42. Nonpriority creditor's name and mailing address TAYLOR, HEATHER D. Address Intentionally Omitted Date or dates debt was incurred PRE 12/21/19 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: PTO ACCRUAL Is the claim subject to offset? ☒ No ☐ Yes	Amount of claim \$1,311.59

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**3.43. **Nonpriority creditor's name and mailing address**VONKOHN, ERNEST R.
Address Intentionally Omitted**Date or dates debt was incurred**

PRE 12/21/19

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

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

PTO ACCRUAL

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$2,260.51

3.44. **Nonpriority creditor's name and mailing address**WOOD SECURITY, LLC
C/O CORY M. WILLIAMSON, ESQ.
HAYMANS & CO., PLLC
299 SOUTH 9TH STREET
SUITE 101
OXFORD MS 38655**Date or dates debt was incurred**

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

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Amount of claim

\$45,600.00

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.**Total of claim amounts****5a. Total claims from Part 1** 5a. \$111,078.38**5b. Total claims from Part 2** 5b. + \$906,413.26**5c. Total of Parts 1 and 2** 5c. \$1,017,491.64
Lines 5a + 5b = 5c.

Fill in this information to identify the case:**Debtor name:** Oxford Treatment Center, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11608☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

2. List all contracts and unexpired leases

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

- | | | | |
|------|---|---|--|
| 2.1. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE

MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04

INSURED

OCTOBER 3, 2020

 | ADMIRAL INSURANCE COMPANY
6455 E. JOHNS CROSSING #325
DULUTH GA 30097 |
| 2.2. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE

PROPERTY INSURANCE - POLICY NO. 18257085

INSURED

AUGUST 1, 2020

 | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p>
AMERICAN HOME ASSURANCE COMPANY (AIG)
175 WATER STREET
18TH FLOOR
NEW YORK NY 10038 |
| 2.3. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE

2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01

INSURED

JUNE 1, 2021

 | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p>
ARCH CAPITAL GROUP
ONE LIBERTY PLAZA 53RD FLOOR
NEW YORK NY 10006 |

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.4. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201
- Nature of debtor's interest** INSURED **BEAZELY USA (LLOYDS OF LONDON)**
- State the term remaining** JUNE 1, 2021 **630 N. GREENWOOD DRIVE**
- List the contract number of any government contract** _____ **PALATINE IL 60074**
- 2.5. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CYBER INSURANCE - POLICY NO. W1BB0C200501
- Nature of debtor's interest** INSURED **BEAZLEY GROUP (LLOYDS OF LONDON)**
- State the term remaining** JUNE 9, 2021 **6 CONCOURSE PARKWAY NE**
- List the contract number of any government contract** _____ **SUITE 2800**
- ATLANTA GA 30328**
- 2.6. **Title of contract** STANDARD RENTAL SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT
- Nature of debtor's interest** CONTRACT PARTY **CINTAS**
- State the term remaining** 7/23/2025 **P.O.BOX 631025**
- List the contract number of any government contract** _____ **CINCINNATI OH 45263-1025**
- 2.7. **Title of contract** AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNSHIP AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY **DELTA STATE UNIVERSITY**
- State the term remaining** 3/16/2021 **1003 W SUNFLOWER RD**
- List the contract number of any government contract** _____ **CLEVELAND MS 38733**
- 2.8. **Title of contract** AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNSHIP CONTRACT
- Nature of debtor's interest** CONTRACT PARTY **DIVINE MERCY UNIVERSITY**
- State the term remaining** 5/19/2021 **SCHOOL OF COUNSELING**
- List the contract number of any government contract** _____ **ATTN: DR. BENJAMIN KEYES**
- 45154 UNDERWOOD LANE**
- STERLING VA 20166**

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.9. **Title of contract** PHASE II DISH MACHINE LEASE AGREEMENT
State what the contract or lease is for EQUIPMENT LEASE CONTRACT
Nature of debtor's interest LESSEE
State the term remaining 10/13/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ECOLAB, INC
 P.O. BOX 32027
 NY NY 10087-2027
- 2.10. **Title of contract** GENERAL CONTRACT FOR SERVICES
State what the contract or lease is for ART THERAPY SERVICES CONTRACT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FLORA, EDEN WALKER
 Address Intentionally Omitted
- 2.11. **Title of contract** AFFILIATION AGREEMENT
State what the contract or lease is for INTERNSHIP AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 5/7/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FLORIDA INTERNATIONAL
 UNIVERSITY BOARD OF TRUSTEES
 ATTN: INTERNSHIP COORDINATOR
 11200 SW 8TH STREET
 ZEB 337A
 MIAMI FL 33199
- 2.12. **Title of contract** INSURANCE
State what the contract or lease is for AVIATION (DRONE) INSURANCE - POLICY NO. 9005220
Nature of debtor's interest INSURED
State the term remaining SEPTEMBER 14, 2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 GLOBAL AEROSPACE, INC.
 3399 PEACHTREE ROAD #1100
 ATLANTA GA 30326
- 2.13. **Title of contract** AFFILIATION AGREEMENT
State what the contract or lease is for INTERNSHIP AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/4/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 GRAND CANYON UNIVERSITY
 3300 WEST CAMELBACK ROAD
 PHOENIX AZ 85017

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.14. **Title of contract** MEDICAL WASTE SERVICE AGREEMENT
State what the contract or lease is for SERVICES AGREEMENT - MEDICAL WASTE MANAGEMENT SERVICES
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/7/2023
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 GREENSERV
 507 HERITAGE DR
 OXFORD MS 38655
- 2.15. **Title of contract** AGREEMENT FOR STUDENT PLACEMENT
State what the contract or lease is for INTERNSHIP AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 12/31/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 ILLINOIS STATE UNIVERSITY
 201 S SCHOOL ST
 NORMAL IL 61761
- 2.16. **Title of contract** INSURANCE
State what the contract or lease is for GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501
Nature of debtor's interest INSURED
State the term remaining JUNE 1, 2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 IRONSHORE SPECIALTY
 INSURANCE COMPANY (LIBERTY
 MUTUAL)
 P.O. BOX 34756
 SEATTLE WA 98124
- 2.17. **Title of contract** INSURANCE
State what the contract or lease is for MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701
Nature of debtor's interest INSURED
State the term remaining JUNE 1, 2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 IRONSHORE SPECIALTY
 INSURANCE COMPANY (LIBERTY
 MUTUAL)
 P.O. BOX 34756
 SEATTLE WA 98124
- 2.18. **Title of contract** AFFILIATION AGREEMENT
State what the contract or lease is for INTERNSHIP CONTRACT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/23/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LIBERTY UNIVERSITY, INC.
 ATTN: JUSTIN WILSON
 1971 UNIVERSITY BLVD
 LYNCHBURG VA 24515

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.19. **Title of contract** GENERAL CONTRACT FOR SERVICES
State what the contract or lease is for SERVICE CONTRACT (YOGA CLASSES)
Nature of debtor's interest CONTRACT PARTY
State the term remaining 11/13/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MAGEE, CAROL KENT
Address Intentionally Omitted
- 2.20. **Title of contract** INSURANCE
State what the contract or lease is for EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420
Nature of debtor's interest INSURED
State the term remaining JUNE 10, 2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MARKEL AMERICAN INSURANCE COMPANY
3650 MANSELL ROAD
SUITE 440
ALPHARETTA GA 30022
- 2.21. **Title of contract** AFFILIATION AGREEMENT
State what the contract or lease is for INTERNSHIP AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 4/16/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MISSISSIPPI STATE UNIVERSITY
105 LEE BLVD.
MISSISSIPPI STATE MS 39762
- 2.22. **Title of contract** INSURANCE
State what the contract or lease is for D&O INSURANCE - POLICY NO. 01-940-12-09
Nature of debtor's interest INSURED
State the term remaining OCTOBER 2, 2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
(AIG)
175 WATER STREET
18TH FLOOR
NEW YORK NY 10038
- 2.23. **Title of contract** INSURANCE
State what the contract or lease is for FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85
Nature of debtor's interest INSURED
State the term remaining OCTOBER 2, 2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
(AIG)
175 WATER STREET
18TH FLOOR
NEW YORK NY 10038

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.24. **Title of contract** PHARMACY PRODUCTS AND SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT
- Nature of debtor's interest** CONTRACT PARTY NCS HEALTHCARE OF TENNESSEE, LLC D/B/A OMNICARE OF MEMPHIS 5055 COVINGTON WAY SUITE 6 MEMPHIS TN 38134
- State the term remaining** 6/10/2023
- List the contract number of any government contract** _____
- 2.25. **Title of contract** PHARMACY PRODUCTS AND SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT
- Nature of debtor's interest** CONTRACT PARTY NCS HEALTHCARE OF TENNESSEE, LLC D/B/A OMNICARE OF MEMPHIS (FREEDOM HOUSE) 5055 COVINGTON WAY SUITE 6 MEMPHIS TN 38134
- State the term remaining** 5/25/2020
- List the contract number of any government contract** _____
- 2.26. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PASTURE LEASE
- Nature of debtor's interest** LESSOR RAYFORD, ALBERT Address Intentionally Omitted
- State the term remaining** 03/07/18
- List the contract number of any government contract** _____
- 2.27. **Title of contract** GENERAL CONTRACT FOR SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT (MARKETING)
- Nature of debtor's interest** CONTRACT PARTY RED WINDOW COMMUNICATIONS, LLC ATTN: LUCY SCHULTZE 3327 WHIPPOORWILL LANE OXFORD MS 38655
- State the term remaining** 12/31/2020
- List the contract number of any government contract** _____
- 2.28. **Title of contract** GENERAL CONTRACT FOR SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT (MUSIC THERAPY)
- Nature of debtor's interest** CONTRACT PARTY ROYE, HANNAH Address Intentionally Omitted
- State the term remaining** 7/8/2020
- List the contract number of any government contract** _____

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.29. **Title of contract** PLANNED MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (5 KOHLER ENGINES)
- Nature of debtor's interest** CONTRACT PARTY RP POWER, LLC
- State the term remaining** _____ ATTN: MICHELLE SPARLING
- List the contract number of any government contract** _____ 7777 NORTH SHORE PLACE
NORTH LITTLE ROCK AR 72118
- 2.30. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** D&O INSURANCE - POLICY NO. NHS669565
- Nature of debtor's interest** INSURED RSUI INDEMNITY COMPANY
- State the term remaining** OCTOBER 2, 2020 945 EAST PACES FERRY ROAD NE
SUITE 1800
ATLANTA GA 30326
- List the contract number of any government contract** _____
- 2.31. **Title of contract** GENERAL CONTRACT FOR SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT (DIETICIAN)
- Nature of debtor's interest** CONTRACT PARTY SHELTON, ADELINE MERIWETHER
- State the term remaining** 3/21/2021 Address Intentionally Omitted
- List the contract number of any government contract** _____
- 2.32. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03
- Nature of debtor's interest** INSURED STEADFAST INSURANCE (ZURICH AMERICAN)
- State the term remaining** JUNE 1, 2021 1400 AMERICAN LANE
SCHAUMBURG IL 60196
- List the contract number of any government contract** _____
- 2.33. **Title of contract** PEST CONTROL SERVICE PLAN **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICE CONTRACT
- Nature of debtor's interest** CONTRACT PARTY TERMINIX
- State the term remaining** 4/16/2021 2625 WEST OXFORD LOOP
STE. A
OXFORD MS 38655
- List the contract number of any government contract** _____

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.34. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719
- Nature of debtor's interest** INSURED TOKIO MARINE SPECIALTY INSURANCE COMPANY
- State the term remaining** NOVEMBER 7, 2020 840 CRESCENT CENTRE DRIVE #180
- List the contract number of any government contract** _____ FRANKLIN TN 37067
- 2.35. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890
- Nature of debtor's interest** INSURED TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
- State the term remaining** OCTOBER 2, 2020 P.O. BOX 660317
- List the contract number of any government contract** _____ DALLAS TX 75266-0317
- 2.36. **Title of contract** FIELD PRACTICUM CONTRACT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNSHIP CONTRACT
- Nature of debtor's interest** CONTRACT PARTY UNION UNIVERSITY
- State the term remaining** 8/23/2020 SCHOOL OF SOCIAL WORK, FIELD EDUCATION
- List the contract number of any government contract** _____ 2745 HACKS CROSS ROAD MEMPHIS TN 38138
- 2.37. **Title of contract** FIELD AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNSHIP AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY UNIVERSITY OF ALABAMA
- State the term remaining** 2/6/2020 SCHOOL OF SOCIAL WORK
- List the contract number of any government contract** _____ ATTN: ALLISON CURINGTON, LCSW BOX 870314 TUSCALOOSA AL 35487-0358
- 2.38. **Title of contract** AFFILIATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERNSHIP AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY UNIVERSITY OF MEMPHIS
- State the term remaining** 4/30/2021 DEPT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH
- List the contract number of any government contract** _____ ATTN: DR. ELVIN OVREBO, UNIVERSITY DOCTORAL PRACTICUM COORDINATOR 3720 ALUMNI AVE MEMPHIS TN 38152

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.39. **Title of contract** COUNSELOR EDUCATION PROGRAM PRACTICUM/INTERNSHIP CONTRACT
- State what the contract or lease is for** INTERNSHIP AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 10/10/2020
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- UNIVERSITY OF MISSISSIPPI
P.O. BOX 1848
UNIVERSITY MS 38677
- 2.40. **Title of contract** SOCIAL WORK PRACTICUM AGREEMENT OF UNDERSTANDING
- State what the contract or lease is for** INTERNSHIP AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 4/16/2021
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- UNIVERSITY OF MISSISSIPPI,
DEPARTMENT OF SOCIAL WORK
ATTN: TERESA CARITHERS,
ASSOCIATE DEAN, SCHOOL OF
APPLIED SCIENCES
P.O. BOX 1848
GARLAND HALL 205
UNIVERSITY MS 38677
- 2.41. **Title of contract** CLINICAL EDUCATION PROGRAM AGREEMENT
- State what the contract or lease is for** INTERNSHIP AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 12/31/2020
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- UNIVERSITY OF WISCONSIN
LACROSSE
ATTN: THE BOARD OF REGENTS OF
THE UNIVERSITY OF WISCONSIN
SYSTEM
ATTN: TARA DELONG
1725 STATE STREET
LA CROSSE WI 54601
- 2.42. **Title of contract** INSURANCE
- State what the contract or lease is for** FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151879863-00
- Nature of debtor's interest** INSURED
- State the term remaining** AUGUST 3, 2020
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- WRIGHT NATIONAL FLOOD
INSURANCE COMPANY
P.O. BOX 33064
ST. PETERSBURG FL 33733
- 2.43. **Title of contract** INSURANCE
- State what the contract or lease is for** FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897164-00
- Nature of debtor's interest** INSURED
- State the term remaining** SEPTEMBER 30, 2020
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- WRIGHT NATIONAL FLOOD
INSURANCE COMPANY
P.O. BOX 33064
ST. PETERSBURG FL 33733

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

- 2.44. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897167-00
- Nature of debtor's interest** INSURED WRIGHT NATIONAL FLOOD INSURANCE COMPANY
P.O. BOX 33064
ST. PETERSBURG FL 33733
- State the term remaining** SEPTEMBER 30, 2020
- List the contract number of any government contract** _____
- 2.45. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897168-00
- Nature of debtor's interest** INSURED WRIGHT NATIONAL FLOOD INSURANCE COMPANY
P.O. BOX 33064
ST. PETERSBURG FL 33733
- State the term remaining** SEPTEMBER 30, 2020
- List the contract number of any government contract** _____
- 2.46. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** D&O INSURANCE - POLICY NO. ELU146665-16
- Nature of debtor's interest** INSURED XL SPECIALTY INSURANCE COMPANY
20 N. MARTINGALE ROAD # 200
SCHAUMBURG IL 60173
- State the term remaining** OCTOBER 2, 2020
- List the contract number of any government contract** _____
- 2.47. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03
- Nature of debtor's interest** INSURED ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY ZAIC
SCHAUMBURG IL 60196
- State the term remaining** JUNE 1, 2021
- List the contract number of any government contract** _____
- 2.48. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03
- Nature of debtor's interest** INSURED ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY ZAIC
SCHAUMBURG IL 60196
- State the term remaining** JUNE 1, 2021
- List the contract number of any government contract** _____

Fill in this information to identify the case:**Debtor name:** Oxford Treatment Center, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11608☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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

1. Does the debtor have any codebtors?

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

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. AAC DALLAS OUTPATIENT CENTER, LLC	2301 AVENUE J ARLINGTON TX 76006	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.2. AAC DALLAS OUTPATIENT CENTER, LLC	2301 AVENUE J ARLINGTON TX 76006	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.3. AAC DALLAS OUTPATIENT CENTER, LLC	2301 AVENUE J ARLINGTON TX 76006	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.4. AAC HEALTHCARE NETWORK, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.5. AAC HEALTHCARE NETWORK, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.6. AAC HOLDINGS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. AAC HOLDINGS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.8. AAC LAS VEGAS OUTPATIENT CENTER, LLC	3441 S EASTERN AVENUE LAS VEGAS NV 89169	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.9. AAC LAS VEGAS OUTPATIENT CENTER, LLC	3441 S EASTERN AVENUE LAS VEGAS NV 89169	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.10. AAC LAS VEGAS OUTPATIENT CENTER, LLC	3441 S EASTERN AVENUE LAS VEGAS NV 89169	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.11. ADCARE HOSPITAL OF WORCESTER, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.12. ADCARE HOSPITAL OF WORCESTER, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.13. ADCARE RHODE ISLAND, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.14. ADCARE RHODE ISLAND, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.15. ADCARE, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.16. ADCARE, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.17. ADDICTION LABS OF AMERICA, LLC	500 WILSON PIKE CIRCLE SUITE 360 BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18. ADDICTION LABS OF AMERICA, LLC	500 WILSON PIKE CIRCLE SUITE 360 BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.19. ADDICTION LABS OF AMERICA, LLC	500 WILSON PIKE CIRCLE SUITE 360 BRENTWOOD TN 37027	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.20. AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.21. AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.22. AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.23. AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	BRANDELL ATKINSON	☐ D ☒ E/F ☐ G
2.24. AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	M&A INVESTMENTS, INC. D/B/A U.S. LAWNS OF NORTHEAST MISSISSIPPI	☐ D ☒ E/F ☐ G
2.25. AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	PANOLA PAPER COMPANY	☐ D ☒ E/F ☐ G
2.26. BEHAVIORAL HEALTHCARE REALTY, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.27. BEHAVIORAL HEALTHCARE REALTY, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.28. BHR ALISO VIEJO REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.29. BHR ALISO VIEJO REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.30. BHR GREENHOUSE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.31. BHR GREENHOUSE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.32. BHR OXFORD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.33. BHR OXFORD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.34. BHR RINGWOOD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.35. BHR RINGWOOD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.36. CLINICAL REVENUE MANAGEMENT SERVICES, LLC	200 POWELL PLACE BRENTWOOD TN 37027	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.37. CONCORDE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.38. CONCORDE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39. CONCORDE TREATMENT CENTER, LLC	2465 EAST TWAIN AVENUE LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.40. CONCORDE TREATMENT CENTER, LLC	2465 EAST TWAIN AVENUE LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.41. CONCORDE TREATMENT CENTER, LLC	2465 EAST TWAIN AVENUE LAS VEGAS NV 89121	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.42. FORTERUS HEALTH CARE SERVICES, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.43. FORTERUS HEALTH CARE SERVICES, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.44. GRAND PRAIRIE PROFESSIONAL GROUP, P.A.	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.45. GRAND PRAIRIE PROFESSIONAL GROUP, P.A.	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.46. GRAND PRAIRIE PROFESSIONAL GROUP, P.A.	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.47. GREEN HILL REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.48. GREEN HILL REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.49. GREENHOUSE TREATMENT CENTER, LLC	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.50. GREENHOUSE TREATMENT CENTER, LLC	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.51. GREENHOUSE TREATMENT CENTER, LLC	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.52. LAGUNA TREATMENT HOSPITAL, LLC	24552 PACIFIC PARK DRIVE ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.53. LAGUNA TREATMENT HOSPITAL, LLC	24552 PACIFIC PARK DRIVE ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.54. LAGUNA TREATMENT HOSPITAL, LLC	24552 PACIFIC PARK DRIVE ALISO VIEJO CA 92656	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.55. LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C.	2465 E TWAIN AVENUE SUITE 100 LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.56. LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C.	2465 E TWAIN AVENUE SUITE 100 LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.57. LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C.	2465 E TWAIN AVENUE SUITE 100 LAS VEGAS NV 89121	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.58. LINCOLN CATHARINE REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.59. LINCOLN CATHARINE REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.60. NEW JERSEY ADDICTION TREATMENT CENTER, LLC	37 SUNSET INN ROAD LAFAYETTE NJ 07848	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.61. NEW JERSEY ADDICTION TREATMENT CENTER, LLC	37 SUNSET INN ROAD LAFAYETTE NJ 07848	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.62. OXFORD OUTPATIENT CENTER, LLC	611 COMMERCE PARKWAY OXFORD MS 38655	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.63. OXFORD OUTPATIENT CENTER, LLC	611 COMMERCE PARKWAY OXFORD MS 38655	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.64. OXFORD OUTPATIENT CENTER, LLC	611 COMMERCE PARKWAY OXFORD MS 38655	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.65. OXFORD PROFESSIONAL GROUP, P.C.	297 CR 244 SUITE 100 ETTA MS 38627	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.66. OXFORD PROFESSIONAL GROUP, P.C.	297 CR 244 SUITE 100 ETTA MS 38627	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.67. OXFORD PROFESSIONAL GROUP, P.C.	297 CR 244 SUITE 100 ETTA MS 38627	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.68. PALM BEACH PROFESSIONAL GROUP, PROFESSIONAL CORPORATION	12012 BOYETTE ROAD SUITE A RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.69. PALM BEACH PROFESSIONAL GROUP, PROFESSIONAL CORPORATION	12012 BOYETTE ROAD SUITE A RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.70. PALM BEACH PROFESSIONAL GROUP, PROFESSIONAL CORPORATION	12012 BOYETTE ROAD SUITE A RIVERVIEW FL 33569	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.71. PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION	2014 W PINHOOK ROAD SUITE 301 LAFAYETTE LA 70508	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.72. PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION	2014 W PINHOOK ROAD SUITE 301 LAFAYETTE LA 70508	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.73. RECOVERY BRANDS, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.74. RECOVERY BRANDS, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.75. RECOVERY FIRST OF FLORIDA, LLC	4110 DAVIE ROAD EXTENSION SUITE 203 HOLLYWOOD FL 33024	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.76. RECOVERY FIRST OF FLORIDA, LLC	4110 DAVIE ROAD EXTENSION SUITE 203 HOLLYWOOD FL 33024	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.77. REFERRAL SOLUTIONS GROUP, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.78. REFERRAL SOLUTIONS GROUP, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.79. RI - CLINICAL SERVICES, LLC	11 KING CHARLES DRIVE SUITE A2 PORTSMOUTH RI 02871	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.80. RI - CLINICAL SERVICES, LLC	11 KING CHARLES DRIVE SUITE A2 PORTSMOUTH RI 02871	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.81. RIVER OAKS TREATMENT CENTER, LLC	12012 BOYETTE ROAD RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.82. RIVER OAKS TREATMENT CENTER, LLC	12012 BOYETTE ROAD RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.83. RIVER OAKS TREATMENT CENTER, LLC	12012 BOYETTE ROAD RIVERVIEW FL 33569	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.84. SAGENEX DIAGNOSTICS LABORATORY, LLC	3042 GAUSE BLVD EAST SLIDELL LA 70461	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.85. SAGENEX DIAGNOSTICS LABORATORY, LLC	3042 GAUSE BLVD EAST SLIDELL LA 70461	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.86. SAN DIEGO ADDICTION TREATMENT CENTER, INC.	2456 E STREET SAN DIEGO CA 92102	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.87. SAN DIEGO ADDICTION TREATMENT CENTER, INC.	2456 E STREET SAN DIEGO CA 92102	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.88. SAN DIEGO PROFESSIONAL GROUP, P.C.	24502 PACIFIC PARK DRIVE SUITE 101 ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.89. SAN DIEGO PROFESSIONAL GROUP, P.C.	24502 PACIFIC PARK DRIVE SUITE 101 ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.90. SAN DIEGO PROFESSIONAL GROUP, P.C.	24502 PACIFIC PARK DRIVE SUITE 101 ALISO VIEJO CA 92656	COLLECT RX, LLC	☐ D ☒ E/F ☐ G

Debtor **Oxford Treatment Center, LLC**Case number (if known) **20-11608**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.91. SOBER MEDIA GROUP, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.92. SOBER MEDIA GROUP, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.93. SOLUTIONS TREATMENT CENTER, LLC	2975 S RAINBOW BLVD LAS VEGAS NV 89146	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.94. SOLUTIONS TREATMENT CENTER, LLC	2975 S RAINBOW BLVD LAS VEGAS NV 89146	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.95. SOLUTIONS TREATMENT CENTER, LLC	2975 S RAINBOW BLVD LAS VEGAS NV 89146	COLLECT RX, LLC	☐ D ☒ E/F ☐ G
2.96. THE ACADEMY REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.97. THE ACADEMY REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.98. TOWER HILL REALTY, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G
2.99. TOWER HILL REALTY, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☒ D ☐ E/F ☐ G

Fill in this information to identify the case and this filing:

Debtor Name Oxford Treatment Center, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): 20-11608

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 30 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 07/27/2020
MM / DD / YYYY

X/s/ Andrew McWilliams

Signature of individual signing on behalf of debtor

Andrew McWilliams

Printed name

Sole Manager

Position or relationship to debtor