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

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|---|---|
| In re: | Chapter 11 |
| AAC HOLDINGS, INC., *et al.*,[1] | Case No.: 20-11648 (JTD) |
| Debtors. | (Jointly Administered) |

**SCHEDULES OF ASSETS AND LIABILITIES FOR**
**LAGUNA TREATMENT HOSPITAL, LLC (CASE NO. 20-11613)**

[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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| AAC HOLDINGS, INC., *et al*.,[1] | Case No. 20-11648 (JTD) |
| Debtors. | (Jointly Administered) |

# 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

[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.

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.

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[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:** Laguna Treatment Hospital, LLC

**United States Bankruptcy Court for the:** District of Delaware

**Case number (if known):** 20-11613

☐ 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 | $5,467,026.00 |
| 1b. | **Total personal property:** Copy line 91A from Schedule A/B | $3,625,308.11 |
| 1c. | **Total of all property:** Copy line 92 from Schedule A/B | $9,092,334.11 |

## 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 | $363,612,692.97 |

**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 | $233,321.88 |
| 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 | + $840,971.66 |

| | | |
|---|---|---|
| **4.** | ***Total liabilities*** Lines 2 + 3a + 3b | $364,686,986.51 |

**Fill in this information to identify the case:**

**Debtor name:** Laguna Treatment Hospital, LLC

**United States Bankruptcy Court for the:** District of Delaware

**Case number (if known):** 20-11613

☐ 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<br>LAGUNA TREATMENT HOSPITAL, LLC-<br>DEPOSIT ACCOUNT | CHECKING | 0027 | $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. $0.00

## Part 2: Deposits and prepayments

**6. Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

☑ Yes. Fill in the information below

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

**7. Deposits, including security deposits and utility deposits**

| | Description, including name of holder of deposit | Current value of debtor's interest |
|---|---|---|
| 7.1. | RENT<br>ALISO PARTNERS LLC | $15,000.00 |
| 7.2. | RENT<br>GATEWAY SMP LLC | $7,500.00 |

**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. $22,500.00

## Part 3: Accounts receivable

**10. Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☑ Yes. Fill in the information below.

| | | Face amount | | Doubtful or uncollectible accounts | | Current value of debtor's interest |
|---|---|---|---|---|---|---|
| **11. Accounts receivable** | | | | | | |
| 11a. | 90 days old or less: | $1,444,062.57 | - | $0.00 | = ..... → | $1,444,062.57 |
| | | Face amount | | Doubtful or uncollectible accounts | | |
| 11b. | Over 90 days old: | $1,948,192.88 | - | $0.00 | = ..... → | $1,948,192.88 |

**12. Total of part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $3,392,255.45

## 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. | _____ | _____ | $_____ |

**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. | _____ | _____% | _____ | $_____ |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

**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** | | | | |
| 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

## 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.

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | 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**

Add lines 28 through 32. Copy the total to line 85. $0.00

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

☐ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

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

☐ No

☐ Yes Book value: $_____ Valuation method: _____ Current value: $_____

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

☐ No

☐ Yes

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

☐ No

☐ Yes

## Part 7: Office furniture, fixtures, and equipment; and collectibles

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☑ Yes. Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|---|---|
| **39.** | **Office furniture** | | | |
| 39.1. | SEE, RESPONSE AT PART 7, NO. 40 | $_____ | _____ | $_____ |
| **40.** | **Office fixtures** | | | |
| 40.1. | OWNED | $205,119.76 | Net Book Value | $205,119.76 |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

**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 | $5,432.90 | Net Book Value | $5,432.90 |
| 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. $210,552.66

**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<br>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available)<br>(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. _____ | $_____ | _____ | $_____ |
| **48. Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 48.1. _____ | $_____ | _____ | $_____ |
| **49. Aircraft and accessories** | | | |
| 49.1. _____ | $_____ | _____ | $_____ |
| **50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)** | | | |
| 50.1. LEASED VEHICLE - 1N6BD0CT9JN721812 | UNDETERMINED | _____ | UNDETERMINED |
| 50.2. LEASED VEHICLE - 1N6BD0CT5JN754967 | UNDETERMINED | _____ | UNDETERMINED |

**51. Total of part 8**

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

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

☑ No
☐ Yes

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

**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<br>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<br>(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. _____<br>LAND<br>_____<br>24552 PACIFIC PARK<br>ALISO VIEJO CA 92656 | FEE SIMPLE | $5,464,636.00 | Acquisition cost | $5,464,636.00 |
| 55.2. _____<br>CONSTRUCTION IN PROGRESS<br>_____<br>24552 PACIFIC PARK<br>ALISO VIEJO CA 92656 | FEE SIMPLE | $2,390.00 | Net Book Value | $2,390.00 |
| 55.3. _____<br>LEASED BUILDING / OFFICE<br>_____<br>24502 PACIFIC PARK DR. STES 101B, 102, 103, 104 & 105<br>ALISO VIEJO CA 92656 | LEASEHOLD INTEREST | UNDETERMINED | _____ | UNDETERMINED |

**56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88. $5,467,026.00

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

☑ No

☐ Yes

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

☑ No

☐ Yes

## 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<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|---|
| **60. Patents, copyrights, trademarks, and trade secrets** | | | |
| 60.1. _____ | $_____ | _____ | $_____ |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

**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. | _____ | $_____ | _____ | $_____ |

**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.

**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 |
| 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. MKLM2MML000420 | _____ | _____ | _____ | 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 |
| 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. _____ $_____

**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 **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

## 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.** *Copy line 5, Part 1.* | $0.00 | | |
| 81. | **Deposits and prepayments.** *Copy line 9, Part 2.* | $22,500.00 | | |
| 82. | **Accounts receivable.** *Copy line 12, Part 3.* | $3,392,255.45 | | |
| 83. | **Investments.** *Copy line 17, Part 4.* | $0.00 | | |
| 84. | **Inventory.** *Copy line 23, Part 5.* | UNDETERMINED | | |
| 85. | **Farming and fishing-related assets.** *Copy line 33, Part 6.* | $0.00 | | |
| 86. | **Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.* | $210,552.66 | | |
| 87. | **Machinery, equipment, and vehicles.** *Copy line 51, Part 8.* | UNDETERMINED | | |
| 88. | **Real property.** *Copy line 56, Part 9.* ..... → | | | $5,467,026.00 |
| 89. | **Intangibles and intellectual property.** *Copy line 66, Part 10.* | $0.00 | | |
| 90. | **All other assets.** *Copy line 78, Part 11.* | **+** UNDETERMINED | | |
| 91. | **Total.** Add lines 80 through 90 for each column. .....91a. | $3,625,308.11 | **+** 91b. | $5,467,026.00 |

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ..... $9,092,334.11

**Fill in this information to identify the case:**

**Debtor name:** Laguna Treatment Hospital, LLC

**United States Bankruptcy Court for the:** District of Delaware

**Case number (if known):** 20-11613

☐ Check if this is an amended filing

Official Form 206D

# Schedule D: Creditors Who Have Claims Secured by Property 12/15

**Be as complete and accurate as possible.**

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

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

☑ Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

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

| | | | Column A **Amount of Claim** Do not deduct the value of collateral. | Column B **Value of collateral that supports this claim** |
|---|---|---|---|---|
| 2.1. | **Creditor's name and address**<br>ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT<br>140 SHERMAN STREET<br>4TH FLOOR<br>FAIRFIELD CT 06824<br>**Creditor's email address, if known**<br>_____<br>**Date debt was incurred:** 6/30/2017<br>**Last 4 digits of account number:** UNKNOWN<br>**Do multiple creditors have an interest in the same property?**<br>☐ No<br>☑ Yes. Have you already specified the relative priority?<br>☑ No. Specify each creditor, including this creditor, and its relative priority. JUNIOR LIEN AGREEMENT SUBORDINATED TO SENIOR LIEN CREDIT AGREEMENT<br>☐ Yes. The relative priority of creditors is specified on lines: _____ | **Describe debtor's property that is subject to a lien**<br>ALL ASSETS<br>**Describe the lien**<br>JUNIOR LIEN CREDIT AGREEMENT<br>UCC-1 FILING<br>**Is the creditor an insider or related party?**<br>☑ No<br>☐ Yes<br>**Is anyone else liable on this claim?**<br>☐ No<br>☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).<br>**As of the petition filing date, the claim is:** Check all that apply.<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | $316,612,692.97 | UNKNOWN |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| 2.2. | **Creditor's name and address** | **Describe debtor's property that is subject to a lien** | | |
|---|---|---|---|---|
| | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT<br>140 SHERMAN STREET<br>4TH FLOOR<br>FAIRFIELD CT 06824<br><br>**Creditor's email address, if known**<br>_____<br><br>**Date debt was incurred:** 3/8/2019<br><br>**Last 4 digits of account number:** UNKNOWN<br><br>**Do multiple creditors have an interest in the same property?**<br>☐ No<br>☑ Yes. Have you already specified the relative priority?<br>☐ No. Specify each creditor, including this creditor, and its relative priority.<br>_____<br>_____<br>☑ Yes. The relative priority of creditors is specified on lines: 2.1 | ALL ASSETS<br><br>**Describe the lien**<br>SENIOR LIEN CREDIT AGREEMENT<br>UCC-1 FILING<br><br>**Is the creditor an insider or related party?**<br>☑ No<br>☐ Yes<br><br>**Is anyone else liable on this claim?**<br>☐ No<br>☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).<br><br>**As of the petition filing date, the claim is:** Check all that apply.<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | $47,000,000.00 | UNKNOWN |

| | | |
|---|---|---|
| **3.** | **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** | **$363,612,692.97** |

## 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. | STROOCK & STROOCK & LAVAN LLP<br>SAYAN BHATTACHARYYA DANIEL A. FLIMAN<br>180 MAIDEN LANE<br>NEW YORK NY 10038-4982 | Line 2.1 | UNKNOWN |
| 3.2. | STROOCK & STROOCK & LAVAN LLP<br>SAYAN BHATTACHARYYA DANIEL A. FLIMAN<br>180 MAIDEN LANE<br>NEW YORK NY 10038-4982 | Line 2.2 | UNKNOWN |

**Fill in this information to identify the case:**

**Debtor name:** Laguna Treatment Hospital, LLC

**United States Bankruptcy Court for the:** District of Delaware

**Case number (if known):** 20-11613

☐ 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**

ALFONSO, ROWENA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

| Total claim | Priority amount |
|---|---|
| $863.99 | $863.99 |

| 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:**

**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**

ANDERSEN, AMANDA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

| Total claim | Priority amount |
|---|---|
| $673.03 | $673.03 |

| 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:**

**Is the claim subject to offset?**

☑ No
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4)

| | | | | |
|---|---|---|---|---|
| 2.3. | **Priority creditor's name and mailing address**<br>ANKER, YEN<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$9,674.95 | **Priority amount**<br>$3,573.06<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.4. | **Priority creditor's name and mailing address**<br>AVALOS, MARITZA<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$1,450.56 | **Priority amount**<br>$1,269.33<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.5. | **Priority creditor's name and mailing address**<br>BELL, LAURA C.<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$480.00 | **Priority amount**<br>$480.00<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.6. | **Priority creditor's name and mailing address**<br>BELL, SHERRI<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed<br>**Basis for the claim:**<br>ACCRUED PTO<br>**Is the claim subject to offset?**<br>☑ No<br>☐ Yes | **Total claim**<br>$7,251.03 | **Priority amount**<br>$3,374.25<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20<br>**Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | | | |
| 2.7. | **Priority creditor's name and mailing address**<br>BEOOL, HEATHER<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed<br>**Basis for the claim:**<br>ACCRUED PTO<br>**Is the claim subject to offset?**<br>☑ No<br>☐ Yes | **Total claim**<br>$2,821.97 | **Priority amount**<br>$2,821.97<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20<br>**Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | | | |
| 2.8. | **Priority creditor's name and mailing address**<br>BEZZAR, GUY J.<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed<br>**Basis for the claim:**<br>ACCRUED PTO<br>**Is the claim subject to offset?**<br>☑ No<br>☐ Yes | **Total claim**<br>$300.00 | **Priority amount**<br>$300.00<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20<br>**Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | | | |

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

BLASCO, KELLY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $629.99 | $629.99 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

BOLTRON, ALVIN J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $6,426.15 | $3,219.01 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

CAMACHO, WILLIAM
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $10,267.62 | $5,248.04 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

CARTER, PHILIP G.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $17,690.88 | $9,951.57 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

CERECEDES, COLLEEN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,229.97 | $1,229.97 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

CHURCH, TRISHA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $397.42 | $397.42 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

CONSTANTINE, NANCY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $300.00 | $300.00 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

DE LA ROSA, JOHNNY A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $2,297.49 | $2,249.63 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

DEAN, MIGNON
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $19,387.10 | $3,489.06 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

DUKES, LAKEIYA S.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $4,201.32 | $1,903.80 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

DUREMDES, LAZARO O.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $713.08 | $420.00 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

ELDER, CODY D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $5,789.97 | $3,470.72 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

ESCAREZ, SHARON M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $276.66 | $276.66 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

ESPOSITO, JEAN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $253.33 | $253.33 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

FRIED, KIMBERLY A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $2,061.53 | $2,061.53 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

GARBUTT, SHAWN A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,933.35 | $1,933.35 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

GO, SHIREEN L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $2,686.55 | $2,141.94 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

GONZALEZ VENEGAS, RAFAEL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $4,917.08 | $3,374.29 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

HENLEY, AMANDA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $307.98 | $307.98 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

HERNANDEZ, JUAN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $810.66 | $810.66 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

HERNANDEZ, RUBEN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $1,179.32 | $1,179.32 |
| | **Nonpriority amount** |
| | UNDETERMINED |

| | | | | |
|---|---|---|---|---|
| 2.30. | **Priority creditor's name and mailing address**<br>HOLDEN, STEVE T.<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$9,834.49 | **Priority amount**<br>$3,444.34<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.31. | **Priority creditor's name and mailing address**<br>HUNT, JOHNNY K.<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$14,663.28 | **Priority amount**<br>$7,630.61<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.32. | **Priority creditor's name and mailing address**<br>IGLESIAS, OSCAR<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$240.00 | **Priority amount**<br>$240.00<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

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

KAYYALI, KATRINA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $533.33 | $533.33 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

KENNEDY, MELANIE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,881.30 | $1,881.30 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

KNAPP, KIMBERLY M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $12,990.81 | $3,885.20 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

LADEAU, EVA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $799.99 | $799.99 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

LEE, CHRYSTELLE S.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $2,166.65 | $2,166.65 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MAGALLANEZ, ARLYNE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $864.79 | $864.79 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MAIA, CHERYL I.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $180.00 | $180.00 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MAYOT, EMILY B.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $729.77 | $729.77 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MCGUIRE, MARY C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $2,026.65 | $2,026.65 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MCNALLY, SUSAN C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $4,082.63 | $2,376.83 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MCNEAL, MICHELLE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $4,877.44 | $2,242.25 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

MERCADO, JONATHAN L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $3,401.72 | $674.46 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

NGUYEN, JIMMY N.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $132.48 | $132.48 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

ONORATO, THERESE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $1,095.31 | $1,095.31 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

PANTER, CHELSEA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $562.79 | $562.79 |
| | **Nonpriority amount** |
| | UNDETERMINED |

| | | | | |
|---|---|---|---|---|
| 2.48. | **Priority creditor's name and mailing address**<br>PAVON, TRACY A.<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$8,012.68 | **Priority amount**<br>$2,893.29<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.49. | **Priority creditor's name and mailing address**<br>PEDROZA, MANUEL<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$4,159.62 | **Priority amount**<br>$1,460.87<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

| | | | | |
|---|---|---|---|---|
| 2.50. | **Priority creditor's name and mailing address**<br>PLUMA, ALEIAH<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:**<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Total claim**<br>$1,013.32 | **Priority amount**<br>$1,013.32<br>**Nonpriority amount**<br>UNDETERMINED |
| | **Date or dates debt was incurred**<br>12/21/19 - 6/20/20 | **Basis for the claim:**<br>ACCRUED PTO | | |
| | **Last 4 digits of account number:**<br>**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (4) | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | | |

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

PROFFIT, ISAIAH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,900.56 | $1,068.09 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

RAMIREZ, JANEL S.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $8,402.47 | $3,060.01 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

ROCKETT, HAILEY R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,044.09 | $1,043.84 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

RUIZ, RAYMOND A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $933.23 | $821.34 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

RYANN, JESSICA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $430.00 | $430.00 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SAN DIEGO, CATHERINE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,264.98 | $1,264.98 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SAN DIEGO, FERDINAND T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $3,105.04 | $1,951.05 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SLAYBACK, BENJAMIN G.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $769.19 | $769.19 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SLOSSON, SCOTT R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $2,084.81 | $2,028.00 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SMITH, KAMEKA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $5,647.78 | $2,592.33 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SMITH, MARY A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $160.05 | $160.05 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

SNYDER, CALLIE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $1,299.95 | $1,299.95 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

STERN, CARLY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $740.35 | $740.35 |

| Nonpriority amount |
|---|
| UNDETERMINED |

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

TEVES, ANTOINETTE J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $8,337.88 | $4,213.33 |

| Nonpriority amount |
|---|
| UNDETERMINED |

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

TORO-LATONERO, LUSSY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $794.83 | $794.83 |

| Nonpriority amount |
|---|
| UNDETERMINED |

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

WEBBER, KELLY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $3,791.67 | $3,460.82 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

WELLS, LANE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $2,725.68 | $1,808.16 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

WIDERMAN, NEIL J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**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

| Total claim | Priority amount |
|---|---|
| $1,278.03 | $1,144.01 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

WILSON, SCOTT T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $1,019.18 | $1,019.18 |
| | **Nonpriority amount** |
| | UNDETERMINED |

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

YUFENYUY, POLYCARP A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Basis for the claim:**

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)

| Total claim | Priority amount |
|---|---|
| $6,070.08 | $4,562.11 |
| | **Nonpriority amount** |
| | UNDETERMINED |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

## 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.

| | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | Amount of claim |
|---|---|---|---|
| 3.1. | ALEXANDER, STERLING<br>Address Intentionally Omitted | ☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | $235.89 |
| | **Date or dates debt was incurred**<br>PRE 12/21/19 | **Basis for the claim:**<br>PTO ACCRUAL | |
| | **Last 4 digits of account number:** | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | |
| 3.2. | **Nonpriority creditor's name and mailing address**<br>ALISO PARTNERS, LLC<br>C/O RICHARD L. SEIDE, A.P.C.<br>901 DOVE STREET<br>SUITE 1201<br>NEWPORT BEACH CA 92660 | **As of the petition filing date, the claim is:** *Check all that apply.*<br>☑ Contingent<br>☑ Unliquidated<br>☑ Disputed | **Amount of claim**<br>$18,039.50 |
| | **Date or dates debt was incurred**<br>_____ | **Basis for the claim:**<br>LITIGATION | |
| | **Last 4 digits of account number:** | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | |
| 3.3. | **Nonpriority creditor's name and mailing address**<br>BALDWIN, BRANDEE<br>Address Intentionally Omitted | **As of the petition filing date, the claim is:** *Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Amount of claim**<br>$3,979.59 |
| | **Date or dates debt was incurred**<br>PRE 12/21/19 | **Basis for the claim:**<br>PTO ACCRUAL | |
| | **Last 4 digits of account number:** | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

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

BONGAR, THE ESTATE OF BRADLEY
C/O WILLIAM M. SHERNOFF
SHERNOFF BIDART ECHEVERRIA LLP
301 NORTH CANON DRIVE
SUITE 2000
BERVERLY HILLS CA 91210

**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

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

BURSTYN, DONNA E.
C/O ERIK M. MCLAIN, ESQ.
MCLAIN PC
114 PACIFICA
SUITE 470
IRVINE CA 92618

**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

3.6. **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:**
*Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

**Basis for the claim:**

SETTLEMENT

**Is the claim subject to offset?**

☑ No
☐ Yes

**Amount of claim**

$800,000.00

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

COSSLETT, ROBYN
C/O JOHN K. BUCHE, ESQ.
BUCHE & ASSOCIATES P.C.
2029 CENTURY PARK E.
SUITE 400N
LOS ANGELES CA 90067

**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

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

HANGGIE, CRAIG 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**

$381.37

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

MERUELO MEDIA, LLC
C/O MATTHEW J. WEITZ, ESQ.
MERUELO GROUP, LLC
9550 FIRESTONE BLVD.
SUITE 105
DOWNLEY CA 90241

**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

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| 3.10. | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **Amount of claim** |
|---|---|---|---|
| | MITCHELL, LYNNETTE S.<br>Address Intentionally Omitted | ☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | $4,778.12 |
| | **Date or dates debt was incurred** | **Basis for the claim:** | |
| | PRE 12/21/19 | PTO ACCRUAL | |
| | **Last 4 digits of account number:** | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | |

| 3.11. | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | **Amount of claim** |
|---|---|---|---|
| | PETERSON, SCOTT T.<br>Address Intentionally Omitted | ☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | $13,557.19 |
| | **Date or dates debt was incurred** | **Basis for the claim:** | |
| | PRE 12/21/19 | PTO ACCRUAL | |
| | **Last 4 digits of account number:** | **Is the claim subject to offset?**<br>☑ No<br>☐ Yes | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

## 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. | | $233,321.88 |
| **5b.** | **Total claims from Part 2** | 5b. | **+** | $840,971.66 |
| **5c.** | **Total of Parts 1 and 2**<br>Lines 5a + 5b = 5c. | 5c. | | $1,074,293.54 |

**Fill in this information to identify the case:**

**Debtor name:** Laguna Treatment Hospital, LLC

**United States Bankruptcy Court for the:** District of Delaware

**Case number (if known):** 20-11613

☐ 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** | DISH MACHINE CONTRACT | ACCURATE COMPANIES<br>731 W FAIRMONT DRIVE<br>TEMPE AZ 85282 |
| | **State what the contract or lease is for** | SERVICES AGREEMENT (DISH MACHINE LEASE & MAINTENANCE) | |
| | **Nature of debtor's interest** | CONTRACT PARTY | |
| | **State the term remaining** | 11/4/2024 | |
| | **List the contract number of any government contract** | _____ | |
| 2.2. | **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** | MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04 | |
| | **Nature of debtor's interest** | INSURED | ADMIRAL INSURANCE COMPANY<br>6455 E. JOHNS CROSSING #325<br>DULUTH GA 30097 |
| | **State the term remaining** | OCTOBER 3, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.3. | **Title of contract** | ALARM SYSTEM MONITORING 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 | ADVANCED MONITORING, INC.<br>AMIE ABILA, ACCOUNT MANAGER<br>1354 S. PARKSIDE PLACE<br>ONTARIO CA 91761 |
| | **State the term remaining** | 7/15/2021 | |
| | **List the contract number of any government contract** | _____ | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.4. | **Title of contract** | PHARMACY MANAGEMENT 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 | ADVANCED PHARMACEUTICAL CONSULTANTS, INC<br>ATTN: PRESIDENT<br>555 NE 15TH STREET<br>SUITE 200<br>MIAMI FL 33132 |
| | **State the term remaining** | 4/14/2021 | |
| | **List the contract number of any government contract** | | |

| | | | |
|---|---|---|---|
| 2.5. | **Title of contract** | MULTI-TENANT OFFICE LEASE - NET | **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** |
| | **State what the contract or lease is for** | REAL ESTATE - LEASED PREMISES 24502 PACIFIC PARK DRIVE, ALISO VIEJO, CA 92656 | |
| | **Nature of debtor's interest** | LESSOR | ALISO PARTNERS, LLC<br>C/O R. ZABALLOS & SONS, INC.<br>22320 FOOTHILL BLVD.,<br>SUITE 660<br>HAYWARD CA 94541 |
| | **State the term remaining** | 9/30/22 | |
| | **List the contract number of any government contract** | | |

| | | | |
|---|---|---|---|
| 2.6. | **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** | PROPERTY INSURANCE - POLICY NO. 18257085 | |
| | **Nature of debtor's interest** | INSURED | AMERICAN HOME ASSURANCE COMPANY (AIG)<br>175 WATER STREET<br>18TH FLOOR<br>NEW YORK NY 10038 |
| | **State the term remaining** | AUGUST 1, 2020 | |
| | **List the contract number of any government contract** | | |

| | | | |
|---|---|---|---|
| 2.7. | **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** | 2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01 | |
| | **Nature of debtor's interest** | INSURED | ARCH CAPITAL GROUP<br>ONE LIBERTY PLAZA 53RD FLOOR<br>NEW YORK NY 10006 |
| | **State the term remaining** | JUNE 1, 2021 | |
| | **List the contract number of any government contract** | | |

| | | | |
|---|---|---|---|
| 2.8. | **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)<br>630 N. GREENWOOD DRIVE<br>PALATINE IL 60074 |
| | **State the term remaining** | JUNE 1, 2021 | |
| | **List the contract number of any government contract** | | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.9. | **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)<br>6 CONCOURSE PARKWAY NE<br>SUITE 2800<br>ATLANTA GA 30328 |
| | **State the term remaining** | JUNE 9, 2021 | |
| | **List the contract number of any government contract** | _____ | |
| 2.10. | **Title of contract** | MEDICAL WASTE DISPOSAL 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 | BIOLOGIC ENVIRONMENTAL SERVICES & WASTE SOLUTIONS<br>ATTN: ADMINISTRATOR<br>19833 CABOT BOULEVARD<br>HAYWARD CA 94545 |
| | **State the term remaining** | 4/30/2021 | |
| | **List the contract number of any government contract** | _____ | |
| 2.11. | **Title of contract** | TRANSFER AGREEMENT | **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** |
| | **State what the contract or lease is for** | TRANSFER OF PATIENTS BETWEEN THE TWO FACILITIES LOCATED IN ORANGE COUNTY, CALIFORNIA | |
| | **Nature of debtor's interest** | CONTRACT PARTY | CHAPMAN GLOBAL MEDICAL CENTER<br>ATTN: CHIEF EXECUTIVE OFFICER<br>2601 E CHAPMAN AVE.<br>ORANGE CA 92869 |
| | **State the term remaining** | 1/31/2021 | |
| | **List the contract number of any government contract** | _____ | |
| 2.12. | **Title of contract** | COMMERCIAL WASHER/DRYER RENTAL 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 - EQUIPMENT LEASE | |
| | **Nature of debtor's interest** | CONTRACT PARTY | CSC SERVICE WORKS, INC.<br>14426 BONELLI WAY<br>CITY OF INDUSTRY CA 91746 |
| | **State the term remaining** | 2/29/2028 | |
| | **List the contract number of any government contract** | _____ | |
| 2.13. | **Title of contract** | 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** | WASHER AND DRYER | |
| | **Nature of debtor's interest** | CONTRACT | CSC SERVICE WORKS, INC.<br>303 SUNNYSIDE BLVD.<br>SUITE 70<br>PLAINVIEW NY 11803 |
| | **State the term remaining** | UNKNOWN | |
| | **List the contract number of any government contract** | _____ | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.14. | **Title of contract** | PLANNED EQUIPMENT MAINTENANCE AGREEMENT | **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** |
| | **State what the contract or lease is for** | SERVICE CONTRACT | |
| | **Nature of debtor's interest** | CONTRACT PARTY | CUMMINS PACIFIC, LLC<br>1939 DEERE AVENUE<br>IRVINE CA 92606 |
| | **State the term remaining** | 2/14/2020 | |
| | **List the contract number of any government contract** | | |
| 2.15. | **Title of contract** | PEST ELIMINATION 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 | ECOLAB, INC<br>P.O. BOX 32027<br>NY NY 10087-2027 |
| | **State the term remaining** | 3/13/2017 | |
| | **List the contract number of any government contract** | | |
| 2.16. | **Title of contract** | COMMERCIAL CLEANING 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 | ELITE COMMERCIAL CLEANING, LLC<br>1040 LAS LOMAS DRIVE<br>UNIT A<br>LA HABRA CA 90631 |
| | **State the term remaining** | 5/14/2021 | |
| | **List the contract number of any government contract** | | |
| 2.17. | **Title of contract** | RENTAL 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** | RENTAL CONTRACT - SPACE NUMBER B1006 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | EXTRA SPACE MANAGEMENT, INC<br>9300 RESEARCH DRIVE<br>IRVINE CA 92618 |
| | **State the term remaining** | 9/13/2020 | |
| | **List the contract number of any government contract** | | |
| 2.18. | **Title of contract** | RENTAL 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** | RENTAL CONTRACT - SPACE NUMBER B1009 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | EXTRA SPACE MANAGEMENT, INC<br>9300 RESEARCH DRIVE<br>IRVINE CA 92618 |
| | **State the term remaining** | 9/28/2020 | |
| | **List the contract number of any government contract** | | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.19. | **Title of contract** | RENTAL 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** | RENTAL CONTRACT - SPACE NUMBER B1016 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | EXTRA SPACE MANAGEMENT, INC<br>9300 RESEARCH DRIVE<br>IRVINE CA 92618 |
| | **State the term remaining** | 9/13/2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.20. | **Title of contract** | RENTAL 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** | RENTAL CONTRACT - SPACE NUMBER B1017 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | EXTRA SPACE MANAGEMENT, INC<br>9300 RESEARCH DRIVE<br>IRVINE CA 92618 |
| | **State the term remaining** | 9/13/2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.21. | **Title of contract** | RENTAL 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** | RENTAL CONTRACT - SPACE NUMBER C1015 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | EXTRA SPACE MANAGEMENT, INC<br>9300 RESEARCH DRIVE<br>IRVINE CA 92618 |
| | **State the term remaining** | 9/13/2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.22. | **Title of contract** | RENTAL 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** | RENTAL CONTRACT - SPACE NUMBER D1009 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | EXTRA SPACE MANAGEMENT, INC<br>9300 RESEARCH DRIVE<br>IRVINE CA 92618 |
| | **State the term remaining** | 8/30/2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.23. | **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** | AVIATION (DRONE) INSURANCE - POLICY NO. 9005220 | |
| | **Nature of debtor's interest** | INSURED | GLOBAL AEROSPACE, INC.<br>3399 PEACHTREE ROAD #1100<br>ATLANTA GA 30326 |
| | **State the term remaining** | SEPTEMBER 14, 2020 | |
| | **List the contract number of any government contract** | _____ | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.24. | **Title of contract** | FIRE LIFE SAFETY TEST & INSPECT 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 | HCI SYSTEMS, INC.<br>ATTN: AMIE ABILA, ACCOUNT MANAGER<br>1354 S. PARKSIDE PL.<br>ONTARIO CA 91761 |
| | **State the term remaining** | 7/15/2020 | |
| | **List the contract number of any government contract** | | |
| 2.25. | **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** | GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501 | |
| | **Nature of debtor's interest** | INSURED | IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)<br>P.O. BOX 34756<br>SEATTLE WA 98124 |
| | **State the term remaining** | JUNE 1, 2021 | |
| | **List the contract number of any government contract** | | |
| 2.26. | **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** | MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701 | |
| | **Nature of debtor's interest** | INSURED | IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)<br>P.O. BOX 34756<br>SEATTLE WA 98124 |
| | **State the term remaining** | JUNE 1, 2021 | |
| | **List the contract number of any government contract** | | |
| 2.27. | **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** | EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420 | |
| | **Nature of debtor's interest** | INSURED | MARKEL AMERICAN INSURANCE COMPANY<br>3650 MANSELL ROAD<br>SUITE 440<br>ALPHARETTA GA 30022 |
| | **State the term remaining** | JUNE 10, 2021 | |
| | **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 (LANDSCAPING) | |
| | **Nature of debtor's interest** | CONTRACT PARTY | MENDOZA, OMAR<br>C/O LEILAS EARTH LANDSCAPE<br>Address Intentionally Omitted |
| | **State the term remaining** | 9/13/2020 | |
| | **List the contract number of any government contract** | | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.29. | **Title of contract** | PREVENTIVE MAINTENANCE AGREEMENT | **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** |
| | **State what the contract or lease is for** | SERVICE AGREEMENT | |
| | **Nature of debtor's interest** | CONTRACT PARTY | MESA ENERGY SYSTEMS, INC.<br>D/B/A EMCOR SERVICES MESA ENERGY<br>ATTN: NIC STULZ, MAINTENANCE AND ENERGY SERVICES CONSULTANT<br>2 CROMWELL<br>IRVINE CA 92618 |
| | **State the term remaining** | 11/21/2020 | |
| | **List the contract number of any government contract** | _____ | |
| 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. 01-940-12-09 | |
| | **Nature of debtor's interest** | INSURED | NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)<br>175 WATER STREET<br>18TH FLOOR<br>NEW YORK NY 10038 |
| | **State the term remaining** | OCTOBER 2, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.31. | **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** | FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85 | |
| | **Nature of debtor's interest** | INSURED | NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)<br>175 WATER STREET<br>18TH FLOOR<br>NEW YORK NY 10038 |
| | **State the term remaining** | OCTOBER 2, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.32. | **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 | OMNICARE OF CERRITOS<br>ATTN: GENERAL MANAGER<br>13825 CERRITOS CORPORATE CENTER DRIVE<br>SUITE A<br>CERRITOS CA 90703 |
| | **State the term remaining** | 5/31/2021 | |
| | **List the contract number of any government contract** | _____ | |
| 2.33. | **Title of contract** | PHARMACY CONSULTANT 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 | OMNICARE OF CERRITOS<br>EVERGREEN PHARMACEUTICAL OF CALIFORNIA, INC.<br>13825 CERRITOS CORPORATE CENTER DRIVE<br>SUITE A<br>CERRITOS CA 90703 |
| | **State the term remaining** | 5/31/2021 | |
| | **List the contract number of any government contract** | _____ | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.34. | **Title of contract** | PARKING 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** | PARKING - 24541 PACIFIC PARK DRIVE, ALISO VIEJO, CA 92656 | |
| | **Nature of debtor's interest** | CONTRACT PARTY | PACIFIC PARK VIEJO PROPERTIES, LLC<br>C/O R. ZABALLOS & SONS, INC.<br>22320 FOOTHILL BLVD.,<br>SUITE 660<br>HAYWARD CA 94541 |
| | **State the term remaining** | MONTH TO MONTH | |
| | **List the contract number of any government contract** | _____ | |
| 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** | D&O INSURANCE - POLICY NO. NHS669565 | |
| | **Nature of debtor's interest** | INSURED | RSUI INDEMNITY COMPANY<br>945 EAST PACES FERRY ROAD NE<br>SUITE 1800<br>ATLANTA GA 30326 |
| | **State the term remaining** | OCTOBER 2, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.36. | **Title of contract** | MEDSAFE 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 | SHARPS COMPLIANCE, INC.<br>P.O. BOX 679502<br>DALLAS TX 75267-9502 |
| | **State the term remaining** | 2/26/2022 | |
| | **List the contract number of any government contract** | _____ | |
| 2.37. | **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)<br>1400 AMERICAN LANE<br>SCHAUMBURG IL 60196 |
| | **State the term remaining** | JUNE 1, 2021 | |
| | **List the contract number of any government contract** | _____ | |
| 2.38. | **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<br>840 CRESCENT CENTRE DRIVE<br>#180<br>FRANKLIN TN 37067 |
| | **State the term remaining** | NOVEMBER 7, 2020 | |
| | **List the contract number of any government contract** | _____ | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 2.39. | **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<br>P.O. BOX 660317<br>DALLAS TX 75266-0317 |
| | **State the term remaining** | OCTOBER 2, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.40. | **Title of contract** | SERVICE PROPOSAL | **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** |
| | **State what the contract or lease is for** | SERVICE CONTRACT | |
| | **Nature of debtor's interest** | CONTRACT PARTY | WET WILLYZ POOL & SPA, INC.<br>25352 CHEROKEE WAY<br>LAKE FOREST CA 92630 |
| | **State the term remaining** | 7/5/2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.41. | **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. 09-1151879863-00 | |
| | **Nature of debtor's interest** | INSURED | WRIGHT NATIONAL FLOOD INSURANCE COMPANY<br>P.O. BOX 33064<br>ST. PETERSBURG FL 33733 |
| | **State the term remaining** | AUGUST 3, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.42. | **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. 09-1151897164-00 | |
| | **Nature of debtor's interest** | INSURED | WRIGHT NATIONAL FLOOD INSURANCE COMPANY<br>P.O. BOX 33064<br>ST. PETERSBURG FL 33733 |
| | **State the term remaining** | SEPTEMBER 30, 2020 | |
| | **List the contract number of any government contract** | _____ | |
| 2.43. | **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<br>P.O. BOX 33064<br>ST. PETERSBURG FL 33733 |
| | **State the term remaining** | SEPTEMBER 30, 2020 | |
| | **List the contract number of any government contract** | _____ | |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | | | |
|---|---|---|---|
| 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. 09-1151897168-00 | |
| | **Nature of debtor's interest** | INSURED | WRIGHT NATIONAL FLOOD INSURANCE COMPANY<br>P.O. BOX 33064<br>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** | D&O INSURANCE - POLICY NO. ELU146665-16 | |
| | **Nature of debtor's interest** | INSURED | XL SPECIALTY INSURANCE COMPANY<br>20 N. MARTINGALE ROAD # 200<br>SCHAUMBURG IL 60173 |
| | **State the term remaining** | OCTOBER 2, 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** | WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03 | |
| | **Nature of debtor's interest** | INSURED | ZURICH AMERICAN INSURANCE COMPANY<br>1299 ZURICH WAY ZAIC<br>SCHAUMBURG IL 60196 |
| | **State the term remaining** | JUNE 1, 2021 | |
| | **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 INSURANCE - POLICY NO. WC 0297371-03 | |
| | **Nature of debtor's interest** | INSURED | ZURICH AMERICAN INSURANCE COMPANY<br>1299 ZURICH WAY ZAIC<br>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:** Laguna Treatment Hospital, LLC

**United States Bankruptcy Court for the:** District of Delaware

**Case number (if known):** 20-11613

☐ 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 **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | 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 HOLDINGS, INC. | 200 POWELL PLACE BRENTWOOD TN 37027 | ALISO PARTNERS, LLC | ☐ 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 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.11. | AAC LAS VEGAS OUTPATIENT CENTER, LLC | 3441 S EASTERN AVENUE LAS VEGAS NV 89169 | COLLECT RX, LLC | ☐ 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 HOSPITAL OF WORCESTER, 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 RHODE ISLAND, 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. | ADCARE, INC. | 107 LINCOLN STREET WORCESTER MA 01605 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | 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 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.20. | ADDICTION LABS OF AMERICA, LLC | 500 WILSON PIKE CIRCLE SUITE 360 BRENTWOOD TN 37027 | COLLECT RX, LLC | ☐ 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 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.23. | AMERICAN ADDICTION CENTERS, INC. | 200 POWELL PLACE BRENTWOOD TN 37027 | COLLECT RX, LLC | ☐ D ☑ E/F ☐ G |
| 2.24. | AMERICAN ADDICTION CENTERS, INC. | 200 POWELL PLACE BRENTWOOD TN 37027 | DONNA E. BURSTYN | ☐ D ☑ E/F ☐ G |
| 2.25. | AMERICAN ADDICTION CENTERS, INC. | 200 POWELL PLACE BRENTWOOD TN 37027 | ROBYN COSSLETT | ☐ D ☑ E/F ☐ G |
| 2.26. | AMERICAN ADDICTION CENTERS, INC. | 200 POWELL PLACE BRENTWOOD TN 37027 | MERUELO MEDIA, LLC | ☐ 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 **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | Column 1: Codebtor | | Column 2: Creditor | |
|---|---|---|---|---|
| | **Name** | **Mailing address** | **Name** | *Check all schedules that apply:* |
| 2.28. | BEHAVIORAL HEALTHCARE REALTY, 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 ALISO VIEJO 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 GREENHOUSE 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 OXFORD 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. | BHR RINGWOOD REAL ESTATE, LLC | 200 POWELL PLACE BRENTWOOD TN 37027 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.37. | CLINICAL REVENUE MANAGEMENT SERVICES, LLC | 200 POWELL PLACE BRENTWOOD TN 37027 | COLLECT RX, LLC | ☐ 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 **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

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

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | Column 1: Codebtor | | Column 2: Creditor | |
|---|---|---|---|---|
| | **Name** | **Mailing address** | **Name** | *Check all schedules that apply:* |
| 2.49. | GREEN HILL REALTY CORPORATION | 107 LINCOLN STREET<br>WORCESTER MA 01605 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.50. | GREENHOUSE TREATMENT CENTER, LLC | 1171 107TH STREET<br>SUITE A<br>GRAND PRAIRIE TX 75050 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.51. | GREENHOUSE TREATMENT CENTER, LLC | 1171 107TH STREET<br>SUITE A<br>GRAND PRAIRIE TX 75050 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.52. | GREENHOUSE TREATMENT CENTER, LLC | 1171 107TH STREET<br>SUITE A<br>GRAND PRAIRIE TX 75050 | COLLECT RX, LLC | ☐ D<br>☑ E/F<br>☐ G |
| 2.53. | LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C. | 2465 E TWAIN AVENUE<br>SUITE 100<br>LAS VEGAS NV 89121 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.54. | LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C. | 2465 E TWAIN AVENUE<br>SUITE 100<br>LAS VEGAS NV 89121 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.55. | LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C. | 2465 E TWAIN AVENUE<br>SUITE 100<br>LAS VEGAS NV 89121 | COLLECT RX, LLC | ☐ D<br>☑ E/F<br>☐ G |
| 2.56. | LINCOLN CATHARINE REALTY CORPORATION | 107 LINCOLN STREET<br>WORCESTER MA 01605 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.57. | LINCOLN CATHARINE REALTY CORPORATION | 107 LINCOLN STREET<br>WORCESTER MA 01605 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.58. | NEW JERSEY ADDICTION TREATMENT CENTER, LLC | 37 SUNSET INN ROAD<br>LAFAYETTE NJ 07848 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.59. | NEW JERSEY ADDICTION TREATMENT CENTER, LLC | 37 SUNSET INN ROAD<br>LAFAYETTE NJ 07848 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | Column 1: Codebtor | | Column 2: Creditor | |
|---|---|---|---|---|
| | **Name** | **Mailing address** | **Name** | *Check all schedules that apply:* |
| 2.60. | OXFORD OUTPATIENT CENTER, LLC | 611 COMMERCE PARKWAY OXFORD MS 38655 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.61. | OXFORD OUTPATIENT CENTER, LLC | 611 COMMERCE PARKWAY OXFORD MS 38655 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.62. | OXFORD OUTPATIENT CENTER, LLC | 611 COMMERCE PARKWAY OXFORD MS 38655 | COLLECT RX, LLC | ☐ D ☑ E/F ☐ G |
| 2.63. | OXFORD PROFESSIONAL GROUP, P.C. | 297 CR 244 SUITE 100 ETTA MS 38627 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.64. | OXFORD PROFESSIONAL GROUP, P.C. | 297 CR 244 SUITE 100 ETTA MS 38627 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.65. | OXFORD PROFESSIONAL GROUP, P.C. | 297 CR 244 SUITE 100 ETTA MS 38627 | COLLECT RX, LLC | ☐ D ☑ E/F ☐ G |
| 2.66. | OXFORD TREATMENT CENTER, LLC | 297 CR 244 SUITE 100 ETTA MS 38627 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.67. | OXFORD TREATMENT CENTER, LLC | 297 CR 244 SUITE 100 ETTA MS 38627 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D ☐ E/F ☐ G |
| 2.68. | OXFORD TREATMENT CENTER, LLC | 297 CR 244 SUITE 100 ETTA MS 38627 | COLLECT RX, LLC | ☐ 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 **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | 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<br>SUITE A<br>RIVERVIEW FL 33569 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.71. | PALM BEACH PROFESSIONAL GROUP, PROFESSIONAL CORPORATION | 12012 BOYETTE ROAD<br>SUITE A<br>RIVERVIEW FL 33569 | COLLECT RX, LLC | ☐ D<br>☑ E/F<br>☐ G |
| 2.72. | PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION | 2014 W PINHOOK ROAD<br>SUITE 301<br>LAFAYETTE LA 70508 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.73. | PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION | 2014 W PINHOOK ROAD<br>SUITE 301<br>LAFAYETTE LA 70508 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.74. | RECOVERY BRANDS, LLC | 517 4TH AVENUE<br>SUITE 401<br>SAN DIEGO CA 92101 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.75. | RECOVERY BRANDS, LLC | 517 4TH AVENUE<br>SUITE 401<br>SAN DIEGO CA 92101 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.76. | RECOVERY FIRST OF FLORIDA, LLC | 4110 DAVIE ROAD EXTENSION<br>SUITE 203<br>HOLLYWOOD FL 33024 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.77. | RECOVERY FIRST OF FLORIDA, LLC | 4110 DAVIE ROAD EXTENSION<br>SUITE 203<br>HOLLYWOOD FL 33024 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.78. | REFERRAL SOLUTIONS GROUP, LLC | 517 4TH AVENUE<br>SUITE 401<br>SAN DIEGO CA 92101 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.79. | REFERRAL SOLUTIONS GROUP, LLC | 517 4TH AVENUE<br>SUITE 401<br>SAN DIEGO CA 92101 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.80. | RI - CLINICAL SERVICES, LLC | 11 KING CHARLES DRIVE<br>SUITE A2<br>PORTSMOUTH RI 02871 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| Column 1: Codebtor | | Column 2: Creditor | |
|---|---|---|---|
| **Name** | **Mailing address** | **Name** | *Check all schedules that apply:* |
| 2.81. RI - CLINICAL SERVICES, LLC | 11 KING CHARLES DRIVE<br>SUITE A2<br>PORTSMOUTH RI 02871 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.82. RIVER OAKS TREATMENT CENTER, LLC | 12012 BOYETTE ROAD<br>RIVERVIEW FL 33569 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.83. RIVER OAKS TREATMENT CENTER, LLC | 12012 BOYETTE ROAD<br>RIVERVIEW FL 33569 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.84. RIVER OAKS TREATMENT CENTER, LLC | 12012 BOYETTE ROAD<br>RIVERVIEW FL 33569 | COLLECT RX, LLC | ☐ D<br>☑ E/F<br>☐ G |
| 2.85. SAGENEX DIAGNOSTICS LABORATORY, LLC | 3042 GAUSE BLVD EAST<br>SLIDELL LA 70461 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.86. SAGENEX DIAGNOSTICS LABORATORY, LLC | 3042 GAUSE BLVD EAST<br>SLIDELL LA 70461 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.87. SAN DIEGO ADDICTION TREATMENT CENTER, INC. | 2456 E STREET<br>SAN DIEGO CA 92102 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.88. SAN DIEGO ADDICTION TREATMENT CENTER, INC. | 2456 E STREET<br>SAN DIEGO CA 92102 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.89. SAN DIEGO PROFESSIONAL GROUP, P.C. | 24502 PACIFIC PARK DRIVE<br>SUITE 101<br>ALISO VIEJO CA 92656 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.90. SAN DIEGO PROFESSIONAL GROUP, P.C. | 24502 PACIFIC PARK DRIVE<br>SUITE 101<br>ALISO VIEJO CA 92656 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |

Debtor **Laguna Treatment Hospital, LLC** Case number *(if known)* **20-11613**

| | Column 1: Codebtor | | Column 2: Creditor | |
|---|---|---|---|---|
| | **Name** | **Mailing address** | **Name** | *Check all schedules that apply:* |
| 2.91. | SAN DIEGO PROFESSIONAL GROUP, P.C. | 24502 PACIFIC PARK DRIVE<br>SUITE 101<br>ALISO VIEJO CA 92656 | COLLECT RX, LLC | ☐ D<br>☑ E/F<br>☐ G |
| 2.92. | SOBER MEDIA GROUP, LLC | 200 POWELL PLACE<br>BRENTWOOD TN 37027 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.93. | SOBER MEDIA GROUP, LLC | 200 POWELL PLACE<br>BRENTWOOD TN 37027 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.94. | SOLUTIONS TREATMENT CENTER, LLC | 2975 S RAINBOW BLVD<br>LAS VEGAS NV 89146 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.95. | SOLUTIONS TREATMENT CENTER, LLC | 2975 S RAINBOW BLVD<br>LAS VEGAS NV 89146 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.96. | SOLUTIONS TREATMENT CENTER, LLC | 2975 S RAINBOW BLVD<br>LAS VEGAS NV 89146 | COLLECT RX, LLC | ☐ D<br>☑ E/F<br>☐ G |
| 2.97. | THE ACADEMY REAL ESTATE, LLC | 200 POWELL PLACE<br>BRENTWOOD TN 37027 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.98. | THE ACADEMY REAL ESTATE, LLC | 200 POWELL PLACE<br>BRENTWOOD TN 37027 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.99. | TOWER HILL REALTY, INC. | 107 LINCOLN STREET<br>WORCESTER MA 01605 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |
| 2.100. | TOWER HILL REALTY, INC. | 107 LINCOLN STREET<br>WORCESTER MA 01605 | ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT | ☑ D<br>☐ E/F<br>☐ G |

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

Debtor Name Laguna Treatment Hospital, LLC

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

Case number (*If known*): 20-11613

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

✘ */s/ Andrew McWilliams*
Signature of individual signing on behalf of debtor

Andrew McWilliams
Printed name

Sole Manager
Position or relationship to debtor