

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

<p>In re:</p> <p>Halt Medical, Inc.,¹</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 11</p> <p>Case No. 17-10810 (LSS)</p>
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**GLOBAL NOTES TO SCHEDULES OF ASSETS AND LIABILITIES AND
STATEMENT OF FINANCIAL AFFAIRS OF HALT MEDICAL, INC.**

Halt Medical, Inc., the debtor and debtor in possession (the “Debtor”), submits its Schedules of Assets and Liabilities (the “Schedules”) and Statement of Financial Affairs (the “Statement”) pursuant to section 521 of the United States Bankruptcy Code, 11 U.S.C. §§ 101–1532 (the “Bankruptcy Code”) and Federal Rule of Bankruptcy Procedure 1007. The Schedules and Statement were prepared by the Debtor, with the assistance of the Debtor’s administrative agent, based on data as close as possible to April 12, 2017 (the “Petition Date”). While the Debtor’s management has exercised reasonable best efforts to ensure that the Schedules and Statement are accurate and complete based on information that was available at the time of preparation, inadvertent errors or omissions may exist. Accordingly, the Debtor reserves the right to amend the Schedules and Statement from time to time as may be necessary or appropriate. These global notes (the “Global Notes”) are incorporated by reference in, and comprise an integral part of, the Schedules and Statement. The Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statement.

The Debtor reserves the right to dispute, or to assert setoff rights, counterclaims or defenses to, any claim reflected on the Schedules or Statement, as to amount, liability or classification. The Debtor also reserves all rights with respect to the values, amounts and characterizations of the assets and liabilities listed in its Schedules and Statement.

Any failure to designate a claim listed on the Debtor’s Schedules as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtor that such amount is not “disputed,” “contingent” or “unliquidated.” The Debtor reserves the right to dispute, or to assert setoff rights, counterclaims or defenses to, any claim reflected on its Schedules, as to amount, liability or classification, or to otherwise subsequently designate any claim as “disputed,” “contingent” or “unliquidated.” Additionally, the dollar amounts of claims listed may be exclusive of contingent and additional unliquidated amounts. Further, the claims of individual creditors are listed as the amounts entered on the Debtor’s books and records and may not reflect credits or allowances due from such creditors to the Debtor. The Debtor reserves all of its rights with respect to any such credits and allowances.

In reviewing and signing the Schedules and Statement, the Debtor’s Chief Financial Officer (the “CFO”) has necessarily relied upon the efforts, statements, and representations of

¹ The last four digits of the Debtor’s federal tax identification number are 8422. The Debtor’s address is 131 Sand Creek Road, Suite B, Brentwood, CA 94513.

other personnel and professionals of the Debtor. While the CFO has made reasonable efforts to ensure the accuracy of the information reported in the Schedules and Statement, the CFO has not (and could not have) personally verified the accuracy of all such information, including, particularly, information regarding amounts owed to creditors and their addresses.

GENERAL NOTES

Basis of Presentation: The Schedules and Statement are unaudited and reflect the Debtor's reasonable best efforts to report its assets and liabilities as of the Petition Date. The Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP").

Causes of Action: As of the time of execution of these Schedules and Statement, the Debtor was unaware of any causes of action against third parties. The Debtor reserves all of its rights with respect to any causes of action it may have against any party, and neither these Global Notes nor the Schedules and Statement are intended, nor should they be construed, to constitute a waiver of any such causes of action.

Dates: Unless otherwise indicated, all asset and liability information in the Schedules and Statement is provided as of the Petition Date.

Leases: The Debtor has not included in the Schedules and Statement future obligations under any leases.

Litigation: Identification of litigation as a claim against the Debtor does not constitute an admission or acknowledgement that the Debtor is, in fact, properly a defendant in such litigation.

Valuation: Each asset and liability of the Debtor is shown on the basis of the net book value of the asset or liability in the Debtor's accounting books and records, unless otherwise noted, rather than the current market values, of such interests in property and/or liabilities. As a result, amounts ultimately realized from the disposition of assets may vary from the amounts reflected in the Schedules and Statement, and such variance may be material. 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 Statement.

Section 503(b)(9) Claims: The liabilities listed on the Schedules do not reflect any analysis of claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

Executory Contracts and Unexpired Leases: Other than real property leases reported in Schedule A/B 55, the Debtor has not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statement, even though these contracts and leases may have some value to the Debtor's estate. The Debtor's executory contracts and unexpired leases have been set forth in Schedule G.

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

NOTES REGARDING SCHEDULES OF ASSETS AND LIABILITIES

Schedule A/B: Assets – Real and Personal Property.

2. Cash on hand. Reported as of March 31, 2017.

8. Prepayments. Building rent amount is the prorated, post-petition portion of April rent (i.e., April 12–30) that was prepaid in March.

11. Accounts receivable. Reported as of March 31, 2017.

19–21. Inventory. Reported as of March 31, 2017. Stated value of raw material inventory does not reflect accounting reserve of \$70,790 for obsolescence.

39. Office furniture. Furniture valued at \$0 has been fully depreciated as an accounting matter, but could conceivably have market value. The Debtor has not attempted to estimate the market value of such furniture.

41. Office equipment. Reported as of March 31, 2017.

60–63. Intangible assets. These assets do not have a book value on the Debtor’s books and records, and the Debtor believes it would be prohibitively expensive or otherwise unduly burdensome to obtain an estimate of the value of the assets.

67. Personally identifiable information of customers. The Debtor’s customer lists do not contain “personally identifiable information” of customers within the meaning of 11 U.S.C. § 101(41A) because the Debtor’s customers who are individuals (e.g., physicians) do not obtain products or services from the Debtor “primarily for personal, family, or household purposes.”

72. Net operating losses. These assets do not have a book value on the Debtor’s books and records, and any estimate of value would be entirely speculative owing to the contingent nature of net operating loss carryforward deductions.

Schedule D: Creditors Who Have Claims Secured by Property.

Ownership of the claims identified in Schedule D may change, and may have already changed since the Petition Date. The Debtor has not attempted to identify the current holder(s) of these claims; rather, the Debtor has reported the holders of the claims as of the Petition Date, as reflected in the Debtor’s books and records.

Schedule E/F: Creditors Who Have Unsecured Claims.

2. Priority claims. The Bankruptcy Court entered a first-day order (the “Employee Wage Order”) granting the Debtor authority to pay prepetition employee wages, salaries and certain other benefits and obligations (the “Employee Claims”). Pursuant to the Employee Wage Order, the Debtor believes that any priority Employee Claims have been satisfied, or will be satisfied, in the ordinary course. Accordingly, although some priority Employee Claims might have existed as of the Petition Date, Employee Claims have not been included in Part 1 of Schedule E/F.

3. Nonpriority claims. These claims arose on various dates. In certain instances, the date on which a claim arose is an open issue of fact. While commercially reasonable efforts have been made, determining the date(s) upon which each claim incurred or arose would be unduly burdensome and cost-prohibitive and, therefore, the Debtor has not listed a date for every claim.

All parties to executory contracts and unexpired leases, including those listed on Schedule G, are holders of contingent and unliquidated unsecured claims arising from (i) obligations under those executory contracts and unexpired leases or (ii) potential rejection damages in the event that such executory contracts or unexpired leases are rejected. Not all such claims are duplicated on Schedule E/F.

The Debtor has certain indemnification obligations and, pursuant to such obligations, has in the past provided payment to counsel for the indemnitees. The identification of such counsel as a payee in the Debtor’s accounts payable system, or as a creditor in Schedule E/F, does not constitute an admission or acknowledgment that such counsel has a claim against the Debtor.

Schedule G: Executory Contracts and Unexpired Leases.

While commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions, or over-inclusions may have occurred. The Debtor reserves all of its rights to dispute the validity, status of enforceability of any contracts, agreement, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments, and agreements which may not be listed herein. Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, and other miscellaneous rights that are embedded in the Debtor’s agreements. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

The presence of a contract or lease on Schedule G does not constitute an admission that such contract or lease is an executory contract or unexpired lease within the meaning of 11 U.S.C. § 365. The Debtor reserves all of its rights, claims, and causes of action with respect to the contracts and leases listed on Schedule G, including the right to dispute or challenge the

characterization of the structure of any transaction, or any document or instrument related to a creditor's claim.

Omission of a contract or lease from Schedule G does not constitute an admission that such omitted contract or lease is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or leases are not impaired by its omission. Schedule G may be amended at any time to add any omitted contract or lease.

NOTES REGARDING STATEMENT OF FINANCIAL AFFAIRS

Statement 3. Certain payments or transfers to creditors within 90 days before filing this case.

For purposes of Statement 3 the Debtor has provided a comprehensive list of payments made within the 90 days immediately preceding the bankruptcy filing, irrespective whether the payee was a creditor at the time of such payment. The Debtor has attempted to remove any payments to insiders or to professionals relating to the bankruptcy from the response to this question, and to disclose those items in the appropriate places on the SOFA. Persons listed as "creditors" have been included for informational purposes only and such listing is not intended to, nor should it, be construed as a legal characterization of such party as a creditor, nor does it constitute an admission of any fact, claim, right or defense, all such rights, claims, and defenses being hereby expressly reserved.

In the ordinary course of business the Debtor reimburses its employees for advances made on behalf of the Debtor for business-related expenses. Transfers to employees by way of reimbursement of such advances are not included in the response to SOFA Question 3.

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

For purposes of Statement 4, the Debtor defines "insiders" pursuant to section 101(31) as its officers, directors, and majority shareholder as of the time of a given transfer. Transfers to or for the benefit of insiders listed above are set forth in response to this question irrespective whether such insider was a creditor at the time of such transfer. Designation of persons as "insiders" herein is for informational purposes only and is not intended to, nor should it, be construed as a legal characterization of such party as an insider. Further, the Debtor does not take any position with respect to (a) such person's influence over the control of the Debtor, (b) the management responsibilities or functions of such person, (c) the decision-making or corporate authority of such person, or (d) whether such person could successfully argue that they are not an "insider" under applicable law.

Statement 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits.

The Debtor is not a party to the *Calesa Associates, L.P. v. American Capital, Ltd.* action identified in response to Statement 7, but identifies it in the interest of full disclosure since the action relates to the Debtor.

Statement 16. Does the debtor collect and retain personally identifiable information of customers.

For purposes of Statement 16, the Debtor defines “personally identifiable information of customers” to include any of the following information of customers who are individuals: (i) first name (or initial) and last name, (ii) residential address, (iii) e-mail address, (iv) home telephone number, (v) social security number, (vi) credit card account number, (vii) birth date, birth place, or birth certificate/certificate of adoption number, or (viii) any other information that, if disclosed, could result in contacting or identifying such individual physically or electronically.

Statement 26d. Parties to whom the Debtor issued a financial statement within 2 years before filing the case.

The Debtor has provided financial statements in the ordinary course of its business to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtor’s knowledge or consent or subject to confidentiality agreements, the Debtor has not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

Question 29. Former officers, directors, shareholders in control of the Debtor.

For purposes of SOFA Question 29, the Debtor has identified Jeff Cohen and John Lewis, who formerly held management positions (officer and/or director) within the year prior to the Petition Date. To clarify, lest there be any confusion based on the manner of presentation of the information in the form: (i) the date range expressed in the “Period during which position or interest was held” refers to the duration of their management role only, (ii) so far as the Debtor is aware, Messrs. Cohen and Lewis held their stock the entire time in question, and continued to hold it as of the Petition Date, and (iii) Messrs. Cohen and Lewis were at all relevant times minority, and not controlling, shareholders.

END OF GLOBAL NOTES

SCHEDULES AND STATEMENT BEGIN ON THE FOLLOWING PAGE

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

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	\$0.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$2,009,358.55
1c. Total of all property: Copy line 92 from Schedule A/B	\$2,009,358.55

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	\$155,742,286.04
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	UNDETERMINED
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ \$1,888,413.80
4. Total liabilities Lines 2 + 3a + 3b	\$157,630,699.84

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

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
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2. Cash on hand

2.1.	PETTY CASH ON HAND	\$61.48
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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.	HERITAGE BANK OF COMMERCE	CHECKING (DACA)	2430	\$7,008.89
3.2.	HERITAGE BANK OF COMMERCE	CHECKING	3606	\$6,099.41
3.3.	HERITAGE BANK OF COMMERCE	MONEY MARKET (DACA)	8712	\$42.21
3.4.	HERITAGE BANK OF COMMERCE	CHECKING (DACA)	1647	\$52,893.30

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.

\$66,105.29

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

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

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	Current value of debtor's interest
7.1. SECURITY DEPOSIT REGUS MANAGEMENT	\$2,770.00
7.2. SECURITY DEPOSIT SAND CREEK BUSINESS ASSOCIATES I, LLC	\$18,265.50

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. LIABILITY INSURANCE (PREPAID FULL YEAR ON 1/1/2017) PACIFIC DIVERSIFIED INSURANCE SERVICES	\$45,733.74
8.2. BUILDING RENT (PAID PRORATED RENT FOR APRIL 2017 IN MARCH 2017) SAND CREEK BUSINESS ASSOCIATES LLC	\$15,415.80
8.3. MALPRACTICE INSURANCE (PREPAID 2/1/2017 - 1/31/2018) THE DOCTORS COMPANY	\$7,123.33

9. Total of part 2

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

\$89,308.37

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Current value of debtor's interest

11. Accounts receivable

	Face amount	Doubtful or uncollectible accounts		
11a. 90 days old or less:	\$152,639.25	- \$0.00	= →	\$152,639.25
11b. Over 90 days old:	\$1,230.53	- \$1,230.53	= →	\$0.00

12. Total of part 3

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

\$152,639.25

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

Part 4: Investments

13. Does the debtor own any investments?

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

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

Name of fund or stock

14.1. _____ \$ _____

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

Name of entity _____ % of ownership _____

15.1. _____ % _____ \$ _____

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
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19. Raw materials

19.1. RAW MATERIALS - DISPOSABLES	DECEMBER 2016	\$94,601.38	STANDARD COST	\$94,601.38
19.2. RAW MATERIALS - CAPITAL COMPONENTS	DECEMBER 2016	\$514,172.38	STANDARD COST	\$514,172.38

20. Work in progress

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
20.1. WORK IN PROGRESS	DECEMBER 2016	\$29,971.85	STANDARD COST	\$29,971.85

21. Finished goods, including goods held for resale

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.1. FINISHED GOODS - HELD FOR RESALE	DECEMBER 2016	\$46,166.60	STANDARD COST	\$46,166.60
21.2. FINISHED GOODS - PENDING REFURBISHING / STERILIZATION	DECEMBER 2016	\$53,418.35	STANDARD COST	\$53,418.35

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

21. Finished goods, including goods held for resale

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.3. FINISHED GOODS - SALESPERSONS	DECEMBER 2016	\$28,051.03	STANDARD COST	\$28,051.03

22. Other inventory or supplies

22.1. _____ \$ _____

23. Total of part 5

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

\$766,381.59

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: \$265.85 Valuation method: STANDARD COST Current value: \$265.85

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

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

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

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

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

28.1. _____ \$ _____

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

29.1. _____ \$ _____

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

30.1. _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

31.1. _____ \$ _____

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

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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.	LIGHT CHERRY DESK-BRENTWOOD	\$518.59	Net Book Value (Straight Line Depreciation 7 Year :Life)	\$518.59
39.2.	TRADE SHOW BOOTH	\$20,022.77	Net Book Value (Straight Line Depreciation 7 Year :Life)	\$20,022.77
39.3.	MISCELLANEOUS OFFICE FURNITURE (FULLY DEPRECIATED)	\$0.00	Net Book Value	\$0.00
40. Office fixtures				
40.1.	_____	\$ _____	_____	\$ _____
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.	COMPUTERS	\$15,051.27	Net Book Value (Straight Line Depreciation 5 Years)	\$15,051.27
41.2.	GENERAL EQUIPMENT (INCLUDING HALT GENERATORS, TTF GENERATORS, AND GUIDANCE CONTOLLERS)	\$850,301.58	Net Book Value (Straight Line Depreciation 5 - 7 Years)	\$850,301.58
41.3.	SOFTWARE	\$10,605.43	Net Book Value (Straight Line Depreciation 5 Years)	\$10,605.43

Debtor **Halt Medical, Inc.**

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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
41.4. MOLDS	\$12,052.62	Net Book Value (Straight Line Depreciation 7 Years)	\$12,052.62
41.5. TOOLING	\$26,371.79	Net Book Value (Straight Line Depreciation 7 Years)	\$26,371.79

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.

\$934,924.05

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

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

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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

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

47.1. 2015 DODGE GRAND CARAVANAN (VEHICLE #7528B) AGREEMENT # PLN2469	\$0.00	N/A	\$0.00
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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. _____ \$ _____

51. Total of part 8

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

\$0.00

Debtor **Halt Medical, Inc.**

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

- No
- Yes

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

- No
- Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

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

Description and location of property <small>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.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1. LEASED OFFICE SPACE OFFICE BUILDING SAND CREEK BUSINESS ASSOCIATES I, LLC 131 SAND CREEK ROAD SUITES A-L BRENTWOOD CA 94513	LEASED	\$0.00	N/A	\$0.00
55.2. LEASED OFFICE SPACE SINGLE OFFICE REGUS MANAGEMENT 7500 RIALTO BOULEVARD, BUILDING 1 SUITE 250 AUSTIN TX 78735	LEASED	\$0.00	N/A	\$0.00

56. Total of part 9

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

\$0.00

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.

Debtor **Halt Medical, Inc.**Case number (if known) **17-10810**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
60.1. PATENT (GYNECOLOGICAL ABLATION PROCEDURE AND SYSTEM USING AN ABLATION NEEDLE) USPN 6,840,935	UNDETERMINED	_____	UNDETERMINED
60.2. PATENT (GYNECOLOGICAL ABLATION PROCEDURE AND SYSTEM) USPN 7,678,106	UNDETERMINED	_____	UNDETERMINED
60.3. PATENT (RF ABLATION DEVICE WITH JAM PREVENTING ELECTRICAL COUPLING MEMBER) USPN 8,241,276	UNDETERMINED	_____	UNDETERMINED
60.4. PATENT (RADIO FREQUENCY ABLATION DEVICE FOR THE DESTRUCTION OF TISSUE MASSES) USPN 8,080,009	UNDETERMINED	_____	UNDETERMINED
60.5. PATENT (ANCHORED RF ABLATION DEVICE FOR THE DESTRUCTION OF TISSUE MASSES) USPN 8,512,333	UNDETERMINED	_____	UNDETERMINED
60.6. PATENT (ANCHORED RF ABLATION DEVICE FOR THE DESTRUCTION OF TISSUE MASSES) USPN 8,251,991	UNDETERMINED	_____	UNDETERMINED
60.7. PATENT (ABLATION METHOD) USPN 8,512,330	UNDETERMINED	_____	UNDETERMINED
60.8. PATENT (ABLATION METHOD) USPN 9,510,898	UNDETERMINED	_____	UNDETERMINED
60.9. PATENT PENDING (RADIO FREQUENCY ABLATION DEVICE FOR THE DESTRUCTION OF TISSUE MASSES) US13/323,722	UNDETERMINED	_____	UNDETERMINED
60.10. PATENT PENDING (ANCHORED RF ABLATION DEVICE FOR THE DESTRUCTION OF TISSUE MASSES) US13/969,600	UNDETERMINED	_____	UNDETERMINED
60.11. PATENT PENDING (SURGICAL GUIDANCE SYSTEM WITH LOW INTERFERENCE METAL SUPPORT STRUCTURE) US14/872,507	UNDETERMINED	_____	UNDETERMINED
60.12. PATENT PENDING (SYSTEM FOR VISUALIZATION AND CONTROL OF SURGICAL DEVICES UTILIZING A GRAPHICAL USER INTERFACE) US14/537,899	UNDETERMINED	_____	UNDETERMINED
60.13. TRADEMARK (THE HALT PROCEDURE) 4029099	UNDETERMINED	_____	UNDETERMINED
60.14. TRADEMARK (HALT FIBROIDS) 4029100	UNDETERMINED	_____	UNDETERMINED
60.15. TRADEMARK (THE FUTURE OF WOMEN'S HEALTHCARE...TODAY) 3944619	UNDETERMINED	_____	UNDETERMINED
60.16. TRADEMARK (ACESSA) 4720638	UNDETERMINED	_____	UNDETERMINED
60.17. TRADEMARK (HALT MEDICAL AND DESIGN) 4042388	UNDETERMINED	_____	UNDETERMINED
60.18. TRADEMARK (TULIP) 3861260	UNDETERMINED	_____	UNDETERMINED
60.19. TRADEMARK (ACESSA) (EU) 12004925	UNDETERMINED	_____	UNDETERMINED
60.20. TRADEMARK (TULIP) (BRAZIL) 900921846	UNDETERMINED	_____	UNDETERMINED
60.21. TRADEMARK (TULIP) (MULTIPLE COUNTRIES) 966980	UNDETERMINED	_____	UNDETERMINED
60.22. TRADEMARK (HALT) (MULTIPLE COUNTRIES) 966063	UNDETERMINED	_____	UNDETERMINED
61. Internet domain names and websites			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. ACCESSPROCEDURE.COM	UNDETERMINED	_____	UNDETERMINED
61.2. ACCESSAU.COM	UNDETERMINED	_____	UNDETERMINED
61.3. MYFIBROIDSTORY.ORG	UNDETERMINED	_____	UNDETERMINED
61.4. ACCESSPROCEDURE.COM	UNDETERMINED	_____	UNDETERMINED

Debtor **Halt Medical, Inc.**Case number (if known) **17-10810****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.5. ACESSA.CO	UNDETERMINED	_____	UNDETERMINED
61.6. ACESSA.HEALTHCARE	UNDETERMINED	_____	UNDETERMINED
61.7. ACESSA.US	UNDETERMINED	_____	UNDETERMINED
61.8. ACESSAHEALTH.CO	UNDETERMINED	_____	UNDETERMINED
61.9. ACESSAHEALTH.COM	UNDETERMINED	_____	UNDETERMINED
61.10. ACESSAHEALTH.HEALTHCARE	UNDETERMINED	_____	UNDETERMINED
61.11. ACESSAHEALTH.INFO	UNDETERMINED	_____	UNDETERMINED
61.12. ACESSAHEALTH.NET	UNDETERMINED	_____	UNDETERMINED
61.13. ACESSAHEALTH.ORG	UNDETERMINED	_____	UNDETERMINED
61.14. ACESSAINC.COM	UNDETERMINED	_____	UNDETERMINED
61.15. ACESSASYSTEM.COM	UNDETERMINED	_____	UNDETERMINED
61.16. ACESSATECHNOLOGIES.COM	UNDETERMINED	_____	UNDETERMINED
61.17. ACESSPROCEDURE.COM	UNDETERMINED	_____	UNDETERMINED
61.18. CLEARFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.19. DECREASEFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.20. DETERFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.21. ENDFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.22. ENDFIBROIDSNOW.COM	UNDETERMINED	_____	UNDETERMINED
61.23. ENDFIBROIDSUFFERING.COM	UNDETERMINED	_____	UNDETERMINED
61.24. ENDMYFIBROID.COM	UNDETERMINED	_____	UNDETERMINED
61.25. ENDMYFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.26. FIBROID-FIX.COM	UNDETERMINED	_____	UNDETERMINED
61.27. FIBROID-HELP.COM	UNDETERMINED	_____	UNDETERMINED
61.28. FIBROID-RELIEF.COM	UNDETERMINED	_____	UNDETERMINED
61.29. FIBROID-THERAPY.COM	UNDETERMINED	_____	UNDETERMINED
61.30. FIBROIDAID.COM	UNDETERMINED	_____	UNDETERMINED
61.31. FIBROIDANSWERS.COM	UNDETERMINED	_____	UNDETERMINED
61.32. FIXFIBROID.COM	UNDETERMINED	_____	UNDETERMINED
61.33. HATEFIBROID.COM	UNDETERMINED	_____	UNDETERMINED
61.34. HATEFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.35. MYFIBROIDRELIEF.COM	UNDETERMINED	_____	UNDETERMINED
61.36. MYFIBROIDSGONE.COM	UNDETERMINED	_____	UNDETERMINED
61.37. MYFIBROIDTHERAPY.COM	UNDETERMINED	_____	UNDETERMINED
61.38. MYOCHOICE.COM	UNDETERMINED	_____	UNDETERMINED
61.39. NOMOREFIBROID.COM	UNDETERMINED	_____	UNDETERMINED
61.40. REDUCEFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.41. STOPMYFIBROIDS.COM	UNDETERMINED	_____	UNDETERMINED
61.42. THEFIBROIDFORUM.COM	UNDETERMINED	_____	UNDETERMINED

Debtor **Halt Medical, Inc.**Case number (if known) **17-10810****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.43. TREATFIBROIDSNOW.COM	UNDETERMINED	_____	UNDETERMINED
61.44. TREATMENTFORFIBROID.COM	UNDETERMINED	_____	UNDETERMINED
61.45. ACESSAHOUSTON.COM	UNDETERMINED	_____	UNDETERMINED
61.46. SAFIBROIDCENTER.COM	UNDETERMINED	_____	UNDETERMINED
61.47. AUSTINFIBROIDCENTER.COM	UNDETERMINED	_____	UNDETERMINED
61.48. TRUSTFIBROIDSTUDY.COM	UNDETERMINED	_____	UNDETERMINED
61.49. SAVEHERUTERUS.COM	UNDETERMINED	_____	UNDETERMINED
61.50. SAVETHEUTERUS.COM	UNDETERMINED	_____	UNDETERMINED
61.51. SAVETHEUTERUS.ORG	UNDETERMINED	_____	UNDETERMINED
61.52. SAVEHERUTERUS.ORG	UNDETERMINED	_____	UNDETERMINED
61.53. FIBROIDTREATMENTCENTERS.COM	UNDETERMINED	_____	UNDETERMINED
61.54. SAVEOURUTERUS.ORG	UNDETERMINED	_____	UNDETERMINED
61.55. SAVEMYUTERUS.ORG	UNDETERMINED	_____	UNDETERMINED
61.56. ACESSAMEDICAL.COM	UNDETERMINED	_____	UNDETERMINED
61.57. ACESSA.ORG	UNDETERMINED	_____	UNDETERMINED
61.58. FIBROIDTREATMENTCENTERS.NET	UNDETERMINED	_____	UNDETERMINED
61.59. ACESSADOCTOR.COM	UNDETERMINED	_____	UNDETERMINED
61.60. FIBROIDTREATMENTCENTERS.INFO	UNDETERMINED	_____	UNDETERMINED
61.61. FIBROIDTREATMENTCENTERS.ORG	UNDETERMINED	_____	UNDETERMINED
61.62. ACESSATEXAS.COM	UNDETERMINED	_____	UNDETERMINED
61.63. NEWFIBROIDTREATMENT.NET	UNDETERMINED	_____	UNDETERMINED
61.64. NEWFIBROIDTREATMENT.COM	UNDETERMINED	_____	UNDETERMINED
61.65. NEWFIBROIDTREATMENT.INFO	UNDETERMINED	_____	UNDETERMINED
61.66. NEWFIBROIDTREATMENT.ORG	UNDETERMINED	_____	UNDETERMINED
61.67. ACESSAIL.COM	UNDETERMINED	_____	UNDETERMINED
61.68. FREEDOMFROMFIBROIDS.NET	UNDETERMINED	_____	UNDETERMINED
61.69. FREEDOMFROMFIBROIDS.INFO	UNDETERMINED	_____	UNDETERMINED
61.70. FIBROIDSDOCTOR.COM	UNDETERMINED	_____	UNDETERMINED
61.71. FIBROIDSDOCTOR.NET	UNDETERMINED	_____	UNDETERMINED
61.72. DALLASFIBROIDCENTER.COM	UNDETERMINED	_____	UNDETERMINED
61.73. CHICAGOFIBROIDCENTER.COM	UNDETERMINED	_____	UNDETERMINED
61.74. CHICAGOFIBROIDCENTER.NET	UNDETERMINED	_____	UNDETERMINED
61.75. FIBROIDSDOCTOR.INFO	UNDETERMINED	_____	UNDETERMINED
61.76. CHICAGOFIBROIDCENTER.INFO	UNDETERMINED	_____	UNDETERMINED
62. Licenses, franchises, and royalties			
62.1. SOFTWARE LICENSE AGREEMENT WITH INNEROPTIC DATED AUGUST 5, 2016	UNDETERMINED	_____	UNDETERMINED
62.2. 510(K) INDICATION OF USE # K094009 FOR HALT 2000GI ELECTROSURGICAL RADIOFREQUENCY ABLATION SYSTEM	UNDETERMINED	_____	UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

62.3.	510(K) INDICATION OF USE # K121858 FOR THE ACESSA SYSTEM (APPROVED 11/5/2012)	UNDETERMINED	_____	UNDETERMINED
62.4.	510(K) INDICATION OF USE # K132184 FOR THE ACESSA SYSTEM (FIBROID W/GUIDANCE HAND PIECE) (APPROVED 4/28/2014)	UNDETERMINED	_____	UNDETERMINED
62.5.	510(K) INDICATION OF USE # K132744 FOR ACESSA GUIDANCE SYSTEM	UNDETERMINED	_____	UNDETERMINED
62.6.	CE MARK 93/42/EEC – CERTIFICATE FOR GENERATORS AND STERILE ELECTRODES ISSUED BY TUV CERT GMBH (EXPIRES 5/22/2017)	UNDETERMINED	_____	UNDETERMINED
62.7.	CAN CSA ISO 13485 CERTIFICATE FOR GENERATORS AND STERILE ELECTRODES ISSUED BY TUV NORD CERT GMBH (EXPIRES 5/16/2017)	UNDETERMINED	_____	UNDETERMINED
62.8.	EN ISO 13485 CERTIFICATE FOR RF-GENERATORS AND STERILE AND NEUTRAL ELECTRODES	UNDETERMINED	_____	UNDETERMINED
62.9.	MDSS CERTIFICATE OF CE REGISTRATION ISSUED BY MEDICAL DEVICE SAFETY SERVICE GMBH DATED 4/8/2016	UNDETERMINED	_____	UNDETERMINED
62.10.	SAFETY COMPLIANCE CERT TUV CU72122218 FOR ABLATION SYSTEM ISSUED BY RHEINLAND OF NORTH AMERICA, INC. (DATED 10/12/2012)	UNDETERMINED	_____	UNDETERMINED
62.11.	SAFETY COMPLIANCE CERT TUV CU72131072-01 FOR ACESSA GUIDANCE ISSUED BY RHEINLAND OF NORTH AMERICA, INC. (DATED 5/14/2012)	UNDETERMINED	_____	UNDETERMINED
62.12.	CANADA MEDICAL DEVICE LICENSE 84056 FOR ACESSA HAND PIECE ISSUED BY CANADIAN MEDICAL DEVICES BUREAU ON 10/5/2010, AS AMENDED 1/7/2013	UNDETERMINED	_____	UNDETERMINED
62.13.	CANADA MEDICAL DEVICE LICENSE 84599 FOR ACESSA PADS ISSUED BY CANADIAN MEDICAL DEVICES BUREAU ON 11/30/2010, AS AMENDED 1/7/2013	UNDETERMINED	_____	UNDETERMINED
62.14.	CANADA MEDICAL DEVICE LICENSE 87241 FOR ACESSA GENERATOR ISSUED BY CANADIAN MEDICAL DEVICES BUREAU ON 9/22/2013, AS AMENDED 3/15/2013	UNDETERMINED	_____	UNDETERMINED
62.15.	STATE OF CA MEDICAL DEVICE MANUFACTURING LICENSE (EXPIRATION DATE 5/6/2017) ISSUED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	UNDETERMINED	_____	UNDETERMINED

63. Customer lists, mailing lists, or other compilations

63.1.	SEE STATEMENT OF FINANCIAL AFFAIRS - PART 9, NO. 16	UNDETERMINED	_____	UNDETERMINED
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64. Other intangibles, or intellectual property

64.1.	_____	\$ _____	_____	\$ _____
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65. Goodwill

65.1.	_____	\$ _____	_____	\$ _____
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66. Total of part 10

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

UNDETERMINED

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

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

- No
- Yes

Part 11: All other assets

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

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

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

Current value of debtor's interest

71. Notes receivable

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

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

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. FEDERAL	\$ _____	\$892,949.00	2005	UNDETERMINED
72.2. FEDERAL	\$ _____	\$2,467,941.00	2006	UNDETERMINED
72.3. FEDERAL	\$ _____	\$4,071,065.00	2007	UNDETERMINED
72.4. FEDERAL	\$ _____	\$8,105,631.00	2008	UNDETERMINED
72.5. FEDERAL	\$ _____	\$9,287,406.00	2009	UNDETERMINED
72.6. FEDERAL	\$ _____	\$12,947,287.00	2010	UNDETERMINED
72.7. FEDERAL	\$ _____	\$9,201,723.00	2011	UNDETERMINED
72.8. FEDERAL	\$ _____	\$12,650,113.00	2012	UNDETERMINED
72.9. FEDERAL	\$ _____	\$19,178,229.00	2013	UNDETERMINED
72.10. FEDERAL	\$ _____	\$12,604,496.00	2014	UNDETERMINED
72.11. FEDERAL	\$ _____	\$20,731,228.00	2015	UNDETERMINED

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. VALLEY FORGE INSURANCE COMPANY - GENERAL LIABILITY	B4030498388	_____	_____	_____	UNDETERMINED
73.2. VALLEY FORGE INSURANCE COMPANY - AUTOMOBILE LIABILITY	B4030498388	_____	_____	_____	UNDETERMINED
73.3. NATIONAL FIRE INSURANCE COMPANY - UMBRELLA LIABILITY	B4032991341	_____	_____	_____	UNDETERMINED
73.4. COLUMBIA CASUALTY - PRODUCTS LIABILITY	ADT4031930816	_____	_____	_____	UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

73.5.	CONTINENTAL CASUALTY - FOREIGN PACKAGE	PST614640039	_____	_____	_____	UNDETERMINED
73.6.	TORUS NATIONAL INSURANCE COMPANY - D&O COVERAGE	27509E160ASP	_____	_____	_____	UNDETERMINED
73.7.	CONTINENTAL CASUALTY - D&O TAIL COVERAGE	425594652	_____	_____	_____	UNDETERMINED

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

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

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

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

76. Trusts, equitable or future interests in property

76.1.	_____	\$ _____
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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 **Halt Medical, Inc.**

Case number (if known) **17-10810**

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$66,105.29	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$89,308.37	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$152,639.25	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$766,381.59	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$934,924.05	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ UNDETERMINED	
91. Total. Add lines 80 through 90 for each column.91a.	\$2,009,358.55	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$2,009,358.55

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

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

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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** Describe debtor's property that is subject to a lien

AMERICAN CAPITAL, LTD
TWO BETHESDA METRO CENTER, 14TH FLOOR
BETHESDA MD 20814

FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$133,067,734.87 UNDETERMINED

Creditor's email address, if known Describe the lien

BLANKET LIEN ON ALL ASSETS

Date debt was incurred: 2012-2017 No

Last 4 digits of account number: Yes

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

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority. AMERICAN CAPITAL'S LIEN IS PARI PASSU WITH ALL OTHER LENDING PARTIES UNDER THE NOTE PURCHASE AND EXCHANGE AGREEMENT

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

Is the creditor an insider or related party? No

Yes

Is anyone else liable on this claim? No

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

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

Contingent

Unliquidated

Disputed

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

EDWARD F. CALESA
12220 EL CAMINO REAL
SAN DIEGO CA 92130
ED@ECALESA.COM

FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$1,948,298.68 UNDETERMINED

Date debt was incurred: 2012 Describe the lien

BLANKET LIEN ON ALL ASSETS

Last 4 digits of account number: No

Yes

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

Yes. Have you already specified the relative priority?

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

Yes. The relative priority of creditors is specified on lines: 2.1

Is the creditor an insider or related party? No

Yes

Is anyone else liable on this claim? No

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

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

Contingent

Unliquidated

Disputed

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

FRANK NORMAN FJELDHEIM II FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$4,681,497.81 UNDETERMINED
 PO BOX 2408
 RANCHO SANTA FE CA 92067
 NORM.FJELDHEIM@GMAIL.COM

Date debt was incurred: 2012-2014 **Describe the lien**

Last 4 digits of account number: BLANKET LIEN ON ALL ASSETS

Do multiple creditors have an interest in the same property? **Is the creditor an insider or related party?**

No No
 Yes. Have you already specified the relative priority? Yes

No. Specify each creditor, including this creditor, and its relative priority. **Is anyone else liable on this claim?**

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

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

Yes. The relative priority of creditors is specified on lines: 2.1 Contingent
 Unliquidated
 Disputed

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

FRED C. APPLGATE TRUST FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$1,685,055.56 UNDETERMINED
 14724 RANCHO SANTA FE FARMS ROAD
 RANCHO SANTA FE CA 92067
 FCAP@COX.NET

Date debt was incurred: 2014 **Describe the lien**

Last 4 digits of account number: BLANKET LIEN ON ALL ASSETS

Do multiple creditors have an interest in the same property? **Is the creditor an insider or related party?**

No No
 Yes. Have you already specified the relative priority? Yes

No. Specify each creditor, including this creditor, and its relative priority. **Is anyone else liable on this claim?**

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

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

Yes. The relative priority of creditors is specified on lines: 2.1 Contingent
 Unliquidated
 Disputed

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

GERALDINE KARETSKY
1660 SILVERKING DRIVE
ASPEN CO 81611
GKARETSKY@AOL.COM

Date debt was incurred: 2012-2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

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

Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS

\$106,049.04

UNDETERMINED

Describe the lien

BLANKET LIEN ON ALL ASSETS

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

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

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

Contingent

Unliquidated

Disputed

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

GRAEME BUSH
1800 M STREET, N.W.
WASHINGTON DC 20036
GBUSH@ZUCKERMAN.COM

Date debt was incurred: 2014

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

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

Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS

\$174,701.02

UNDETERMINED

Describe the lien

BLANKET LIEN ON ALL ASSETS

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

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

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

Contingent

Unliquidated

Disputed

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

JOHN LEWIS IV
4752 SHERWOOD FARM
CHARLOTTESVILLE VA 22902
JOHNLATANELEWISIV@GMAIL.COM

Describe debtor's property that is subject to a lien

FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$11,414,678.43 UNDETERMINED

Date debt was incurred: 2012-2016

Describe the lien

BLANKET LIEN ON ALL ASSETS

Last 4 digits of account number:

Is the creditor an insider or related party?

Do multiple creditors have an interest in the same property?

- No
- Yes

No

Is anyone else liable on this claim?

Yes. Have you already specified the relative priority?

No

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

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

Yes. The relative priority of creditors is specified on lines: 2.1

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

- Contingent
- Unliquidated
- Disputed

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

NAVITAS LEASE CORP.
111 EXECUTIVE CENTER DR.
SUITE 102
COLUMBIA SC 29210

Describe debtor's property that is subject to a lien

2 ULTRASOUND MACHINES \$60,000.00 UNDETERMINED

Creditor's email address, if known

Describe the lien

EQUIPMENT LIEN

Date debt was incurred: 2016

Is the creditor an insider or related party?

Last 4 digits of account number:

- No
- Yes

Do multiple creditors have an interest in the same property?

Is anyone else liable on this claim?

No

No

Yes. Have you already specified the relative priority?

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

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

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

- Contingent
- Unliquidated
- Disputed

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

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

2.9. **Creditor's name and address**
 PAUL VOLCKER
 610 FIFTH AVENUE, SUITE 420
 NEW YORK NY 10020
 PVOLCKER@VOLCKERALLIANCE.ORG

Date debt was incurred: 2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien
 FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS

Describe the lien
 BLANKET LIEN ON ALL ASSETS

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

\$101,437.28 UNDETERMINED

2.10. **Creditor's name and address**
 PETER FARRELL
 7220 ROMERO DRIVE
 LAJOLLA CA 92037
 PETER.FARRELL@RESMED.COM

Date debt was incurred: 2014

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien
 FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS

Describe the lien
 BLANKET LIEN ON ALL ASSETS

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

\$87,350.52 UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- 2.11. **Creditor's name and address**
 RICHARD RUBIN
 36 THE CROSSING
 PURCHASE NY 10577
 HRRUBIN36@MAC.COM
Date debt was incurred: 2014
Last 4 digits of account number:
Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines: 2.1
- Describe debtor's property that is subject to a lien**
 FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$174,701.02 UNDETERMINED
Describe the lien
 BLANKET LIEN ON ALL ASSETS
Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).
As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
- 2.12. **Creditor's name and address**
 ZEKE LP
 1235 WESTLAKES DRIVE, SUITE 400
 BERWYN PA 19312
 ANTOIAN@CHARTWELLIP.COM
Date debt was incurred: 2012-2013
Last 4 digits of account number:
Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines: 2.1
- Describe debtor's property that is subject to a lien**
 FIRST PRIORITY LIEN ON ALL OF THE DEBTOR'S ASSETS \$2,240,781.81 UNDETERMINED
Describe the lien
 BLANKET LIEN ON ALL ASSETS
Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).
As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$155,742,286.04

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

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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. ARNOLD & PORTER ATTN: MICHAEL BERNSTEIN 601 MASSACHUSETTS AVE, NW WASHINGTON DC 20001	Line 2.1	_____
3.2. MCCARTER & ENGLISH LLP WILLIAM F TAYLOR JR;KATE R BUCK RENAISSANCE CENTRE 405 N KING ST 8TH FLOOR WILIMINGTON DE 19801	Line 2.8	_____
3.3. MORGAN LEWIS ATTN: TERRENCE L. DUGAN 101 PARK AVE NEW YORK NY 10178-0060	Line 2.1	_____

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

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.

<p>2.1. Priority creditor's name and mailing address</p> <p>ALAMEDA COUNTY DONALD R WHITE TAX COLLECTOR 1221 OAK ST OAKLAND CA 94612-4287</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1"> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> <tr> <th colspan="2">Nonpriority amount</th> </tr> <tr> <td colspan="2">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount		UNDETERMINED	
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

<p>2.2. Priority creditor's name and mailing address</p> <p>CA STATE BOARD OF EQUILIZATION PO BOX 942879 SACRAMENTO CA 94279</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1"> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> <tr> <th colspan="2">Nonpriority amount</th> </tr> <tr> <td colspan="2">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount		UNDETERMINED	
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

CALIFORNIA FRANCHISE TAX
9646 BUTTERFIELD WAY
SACRAMENTO CA 95827-1500

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of **PRIORITY unsecured claim**: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

COLORADO STATE TREASURER
HON WALKER R STPLETON
200 EAST COLFAX AVE
STATE CAPITOL STE 140
DENVER CO 80203-1722

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of **PRIORITY unsecured claim**: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

COMMONWEALTH OF PENNSYLVANIA
17 N SECOND ST STE 1300
HARRISBURG PA 17101-2290

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of **PRIORITY unsecured claim**: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

DC TREASURER
1101 4TH ST SW
STE 270 WEST
WASHINGTON DC 20024

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

DEPT OF CORPORATIONS
1515 K ST STE 200
SACRAMENTO CA 95814-4052

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

DEPT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0009

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

FRANCHISE TAX BOARD - 3539
PO BOX 942857
SACRAMENTO CA 94257-0531

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

FRANCHISE TAX BOARD - FORM 100
PO BOX 942857
SACRAMENTO CA 94257-0501

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

FRANCHISE TAX BOARD - FORM 100ES
PO BOX 942857
SACRAMENTO CA 94257-0531

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

GEORGIA DEPARTMENT OF REVENUE
PO BOX 105544
ATLANTA GA 30348-5544

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

INTERNAL REVENUE SVC
1550 AMERICAN BLVD E
BLOOMINGTON MN 55425-9900

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

MISSOURI DEPT OF REVENUE
PO BOX 3330
JEFFERSON CITY MO 65105-3330

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

OFFICE OF UC TAX SVC
PO BOX 68568
HARRISBURG PA 17106

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

SECRETARY OF STATE DELAWARE
JEFFREY W BULLOCK
SECRETARY OF STATE DE TOWNSEND
BUILDING
401 FEDERAL ST
DOVER DE 19901

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

TEXAS COMPTROLLER OF PUBLIC
ACCOUNTS
9221 LYNDON B JOHNSON 100
DALLAS TX 75243

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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

TREASURER OF VIRGINIA
1300 EAST MAIN ST 9TH FLR
RICHMOND VA 23219

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

UNITED STATES TREASURY
INTERNAL REVENUE SERVICE
1550 AMERICAN BLVD E
BLOOMINGTON MN 55425-9900

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

UNITED STATES TREASURY
DEPT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0009

Date or dates debt was incurred

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

TAXES

Is the claim subject to offset?

- No
- Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

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.

<p>3.1. Nonpriority creditor's name and mailing address AIRGAS PO BOX 7423 PASADENA CA 91109-7423</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$100.00</p>
<p>3.2. Nonpriority creditor's name and mailing address ALAN M. GREENBERG, MD 1725 HILTON HEAD LN FRISCO TX 75034</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,647.05</p>
<p>3.3. Nonpriority creditor's name and mailing address ALTO LITIGATION 4 EMBARCADERO CENTER, SUITE 1400 SAN FRANCISCO CA 94111</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$0.00</p>

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

<p>3.4. Nonpriority creditor's name and mailing address AMALIA HERRERA 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.5. Nonpriority creditor's name and mailing address AMALIA HERRERA 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.6. Nonpriority creditor's name and mailing address AMANDA KRUSEE 13452 VENTURA BLVD, APT A SHERMAN OAKS CA 91423</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$170.00</p>

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<p>3.7. Nonpriority creditor's name and mailing address AMERICAN CAPITAL LTD PO BOX 57001 NEWARK NJ 07101</p> <p>Date or dates debt was incurred 2/2016-11/2016</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$259,792.11</p>
<p>3.8. Nonpriority creditor's name and mailing address AMERICAN EXPRESS BOX 0001 LOS ANGELES CA 90096-8000</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$8,129.00</p>
<p>3.9. Nonpriority creditor's name and mailing address ARMANINO LLP PO BOX 398285 SAN FRANCISCO CA 94139-8285</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,571.72</p>

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<p>3.10. Nonpriority creditor's name and mailing address ARNOLD & PORTER KAYE SCHOLER P.O. BOX 759451 BALTIMORE MD 21275-9451</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: INDEMNITY OBLIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$230,595.59</p>
<p>3.11. Nonpriority creditor's name and mailing address AT&T 142007384 PO BOX 5014 CAROL STREAM IL 60197-5014</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$190.00</p>
<p>3.12. Nonpriority creditor's name and mailing address AUGUSTA UNIVERSITY RESEARCH PO BOX 945552 ATLANTA GA 30394-5552</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$23,375.00</p>

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<p>3.13. Nonpriority creditor's name and mailing address BRIAN ENGGANO 4675 TREVOR TRL GRAPEVINE TX 76051</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$937.50</p>
<p>3.14. Nonpriority creditor's name and mailing address BRIGHAM & WOMEN'S HOSPITAL/DR. JAMES GREENBERG 84 BYRON RD. WESTON MA 02493</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$452.67</p>
<p>3.15. Nonpriority creditor's name and mailing address BUCHANAN INGERSOLL & ROONEY PC 919 NORTH MARKET STREET, SUITE 1500 WILMINGTON DE 19801</p> <p>Date or dates debt was incurred 1/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: INDEMNITY OBLIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,154.00</p>

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<p>3.16. Nonpriority creditor's name and mailing address CALESA ASSOCIATES ET AL C/O/ THADDEUS J. WEAVER - DILWORTH PAXSON, LLP ONE CUSTOMS HOUSE 704 KING STREET SUITE 500 WILMINGTON DE 19801</p> <p>Date or dates debt was incurred 1/16/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LITIGATION (DEBTOR NOT NAMED AS A DEFENDANT)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDERMINED</p>
<p>3.17. Nonpriority creditor's name and mailing address CANON FINANCIAL SERVICES 14904 COLLECTIONS CENTER DRIVE CHICAGO IL 60693-0149</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$308.00</p>
<p>3.18. Nonpriority creditor's name and mailing address CARDMEMBER SERVICES (VISA) PO BOX 790408 ST. LOUIS MO 63179-0408</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$759.00</p>

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<p>3.19. Nonpriority creditor's name and mailing address CHILDREN'S & WOMENS HEALTH BCB C/OANITA CHUI DIR. OF FINANCE CHILD & FAMILY RESEARCH INSTI. VANCOUVER BC V5Z 4H4 CANADA</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$8,043.75</p>
<p>3.20. Nonpriority creditor's name and mailing address CHRIS OWEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.21. Nonpriority creditor's name and mailing address CHRIS OWEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.22. Nonpriority creditor's name and mailing address CLAIRE H. BRIAN 6912 HANDEL COLLEYVILLE TX 76034</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$140.00</p>
<p>3.23. Nonpriority creditor's name and mailing address COMCAST 0550283 PO BOX 34744 SEATTLE WA 98124-1227</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$436.00</p>
<p>3.24. Nonpriority creditor's name and mailing address COMPLETE BUSINESS SYSTEMS 4777 BENNETT DR. SUITE D LIVERMORE CA 94551</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$20.00</p>

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<p>3.25. Nonpriority creditor's name and mailing address DONALD I. GALEN, MD 13 HOMESTEAD COURT DANVILLE CA 94506</p> <p>Date or dates debt was incurred 2/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,675.00</p>
<p>3.26. Nonpriority creditor's name and mailing address ERIN DAMERAL 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.27. Nonpriority creditor's name and mailing address ERIN DAMERAL 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.28. Nonpriority creditor's name and mailing address FEDEX P.O. BOX 7221 PASADENA CA 91109</p> <p>Date or dates debt was incurred 2/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,058.00</p>
<p>3.29. Nonpriority creditor's name and mailing address HANDAL & MOROFSKY 83 EAST AVENUE THIRD FLOOR NORWALK CT 06851</p> <p>Date or dates debt was incurred 9/2016-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$15,907.00</p>
<p>3.30. Nonpriority creditor's name and mailing address HENRY FORD HEALTH SYSTEM 3031 WEST GRAND BLVD. 8TH FLOOR DETROIT MI 48202</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$51,900.00</p>

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<p>3.31. Nonpriority creditor's name and mailing address HOGAN LOVELLS US LLP 1835 MARKET ST 29TH FLOOR PHILADELPHIA PA 19103</p> <p>Date or dates debt was incurred 1/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$769.50</p>
<p>3.32. Nonpriority creditor's name and mailing address INNER OPTIC TECHNOLOGY INC 106A N. CHURTON STREET HILLSBOROUGH NC 27278</p> <p>Date or dates debt was incurred 1/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$10,000.00</p>
<p>3.33. Nonpriority creditor's name and mailing address INOVA HEALTH CARE SERVICES C/O INOVA RESEARCH CENTER CENTER INTEGRATED RES RM 3100 FALLS CHURCH VA 22042</p> <p>Date or dates debt was incurred 10/2016-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$120,395.00</p>

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<p>3.34. Nonpriority creditor's name and mailing address J.THIEL MEDICAL PROF.CORP. #100 - 2631 - 28TH AVE. REGINA SK S4S 6X3 CANADA</p> <p>Date or dates debt was incurred 1/2017-4/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$8,176.00</p>
<p>3.35. Nonpriority creditor's name and mailing address JACOB SCHNEIDER 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 1/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: BONUS</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$7,500.00</p>
<p>3.36. Nonpriority creditor's name and mailing address JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009</p> <p>Date or dates debt was incurred 4/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,639.00</p>

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<p>3.37. Nonpriority creditor's name and mailing address JEFFREY COHEN 592 ROSSO COURT PLEASANTON CA 94566</p> <p>Date or dates debt was incurred 6/2016</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: EMPLOYEE SEVERANCE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$496,777.00</p>
<p>3.38. Nonpriority creditor's name and mailing address JEFFREY COHEN 592 ROSSO COURT PLEASANTON CA 94566</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.39. Nonpriority creditor's name and mailing address JEFFREY COHEN 592 ROSSO COURT PLEASANTON CA 94566</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.40. Nonpriority creditor's name and mailing address JENA HOLCOMB 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.41. Nonpriority creditor's name and mailing address JENA HOLCOMB 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.42. Nonpriority creditor's name and mailing address JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.43. Nonpriority creditor's name and mailing address JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.44. Nonpriority creditor's name and mailing address JESSICA SHEPHERD, MD 1714 N MAPLEWOOD AVE CHICAGO IL 60647</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,286.89</p>
<p>3.45. Nonpriority creditor's name and mailing address JOHN CARLOW 90 VIA SONRISA SAN CLEMENTE CA 92673</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$4,500.00</p>

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3.46.	<p>Nonpriority creditor's name and mailing address</p> <p>JORDAN WHITTLE 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred</p> <p>12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
3.47.	<p>Nonpriority creditor's name and mailing address</p> <p>JUDY WONG C/O ALEXANDRA P.SUMMER - COTCHETT, PITRE & MCCARTHY, LLP 840 MALCOLM ROAD SUITE 200 BURLINGAME CA 94010</p> <p>Date or dates debt was incurred</p> <p>8/23/2016</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
3.48.	<p>Nonpriority creditor's name and mailing address</p> <p>KEMPCLINICAL CONSULTING CO LLC 130 OHLONE CT LOS GATOS CA 95032</p> <p>Date or dates debt was incurred</p> <p>4/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$0.00</p>

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<p>3.49. Nonpriority creditor's name and mailing address KIMBERLY BRIDGES-RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.50. Nonpriority creditor's name and mailing address KIMBERLY BRIDGES-RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.51. Nonpriority creditor's name and mailing address KIMBERLY LEFHOLZ 515 W MAYFIELD STE 200 ARLINGTON TX 76014</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$8,079.02</p>

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<p>3.52. Nonpriority creditor's name and mailing address L + G , LLP 318 CAYUGA STREET SALINAS CA 93901</p> <p>Date or dates debt was incurred 1/2017-4/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$4,587.52</p>
<p>3.53. Nonpriority creditor's name and mailing address LARRY ANDERSON 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.54. Nonpriority creditor's name and mailing address LARRY ANDERSON 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.55. Nonpriority creditor's name and mailing address LEVINE BAGADE HAN 2400 GENG ROAD, SUITE 120 ATTN: ACCOUNTS RECEIVABLE PALO ALTO CA 94303</p> <p>Date or dates debt was incurred 2/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,706.00</p>
<p>3.56. Nonpriority creditor's name and mailing address LORENA TORRES 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.57. Nonpriority creditor's name and mailing address LORENA TORRES 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.58. Nonpriority creditor's name and mailing address LOU TATEO 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.59. Nonpriority creditor's name and mailing address LOU TATEO 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.60. Nonpriority creditor's name and mailing address MARTHA HERRERA 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.61. Nonpriority creditor's name and mailing address MARTHA HERRERA 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.62. Nonpriority creditor's name and mailing address MINNETRONIX INC 1635 ENERGY PARK DRIVE ST. PAUL MN 55108</p> <p>Date or dates debt was incurred 8/2016</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$0.00</p>
<p>3.63. Nonpriority creditor's name and mailing address NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$19,294.00</p>

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<p>3.64. Nonpriority creditor's name and mailing address NELSON LABS PO BOX 571830 MURRAY UT 84157-1830</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$175.00</p>
<p>3.65. Nonpriority creditor's name and mailing address NICOLE WILLIAMS, MD 1147 S WABASH AVENUE SUITE 200 CHICAGO IL 60605</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$6,094.00</p>
<p>3.66. Nonpriority creditor's name and mailing address NORTHERN DIGITAL INC. 103 RANDALL DRIVE WATERLOO ON N2V 1C5 CANADA</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$287,316.00</p>

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<p>3.67. Nonpriority creditor's name and mailing address PACIFIC GAS & ELECTRIC BOX 997300 SACRAMENTO CA 95899-7300</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,576.00</p>
<p>3.68. Nonpriority creditor's name and mailing address PO HO 8701 PUTNAM COURT DUBLIN CA 94568</p> <p>Date or dates debt was incurred 9/2016-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$22,610.00</p>
<p>3.69. Nonpriority creditor's name and mailing address PR NEWSWIRE ASSOCIATION, LLC G.P.O. BOX 5897 NEW YORK NY 10087-5897</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$445.00</p>

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<p>3.70. Nonpriority creditor's name and mailing address PRIMUS PO BOX 3246 MILWAUKEE WI 53201-3246</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$85.00</p>
<p>3.71. Nonpriority creditor's name and mailing address RADABAUGH LAW GROUP 201 SECRETARIAT DR AUSTIN TX 78737</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,575.00</p>
<p>3.72. Nonpriority creditor's name and mailing address RATTRAY FLAVELLE MEDICAL PROFESSIONAL CORPORATION #100-2631-28TH AVE. REGINA SK S4S 6X3 CANADA</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,350.00</p>

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<p>3.73. Nonpriority creditor's name and mailing address RICHARDS LAYTON & FINGER ONE RODNEY SQUARE 920 NORTH KING STREET WILMINGTON DE 19801</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: INDEMNITY OBLIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$10,050.88</p>
<p>3.74. Nonpriority creditor's name and mailing address RICK SPERO 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.75. Nonpriority creditor's name and mailing address RICK SPERO 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>

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<p>3.76. Nonpriority creditor's name and mailing address ROBERT SKIDMORE 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.77. Nonpriority creditor's name and mailing address ROBERT SKIDMORE 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.78. Nonpriority creditor's name and mailing address SHAWN TASSONE MD PHD 3417 FOOTHILL TERRACE AUSTIN TX 78731</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,800.00</p>

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<p>3.79. Nonpriority creditor's name and mailing address TEXAS FERTILITY CENTER ATTN TAMARA MINTER 6500 N. MOPAC, BLDG 1 AUSTIN TX 78731</p> <p>Date or dates debt was incurred 8/2016-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$134,819.00</p>
<p>3.80. Nonpriority creditor's name and mailing address THE PALOMINO GROUP 25248 LINCOLN DRIVE, NE ISANTI MN 55040</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$12,585.00</p>
<p>3.81. Nonpriority creditor's name and mailing address THE UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE. MC2050 ATTN: SARAH ORZALLI CHICAGO IL 60637</p> <p>Date or dates debt was incurred 12/2016-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$73,638.60</p>

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<p>3.82. Nonpriority creditor's name and mailing address THOMSON REUTERS(SCIENTIFIC)LLC PO BOX 71416 CHICAGO IL 60694-1416</p> <p>Date or dates debt was incurred 1/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,425.33</p>
<p>3.83. Nonpriority creditor's name and mailing address TOWN & COUNTRY OFFICE & CARPET 2551 SAN RAMON VALLEY BLVD. #227 SAN RAMON CA 94583</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$612.00</p>
<p>3.84. Nonpriority creditor's name and mailing address TRI VALLEY GRAPHICS 1460 CLAREMONT DRIVE TRACY CA 95376</p> <p>Date or dates debt was incurred 2/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,523.48</p>

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<p>3.85. Nonpriority creditor's name and mailing address TYLER HOLCOMB 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 12/15/2015</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER LONG TERM COMPENSATION INCENTIVE AGREEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.86. Nonpriority creditor's name and mailing address TYLER HOLCOMB 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513</p> <p>Date or dates debt was incurred 4/14/2014</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: POTENTIAL PAYOUT UNDER EMPLOYEE RETENTION BONUS PLAN</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNDETERMINED</p>
<p>3.87. Nonpriority creditor's name and mailing address ULINE SHIPPING SUPPLY SPECIALI PO BOX 88741 CHICAGO IL 60680-1741</p> <p>Date or dates debt was incurred 3/2017-4/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$237.11</p>

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<p>3.88. Nonpriority creditor's name and mailing address UNIVERSITY CLINICAL CENTER TUBINGEN DEPARTMENT FUR FRAUENGESUNDHEIT CALWERSTRABE 7 UNIVERSITY CLINICAL CENTER TUBINGEN GERMANY</p> <p>Date or dates debt was incurred 1/2017-3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,000.00</p>
<p>3.89. Nonpriority creditor's name and mailing address UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, BOX 668 DEPARTMENT OF OB/GYN ROCHESTER NY 14642</p> <p>Date or dates debt was incurred 12/2016</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$195.00</p>
<p>3.90. Nonpriority creditor's name and mailing address UNIVERSITY OF SASKATCHEWAN ATTN: ANITA MACK CLINICAL TRAIL SUPPORT UNIT SASKATOON SK S7N 0W8 CANADA</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$822.70</p>

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<p>3.91. Nonpriority creditor's name and mailing address UPS PO BOX 894820 LOS ANGELES CA 90189-4820</p> <p>Date or dates debt was incurred 3/2017-4/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$849.00</p>
<p>3.92. Nonpriority creditor's name and mailing address VERIZON PO BOX 660108 DALLAS TX 75266-0108</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$421.00</p>
<p>3.93. Nonpriority creditor's name and mailing address WAINWRIGHT MEDICAL COMM 32 PERALTA AVENUE LOS GATOS CA 95030</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,083.75</p>

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<p>3.94. Nonpriority creditor's name and mailing address WESTON DEAN CONSULTING, LLC PO BOX 3652 1602 FRANKFORD AVENUE PHILADELPHIA PA 19125-9998</p> <p>Date or dates debt was incurred 3/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,000.00</p>
<p>3.95. Nonpriority creditor's name and mailing address WIRB DEPT 106091 PO BOX 150434 HARTFORD CT 06115-0434</p> <p>Date or dates debt was incurred 2/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$570.00</p>
<p>3.96. Nonpriority creditor's name and mailing address XACT DATA DISCOVERY PO BOX 6594 CAROL STREAM IL 60197-6594</p> <p>Date or dates debt was incurred 12/2016-2/2017</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$14,975.04</p>

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

YARON FRIEDMAN, MD INC
130 LA CASA VIA
BLDG # 3, SUITE 112
WALNUT CREEK CA 94598

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

- Contingent
- Unliquidated
- Disputed

Amount of claim

\$10,508.59

Date or dates debt was incurred

3/2017

Basis for the claim:

TRADE PAYABLE

Last 4 digits of account number:

Is the claim subject to offset?

- No
- Yes

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Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
MCCARTER & ENGLISH LLP WILLIAM F TAYLOR JR;KATE R BUCK RENAISSANCE CENTRE 405 N KING ST 8TH FLOOR WILIMINGTON DE 19801	Part 2 line 3.63	_____

Debtor **Halt Medical, Inc.**

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	UNDETERMINED
5b. Total claims from Part 2	5b. +	\$1,888,413.80
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$1,888,413.80

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

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** MASTER CONSULTING AGREEMENT
State what the contract or lease is for SERVICES
Nature of debtor's interest _____
State the term remaining _____
List the contract number of any government contract _____

ABRAHAM SHASHOUA, MD
 1717 W WOLFRAM ST
 CHICAGO IL 60657

2.2. **Title of contract** AUTOMOBILE (VAN) LEASE
State what the contract or lease is for LEASE
Nature of debtor's interest _____
State the term remaining _____
List the contract number of any government contract _____

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

ACCESSIBLE VANS OF AMERICA
 MOBILITY WORKS
 23855 W. ANDREW DRIVE
 PLAINFIELD IL 60585

2.3. **Title of contract** MASTER CONSULTING AGREEMENT
State what the contract or lease is for SERVICES
Nature of debtor's interest _____
State the term remaining _____
List the contract number of any government contract _____

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

ALAN M GREENBERG, MD
 1725 HILTON HEAD LN
 FRISCO TX 75034

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- | | | | |
|------|---|---|---|
| 2.4. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ENGAGEMENT LETTER DATED MAY 26, 2016

SERVICES

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

ALTO LITIGATION, PC
4 EMBARCADERO CTR
STE 1400
SAN FRANCISCO CA 94111 |
| 2.5. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED MAY 23, 2007

EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

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

AMALIA HERRERA
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.6. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016

SERVICES

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

AMALIA HERRERA
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.7. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014

SERVICES

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

AMALIA HERRERA
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.8. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CONSULTING AGREEMENT

SERVICES

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

AMANDA KRUSEE
MANDY
13452 VENTURA BLVD APT A
SHERMAN OAKS CA 91423 |

Debtor **Halt Medical, Inc.**

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- 2.9. **Title of contract** NON-DISCLOSURE AGREEMENT DATED AUGUST 23, 2016 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ BRENT O'CONNELL, MD
- State the term remaining** _____ 539 BIELENBERG DRIVE
- List the contract number of any government contract** _____ WOODBURY MN 55125
-
- 2.10. **Title of contract** CLINICAL TRIAL AGREEMENT DATED FEBRUARY 22, 2017 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CLINICAL TRIALS (TRUST)
- Nature of debtor's interest** _____ BRIGHAM AND WOMEN'S HOSPITAL
- State the term remaining** _____ THE BANK OF AMERICAL
- List the contract number of any government contract** _____ RESEARCH FINANCE-2016D007788
- PO BOX 3149
- BOSTON MA 02241-3149
-
- 2.11. **Title of contract** NON-DISCLOSURE AGREEMENT DATED AUGUST 22, 2016 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** _____ CANEPA HEALTHCARE
- State the term remaining** _____ 1111 BRICKELL AVE
- List the contract number of any government contract** _____ SUITE 1525
- MIAMI FL 33131
-
- 2.12. **Title of contract** CANON COPIER EQUIPMENT FAXABLE LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** OFFICE EQUIPMENT LEASE
- Nature of debtor's interest** LESSEE
- State the term remaining** _____
- List the contract number of any government contract** _____
- CANON FINANCIAL SVC
- 14904 COLLECTIONS CTR DR
- CHICAGO IL 60693-0149
-
- 2.13. **Title of contract** EPIIA DATED SEPTEMBER 21, 2010 **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** EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS
- Nature of debtor's interest** _____
- State the term remaining** _____
- List the contract number of any government contract** _____
- CARLOS IBARRA
- 11131 SALINAS STREET
- CASTROVILLE CA 95012

Debtor **Halt Medical, Inc.**

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- | | | |
|-------|--|--|
| 2.14. | <p>Title of contract MASTER CONSULTING AGREEMENT</p> <p>State what the contract or lease is for SERVICES</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CARLOS QUEZADA
12715 FLORIANNE
SAN ANTONIO TX 78253</p> |
| 2.15. | <p>Title of contract EPIIA DATED JULY 8, 2016</p> <p>State what the contract or lease is for EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CHARLES SWEDO
1413 CULPEPPER DRIVE
NAPERVILLE IL 60540</p> |
| 2.16. | <p>Title of contract CLINICAL TRIAL AGREEMENT DATED NOVEMBER 29, 2012</p> <p>State what the contract or lease is for CLINICAL TRIALS</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CHILDREN'S & WOMEN'S HEALTH
CENTRE OF BRITISH COLUMBIA
BRANCH
C OANITA CHUI DIR OF FINANCE
CHILD AND FAMILY RESEARCH
INSTI
A2 145 950 WEST 28TH AVENUE
VANCOUVER BC V5Z 4H4
CANADA</p> |
| 2.17. | <p>Title of contract EPIIA DATED SEPTEMBER 24, 2007</p> <p>State what the contract or lease is for EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CHRIS OWEN
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.18. | <p>Title of contract 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016</p> <p>State what the contract or lease is for SERVICES</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CHRIS OWEN
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |

Debtor **Halt Medical, Inc.**

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- | | | | |
|-------|--|--|---|
| 2.19. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | CHRIS OWEN
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.20. | Title of contract | MASTER CONSULTING 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 | CHRISTOPHER G OLSON MD
WOMEN'S CENTER FOR HEALTH
1220 HOBSON RD STE 116
NAPERVILLE IL 60540 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.21. | Title of contract | CONSULTING 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 | CLAIRE H BRIAN
6912 HANDEL
COLLEYVILLE TX 76034 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.22. | Title of contract | MASTER CONSULTING 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 | DEVIN GARZA
12201 RENFERT WAY # 215
AUSTIN TX 78758 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.23. | Title of contract | MASTER CONSULTING 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 | DONALD I GALEN MD
13 HOMESTEAD CT
DANVILLE CA 94506 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | |
|-------|--|--|
| 2.24. | <p>Title of contract EPIIA DATED DECEMBER 17, 2007</p> <p>State what the contract or lease is for EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ERIN DAMERAL
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.25. | <p>Title of contract 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016</p> <p>State what the contract or lease is for SERVICES</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ERIN DAMERAL
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.26. | <p>Title of contract EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014</p> <p>State what the contract or lease is for SERVICES</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ERIN DAMERAL
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.27. | <p>Title of contract NON-DISCLOSURE AGREEMENT DATED JUNE 15, 2016</p> <p>State what the contract or lease is for _____</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>FRANCIS MAYEDA
4 SHAWS COVE
STE 204
NEW LONDON CT 06320</p> |
| 2.28. | <p>Title of contract CLINICAL TRIAL AGREEMENT DATED MAY 16, 2014 AND AMENDED ON MARCH 31, 2016</p> <p>State what the contract or lease is for CLINICAL TRIALS (TRUST)</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>GEORGIA REGENTS RESEARCH INSTITUTE
PO BOX 945552
ATLANTA GA 30394-5552</p> |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|---|--|--|
| 2.29. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PURCHASING AGREEMENT
PURCHASING

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
HEALTH TRUST PURCHASING GROUP
WELLS FARGO
PO BOX 751576
CHARLOTTE NC 28275-1576 |
| 2.30. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CLINICAL TRIAL AGREEMENT DATED OCTOBER 5, 2016
CLINICAL TRIALS (TRUST)

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
HENRY FORD HEALTH SYSTEM
3031 W. GRAND BLVD.
8TH FLOOR
DETROIT MI 48202 |
| 2.31. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LICENSE & PRODUCT DEVELOPMENT AGREEMENT
LICENSE & PRODUCT DEVELOPMENT

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
INNER OPTIC TECHNOLOGY INC
106A N CHURTON STREET
HILLSBOROUGH NC 27278 |
| 2.32. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CLINICAL TRIAL AGREEMENT DATED JUNE 28, 2016
CLINICAL TRIALS (TRUST)

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
INOVA HEALTHCARE SERVICES
INOVA RESEARCH CENTER
CENTER INTEGRATED RES RM 3100
3300 GALLOWS RD
FALLS CHURCH VA 22042 |
| 2.33. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED JULY 15, 2016
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
JACOB SCHNEIDER
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.34. | Title of contract | CONSULTING 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 | JANINE LITTLE
1067 LINCOLN CT
BIRMINGHAM MI 48009 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.35. | Title of contract | CONSULTING 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 | JANINE LITTLE
1067 LINCOLN CT
BIRMINGHAM MI 48009 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.36. | Title of contract | EPIIA DATED MARCH 13, 2012 | 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 | EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS | JAYNE LITTLE
857 VANDALIA DRIVE
CARY NC 27519 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.37. | Title of contract | CONFIDENTIAL SEPARATION AGREEMENT AND GENERAL RELEASE | 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 | _____ | JEFFREY COHEN
592 ROSSO COURT
PLEASANTON CA 94566 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.38. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | JEFFREY COHEN
592 ROSSO COURT
PLEASANTON CA 94566 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.39. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | JEFFREY COHEN
592 ROSSO COURT
PLEASANTON CA 94566 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.40. | Title of contract | EPIIA DATED NOVEMBER 26, 2007 | 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 | EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS | JENA HOLCOMB
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.41. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | JENA HOLCOMB
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.42. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | JENA HOLCOMB
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.43. | Title of contract | EPIIA DATED AUGUST 22, 2014 | 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 | EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS | JEREMY MCFADDEN
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.44. | Title of contract | EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017 | 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 | _____ | JEREMY MCFADDEN |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.45. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | JEREMY MCFADDEN |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.46. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | JEREMY MCFADDEN |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.47. | Title of contract | MASTER CONSULTING 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 | JESSICA SHEPHERD, MD |
| | Nature of debtor's interest | _____ | 1714 N MAPLEWOOD AVE |
| | State the term remaining | _____ | CHICAGO IL 60647 |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.48. | Title of contract | MASTER CONSULTING 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 | JESSICA SHEPHERD, MD |
| | Nature of debtor's interest | _____ | 1714 MAPLEWOOD AVE |
| | State the term remaining | _____ | CHICAGO IL 60647 |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|---|---|---|
| 2.49. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MASTER CONSULTING AGREEMENT

SERVICES

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

JOHN BERTRAND
8160 WALNUT HILL LN
#209
DALLAS TX 75231 |
| 2.50. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MASTER CONSULTING AGREEMENT

SERVICES

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

JOHN THIEL MEDICAL PROF CORP
100 2631 28TH AVE
REGINA SK S4S 6X3
CANADA |
| 2.51. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED JANUARY 8, 2015

EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

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

JORDAN WHITTLE
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.52. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017

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

JORDAN WHITTLE
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.53. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016

SERVICES

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

JORDAN WHITTLE
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.54. | Title of contract | MASTER CONSULTING 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 | JORGE SALDIVAR
2715 BOLTON BOONE B
DESOTO TX 75115 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.55. | Title of contract | CONSULTING 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 | KEMP CLINICAL CONSULTING CO
LLC
LAURA KEMP
130 OHLONE CT
LOS GATOS CA 95032 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.56. | Title of contract | EPIIA DATED MARCH 17, 2016 | 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 | EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS | KIMBERLY BRIDGES-RODRIGUEZ
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.57. | Title of contract | EXECUTIVE EMPLOYMENT AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES | KIMBERLY BRIDGES-RODRIGUEZ
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.58. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | KIMBERLY BRIDGES-RODRIGUEZ
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.59. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | KIMBERLY BRIDGES-RODRIGUEZ
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.60. | Title of contract | MASTER CONSULTING 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 | KIMBERLY LEFHOLZ
515 W MAYFIELD
STE 200
ARLINGTON TX 76014 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.61. | Title of contract | ATTORNEY-CLIENT FEE AGREEMENT DATED SEPTEMBER 1, 2016 | 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 | L+G LLP
318 CAYUGA ST
SALINAS CA 93901 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.62. | Title of contract | MASTER CONSULTING 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 | LAINA CROWTHERS MD
600 GREENVILLE RD
NORTH SMITHFIELD RI 02896 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.63. | Title of contract | EPIIA DATED OCTOBER 12, 2012 | 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 | EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS | LARRY ANDERSON
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.64. | Title of contract | EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017 | 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 | _____ | LARRY ANDERSON |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.65. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | LARRY ANDERSON |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.66. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | LARRY ANDERSON |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.67. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | LORENA TORRES |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.68. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | LORENA TORRES |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|---|---|--|
| 2.69. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED JULY 25, 2006
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
LOU TATEO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.70. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016
SERVICES

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
LOU TATEO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.71. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014
SERVICES

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
LOU TATEO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.72. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED AUGUST 1, 2007
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MARTHA HERRERA
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.73. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016
SERVICES

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MARTHA HERRERA
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.74. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES | |
| | Nature of debtor's interest | _____ | MARTHA HERRERA
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.75. | Title of contract | EPIIA DATED JANUARY 7, 2012 | 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 | EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS | |
| | Nature of debtor's interest | _____ | MICHELLE SWINGES
2540 CLUB DRIVE
GILROY CA 95020 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.76. | Title of contract | BUSINESS AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | _____ | |
| | Nature of debtor's interest | _____ | MINNETRONIX INC
JESSE CARLSON
1635 ENERGY PK DR
ST. PAUL MN 55108 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.77. | Title of contract | NON-DISCLOSURE AGREEMENT DATED SEPTEMBER 9, 2016 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | _____ | |
| | Nature of debtor's interest | _____ | MVM LIFE SCIENCE PARTNERS
45 SCHOOL ST.
BOSTON MA 02108 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.78. | Title of contract | MASTER CONSULTING AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | SERVICES | |
| | Nature of debtor's interest | _____ | NATHANIEL CRUMP, MD
680 N LAKE SHORE DR
APT 705 LAKE
CHICAGO IL 60611 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|---|---|---|
| 2.79. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ULTRASOUND EQUIPMENT RENTAL AGREEMENT
EQUIPMENT LEASE FOR RENTAL NUMBERS: 40286180, 40286182, 40286184
LESSEE

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NAVITAS CREDIT CORP.
111 EXECUTIVE CENTER DRIVE
SUITE 102
COLUMBIA SC 29210 |
| 2.80. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ULTRASOUND EQUIPMENT RENTAL AGREEMENT
EQUIPMENT LEASE FOR RENTAL NUMBERS: 40235687, 40235704, 40236738, 40236743, 40258134, 40258176, 40269620
LESSEE

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NAVITAS LEASE CORP
111 EXECUTIVE CENTER DRIVE
SUITE 102
COLUMBIA SC 29210 |
| 2.81. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED DECEMBER 16, 2015
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NICHOLAS SCHNEIDER
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.82. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NICK SCHNEIDER
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.83. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CONSULTING AGREEMENT DATED JUNE 12, 2014
SERVICES

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NICOLE WILLIAMS, MD
1147 S WABASH AVE
STE 200
CHICAGO IL 60605 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|---|---|--|
| 2.84. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-DISCLOSURE AGREEMENT DATED AUGUST 31, 2016

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

NOVO VENTURES
1700 OWENS ST.
SAN FRANCISCO CA 94158 |
| 2.85. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-DISCLOSURE AGREEMENT DATED JUNE 8, 2016

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

PIPER JAFFRAY
50 CALIFORNIA ST.
SAN FRANCISCO CA 94111 |
| 2.86. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE AGREEMENT
IT SUPPORT

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

PO HO
8701 PUTNAM CT
DUBLIN CA 94568 |
| 2.87. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INVESTIGATOR INITIATED CLINICAL TRIAL AGREEMENT
ULTRA

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

REGENTS OF THE UNIVERSITY OF CALIFORNIA
JACOBY V REF P0058225 MIRIAM CLARK
UCSF CONTROLLER'S OFFICE
EXTRAMURAL FUNDS BOX 0897
SAN FRANCISCO CA 94143-0847 |
| 2.88. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LEASE AGREEMENT
REAL PROPERTY LEASE AGREEMENT
LESSEE

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

REGUS MANAGEMENT GROUP, LLC
7500 RIALTO BOULEVARD,
BUILDING 1
SUITE 250
AUSTIN TX 78735 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | |
|-------|--|---|
| 2.89. | <p>Title of contract EPIIA DATED SEPTEMBER 28, 2005</p> <p>State what the contract or lease is for EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>RICK SPERO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.90. | <p>Title of contract EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017</p> <p>State what the contract or lease is for _____</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>RICK SPERO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.91. | <p>Title of contract 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016</p> <p>State what the contract or lease is for SERVICES</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>RICK SPERO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.92. | <p>Title of contract EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014</p> <p>State what the contract or lease is for SERVICES</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>RICK SPERO
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |
| 2.93. | <p>Title of contract EPIIA DATED JANUARY 20, 2006</p> <p>State what the contract or lease is for EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS</p> <p>Nature of debtor's interest _____</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ROBERT SKIDMORE
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513</p> |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|-------|--|--|---|
| 2.94. | Title of contract | EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017 | 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 | _____ | ROBERT SKIDMORE |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.95. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | ROBERT SKIDMORE |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.96. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | ROBERT SKIDMORE |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.97. | Title of contract | LEASE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | REAL PROPERTY LEASE AGREEMENT | SAND CREEK BUSINESS |
| | Nature of debtor's interest | LESSEE | ASSOCIATES I, LLC |
| | State the term remaining | _____ | C O CARDOZA PROPERTIES INC |
| | List the contract number of any government contract | _____ | 101 ELLINWOOD DR |
| | | | PLEASANT HILL CA 94523 |
| | | | |
| 2.98. | Title of contract | MASTER CONSULTING 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 | SHAWN TASSONE MD PHD |
| | Nature of debtor's interest | _____ | 3417 FOOTHILL TER |
| | State the term remaining | _____ | AUSTIN TX 78731 |
| | List the contract number of any government contract | _____ | |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|--------|---|--|--|
| 2.99. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-DISCLOSURE AGREEMENT DATED AUGUST 10, 2016

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

SILICON VALLEY BANK
3003 TASMAN DR.
SANTA CLARA CA 95054 |
| 2.100. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EPIIA DATED FEBRUARY 29, 2016
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

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

SONIA LANGE
586 HONESTEAD COURT
AURORA IL 60506 |
| 2.101. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | NON-DISCLOSURE AGREEMENT DATED JUNE 17, 2016

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

STRADA CONSULTING
1124 VIA APPIANNA
HENDERSON NV 89052 |
| 2.102. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | AGREEMENT DATED FEBRUARY 17, 2015

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

TENET HEALTHSYSTEM MEDICAL, INC.
1445 ROSS AVENUE
SUITE 1400
DALLAS TX 75202 |
| 2.103. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CLINICAL TRIAL AGREEMENT DATED MAY 11, 2016 AND AMENDED ON OCTOBER 1, 2016
CLINICAL TRIALS (TRUST)

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

TEXAS FERTILITY CENTER
TAMARA MINTER
6500 N MOPAC BLDG 1
STE 1200
AUSTIN TX 78731 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | |
|--------|--|--|
| 2.104. | Title of contract
SERVICE AGREEMENT DATED JUNE 1, 2016

State what the contract or lease is for
REIMBURSEMENT SUPPORT

Nature of debtor's interest

State the term remaining

List the contract number of any government contract
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

THE PALOMINO GROUP
25248 LINCOLN DR NE
ISANTI MN 55040 |
| 2.105. | Title of contract
NON-DISCLOSURE AGREEMENT DATED JUNE 8, 2016

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

THE PALOMINO GROUP
25248 LINCOLN DR NE
ISANTI MN 55040 |
| 2.106. | Title of contract
EPIIA DATED OCTOBER 26, 2015

State what the contract or lease is for
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

Nature of debtor's interest

State the term remaining

List the contract number of any government contract
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

THOMAS WHIPPLE
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |
| 2.107. | Title of contract
SERVICE AGREEMENT DATED MAY 1, 2013

State what the contract or lease is for
HR SUPPORT

Nature of debtor's interest

State the term remaining

List the contract number of any government contract
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

TRINET
1100 SAN LEANDRO BLVD.
SUITE 400
SAN LEANDRO CA 94577 |
| 2.108. | Title of contract
EPIIA DATED AUGUST 13, 2012

State what the contract or lease is for
EMPLOYEE CONFIDENTIAL INFORMATION AND INVENTION AGREEMENTS

Nature of debtor's interest

State the term remaining

List the contract number of any government contract
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

TYLER HOLCOMB
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|--------|--|--|---|
| 2.109. | Title of contract | EMPLOYEE SEVERANCE AGREEMENT DATED JANUARY 20, 2017 | 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 | _____ | TYLER HOLCOMB |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.110. | Title of contract | 2015 LONG-TERM INCENTIVE COMPENSATION PLAN DATED DECEMBER 15, 2015 AND AMENDED ON AUGUST 3, 2016 | 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 | TYLER HOLCOMB |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.111. | Title of contract | EMPLOYEE RETENTION BONUS PLAN PARTICIPATION AGREEMENT DATED APRIL 13, 2014 | 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 | TYLER HOLCOMB |
| | Nature of debtor's interest | _____ | 131 SAND CREEK RD. |
| | State the term remaining | _____ | SUITE B |
| | List the contract number of any government contract | _____ | BRENTWOOD CA 94513 |
| | | | |
| 2.112. | Title of contract | INVESTIGATOR INITIATED CLINICAL TRIAL AGREEMENT DATED JANUARY 27, 2016 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | CLINICAL TRIALS (LUSTOR) | UNIVERSITY CLINICAL CENTER |
| | Nature of debtor's interest | _____ | TUBINGEN |
| | State the term remaining | _____ | UNIVERSITY CLINICAL CENTER |
| | List the contract number of any government contract | _____ | TUBINGEN CA7 |
| | | | 72076 TUBINGEN |
| | | | GERMANY |
| | | | |
| 2.113. | Title of contract | CLINICAL TRIAL AGREEMENT DATED MARCH 11, 2016 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | CLINICAL TRIALS (TRUST) | UNIVERSITY OF CHICAGO |
| | Nature of debtor's interest | _____ | SARAH ORZALLI |
| | State the term remaining | _____ | 5841 S MARYLAND AVE MC2050 |
| | List the contract number of any government contract | _____ | CHICAGO IL 60637 |

Debtor **Halt Medical, Inc.**

Case number (if known) **17-10810**

- | | | | |
|--------|--|---|--|
| 2.114. | Title of contract | CLINICAL TRIAL AGREEMENT DATED APRIL 4, 2016 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | CLINICAL TRIALS (TRUST) | UNIVERSITY OF ROCHESTER
REBECCA ROWLEY
DEPT OF OB/GYN
601 ELMWOOD AVE BOX 668
ROCHESTER NY 14642 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.115. | Title of contract | CLINICAL TRIAL AGREEMENT DATED JANUARY 31, 2015 AND AMENDED ON JULY 8, 2016 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | CLINICAL TRIALS (TRUST) | UNIVERSITY OF SASKATCHEWAN
AND DR. JOHN THIEL
ANITA MACK
CLINICAL TRAIL SUPPORT UNIT
103 HOSPITAL DR
SASKATOON SK S7N 0W8
CANADA |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| | | | |
| 2.116. | Title of contract | CLINICAL TRIAL AGREEMENT DATED DECEMBER 10, 2015 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| | State what the contract or lease is for | CLINICAL TRIALS (TRUST) | YARON FRIEDMAN, MD AND JOHN
MUIR HEALTH
YARON FRIEDMAN
130 LA CASA VIA
BLDG 3 STE 112
WALNUT CREEK CA 94598 |
| | Nature of debtor's interest | _____ | |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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

1. Does the debtor have any codebtors?

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

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

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

2.1. _____

- D
- E/F
- G

Fill in this information to identify the case:

Debtor name: Halt Medical, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10810

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:

- Checkboxes for various schedules: Schedule A/B, Schedule D, Schedule E/F, Schedule G, Schedule H, Summary of Assets and Liabilities, Amended Schedule, Chapter 11 or Chapter 9 Cases, and Other document that requires a declaration.

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

Executed on 5/12/2017 MM/DD/YYYY

Signature of individual signing on behalf of debtor (Handwritten signature of Jeremy McFadden)

Jeremy McFadden Printed name

Chief Financial Officer Position or relationship to debtor