

**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>
---	--

**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 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/16

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

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue (Check all that apply)	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 1/1/2017 to 4/12/2017	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$320,444.00
For prior year:	From 1/1/2016 to 12/31/2016	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$1,125,340.00
For the year before that:	From 1/1/2015 to 12/31/2015	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$875,074.00

2. Non-business revenue

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

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 1/1/2017 to 4/12/2017	INTEREST INCOME	\$216.58
For prior year:	From 1/1/2016 to 12/31/2016	INTEREST INCOME	\$9,668.37
For the year before that:	From 1/1/2015 to 12/31/2015	INTEREST INCOME	\$4,682.08

Debtor **Halt Medical, Inc.**Case number (if known) **17-10810****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

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

 None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. ALAN M GREENBERG, MD 1725 HILTON HEAD LANE FRISCO TX 75034	3/30/2017	\$3,711.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. ALAN M GREENBERG, MD 1725 HILTON HEAD LANE FRISCO TX 75034	1/24/2017	\$3,731.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. ALTO LITIGATION 4 EMBARCADERO SUITE 1400 SAN FRANCISCO CA 94111	2/22/2017	\$53,994.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. ALTO LITIGATION 4 EMBARCADERO SUITE 1400 SAN FRANCISCO CA 94111	1/17/2017	\$62,288.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. AMERICAN EXPRESS-2-51009 BOX 0001 LOS ANGELES CA 90096-8000	1/17/2017	\$9,174.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor **Halt Medical, Inc.**

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.6. AMERICAN EXPRESS-2-52007 BOX 0001 LOS ANGELES CA 90096-8000	3/21/2017	\$11,375.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.7. AMERICAN EXPRESS-2-52007 BOX 0001 LOS ANGELES CA 90096-8000	2/16/2017	\$7,582.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. BRIGHAM & WOMEN'S HOSPITAL RESEARCH FINANCE PO BOX 3149 BOSTON MA 02241-3149	3/15/2017	\$14,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. CARLISLE ASIA PACIFIC LIMITED HOPEWELL CENTRE 183 QUEENS RD E 33RD FLR ROOM 3307 WANCHAI HONG KONG	3/1/2017	\$13,447.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.10. CONFLUENT MEDICAL TECHNOLOGIES 47533 WESTINGHOUSE DRIVE FREMONT CA 94539	3/30/2017	\$7,003.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.11. HEALTH TRUST PURCHASING GROUP C/O WELLS FARGO PO BOX 751576 CHARLOTTE NC 28275-1576	1/24/2017	\$9,625.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.12. JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009	4/7/2017	\$7,681.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.13. JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009	4/6/2017	\$7,417.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.14. JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009	3/29/2017	\$15,021.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.15. JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009	3/15/2017	\$8,939.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.16. JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009	2/16/2017	\$7,194.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.17. JANINE LITTLE 1067 LINCOLN COURT BIRMINGHAM MI 48009	1/24/2017	\$2,817.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.18. JOHN CARLOW 90 VIA SONRISA SAN CLEMENTE CA 92673	4/6/2017	\$1,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.19. JOHN CARLOW 90 VIA SONRISA SAN CLEMENTE CA 92673	3/30/2017	\$6,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.20. JOHN CARLOW 90 VIA SONRISA SAN CLEMENTE CA 92673	1/24/2017	\$6,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.21. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	4/6/2017	\$3,740.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.22. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	3/30/2017	\$5,665.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.23. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	3/15/2017	\$3,190.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor **Halt Medical, Inc.**

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.24. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	3/15/2017	\$209.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.25. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	2/16/2017	\$1,265.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.26. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	1/24/2017	\$2,310.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.27. KEMP CLINICAL CONSULTING CO 130 OHLONE COURT LOS GATOS CA 95032	4/7/2016	\$3,465.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.28. KIMBERLY LEFHOLZ 515 W MAYFIELD STE 200 ARLINGTON TX 76014	4/6/2017	\$10,268.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.29. KIMBERLY LEFHOLZ 515 W MAYFIELD STE 200 ARLINGTON TX 76014	3/8/2017	\$4,142.28	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.30. KIMBERLY LEFHOLZ 515 W MAYFIELD STE 200 ARLINGTON TX 76014	1/24/2017	\$14,059.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.31. MERRILL COMMUNICATIONS LLC CM-9638 ST. PAUL MN 55170-9638	3/30/2017	\$142.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.32. MERRILL COMMUNICATIONS LLC CM-9638 ST. PAUL MN 55170-9638	2/1/2017	\$6,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.33. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	3/21/2017	\$3,243.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP
3.34. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	3/15/2017	\$11,374.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP
3.35. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	3/7/2017	\$4,548.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.36. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	2/22/2017	\$3,243.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.37. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	2/16/2017	\$11,374.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.38. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	2/1/2017	\$5,457.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.39. NAVITAS LEASE CORP PO BOX 935204 ATLANTA GA 31193-5204	1/17/2017	\$14,618.53	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other: LEASED EQUIP

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.40. NICOLE WILLIAMS, MD 1147 S WABASH AVENUE SUITE 200 CHICAGO IL 60605	3/30/2017	\$4,064.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.41. NICOLE WILLIAMS, MD 1147 S WABASH AVENUE SUITE 200 CHICAGO IL 60605	1/17/2017	\$4,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.42. PO HO 8701 PUTNAM COURT DUBLIN CA 94568	3/30/2017	\$20,910.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.43. SAND CREEK BUSINESS ASSOCIATES LLC C/O CARDOZA PROPERTIES, INC. 101 ELLINWOOD DRIVE PLEASANT HILL CA 94523	3/30/2017	\$4,447.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.44. SAND CREEK BUSINESS ASSOCIATES LLC C/O CARDOZA PROPERTIES, INC. 101 ELLINWOOD DRIVE PLEASANT HILL CA 94523	2/22/2017	\$25,693.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.45. SAND CREEK BUSINESS ASSOCIATES LLC C/O CARDOZA PROPERTIES, INC. 101 ELLINWOOD DRIVE PLEASANT HILL CA 94523	1/24/2017	\$25,693.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.46. STERIGENICS US LLC PO BOX 93178 CHICAGO IL 60673-3178	3/30/2017	\$3,395.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.47. STERIGENICS US LLC PO BOX 93178 CHICAGO IL 60673-3178	1/24/2017	\$1,571.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.48. STERIGENICS US LLC PO BOX 93178 CHICAGO IL 60673-3178	1/17/2017	\$3,143.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.49. THE DOCTORS COMPANY PO BOX 52780 PHOENIX AZ 85072-2780	3/30/2017	\$3,587.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.50. THE DOCTORS COMPANY PO BOX 52780 PHOENIX AZ 85072-2780	1/17/2017	\$5,184.18	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.51. THE PALMINO GROUP 25248 LINCOLN DRIVE, NE ISANI MN 55040	3/30/2017	\$12,585.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.52. THE PALMINO GROUP 25248 LINCOLN DRIVE, NE ISANI MN 55040	3/15/2017	\$12,585.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.53. THE PALMINO GROUP 25248 LINCOLN DRIVE, NE ISANI MN 55040	2/1/2017	\$12,585.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.54. THE PALMINO GROUP 25248 LINCOLN DRIVE, NE ISANI MN 55040	1/17/2017	\$5,331.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.55. TUV USA INC 215 MAIN STREET SUITE 3 SALEM NH 03079	3/31/2017	\$29,984.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.56. VERMON SA 180 RUE DU GERAL RENAULT BP 93813 TOURS FRANCE	3/31/2017	\$7,706.30	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.57. WAINWRIGHT MEDICAL COMMUNICATION 32 PERALTA AVENUE LOS GATOS CA 95030	3/30/2017	\$348.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.58. WAINWRIGHT MEDICAL COMMUNICATION 32 PERALTA AVENUE LOS GATOS CA 95030	3/7/2017	\$6,187.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.59. WAINWRIGHT MEDICAL COMMUNICATION 32 PERALTA AVENUE LOS GATOS CA 95030	2/7/2017	\$200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.60. WAINWRIGHT MEDICAL COMMUNICATION 32 PERALTA AVENUE LOS GATOS CA 95030	1/17/2017	\$4,957.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

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

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

 None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	1/11/2017	\$7,164.63	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER
Relationship to debtor MAJORITY SHAREHOLDERS & BOARD MEMBERS			
4.2. AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	1/3/2017	\$54,629.88	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER
Relationship to debtor MAJORITY SHAREHOLDERS & BOARD MEMBERS			
4.3. AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	12/13/2016	\$7,518.00	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER
Relationship to debtor MAJORITY SHAREHOLDERS & BOARD MEMBERS			
4.4. AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	12/6/2016	\$59,367.60	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER
Relationship to debtor MAJORITY SHAREHOLDERS & BOARD MEMBERS			
4.5. AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	11/29/2016	\$27,987.14	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER
Relationship to debtor MAJORITY SHAREHOLDERS & BOARD MEMBERS			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.6.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	11/22/2016	\$2,722.75	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.7.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	11/9/2016	\$806.50	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.8.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	10/5/2016	\$31,156.65	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.9.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	9/7/2016	\$3,157.23	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.10.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	8/31/2016	\$88,115.55	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.11.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	8/10/2016	\$4,030.25	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.12.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	7/27/2016	\$226,384.56	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.13.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	6/15/2016	\$3,572.25	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.14.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	6/8/2016	\$15,060.39	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.15.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	6/1/2016	\$133,445.75	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.16.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	5/18/2016	\$14,063.67	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO RICHARDS, LAYTON & FINGER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.17.	AMERICAN CAPITAL, LTD. PO BOX 57001 NEWARK NJ 07101	5/11/2016	\$117,718.44	LEGAL FEES PAID ON BEHALF OF AMERICAN CAPITAL TO ARNOLD & PORTER

Relationship to debtor

MAJORITY SHAREHOLDERS & BOARD MEMBERS

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.18.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	3/15/2017	\$2,325.60	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.19.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	3/15/2017	\$20,833.33	SEVERANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.20.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	2/16/2017	\$2,325.60	HEALTH INSURANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.21.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	2/16/2017	\$20,833.33	SEVERANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.22.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	1/11/2017	\$2,325.60	HEALTH INSURANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.23.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	1/11/2017	\$20,833.34	SEVERANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.24.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	12/13/2016	\$2,325.60	HEALTH INSURANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.25.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	12/13/2016	\$20,833.34	SEVERANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.26.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	11/15/2016	\$2,325.60	HEALTH INSURANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.27.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	11/15/2016	\$20,833.34	SEVERANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.28.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	10/12/2016	\$964.42	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.29.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	10/12/2016	\$20,833.34	SEVERANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.30.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	9/13/2016	\$2,325.60	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.31.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	9/13/2016	\$20,833.34	SEVERANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.32.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	8/10/2016	\$2,325.60	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.33.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	8/10/2016	\$20,833.34	SEVERANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.34.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	7/21/2016	\$4,100.00	LEGAL FEES PAID ON BEHALF OF J. COHEN

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.35.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	7/13/2016	\$2,325.60	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.36.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	7/13/2016	\$20,833.34	SEVERANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.37.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	6/30/2016	\$2,325.60	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.38.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	6/15/2016	\$20,833.33	EMPLOYEE COMPENSATION

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.39.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	6/1/2016	\$5,919.95	HEALTH INSURANCE

Relationship to debtor

FORMER CEO, BOARD MEMBER

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.40.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	5/31/2016	\$20,833.33	EMPLOYEE COMPENSATION

Relationship to debtor

FORMER CEO, BOARD MEMBER

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.41.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	5/15/2016	\$20,833.33	EMPLOYEE COMPENSATION
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.42.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	4/30/2016	\$20,833.33	EMPLOYEE COMPENSATION
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.43.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	4/20/2016	\$5,919.95	HEALTH INSURANCE
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.44.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	4/20/2016	\$4,203.20	CORPORATE AMEX CARD
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.45.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	4/15/2016	\$20,833.33	EMPLOYEE COMPENSATION
	Relationship to debtor			
	FORMER CEO, BOARD MEMBER			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.46.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/30/2017	\$8,563.75	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CFO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.47.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/15/2017	\$8,563.75	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CFO			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.48.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/14/2017	\$200.88	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.49.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/28/2017	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.50.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/15/2017	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.51.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/8/2017	\$1,449.19	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.52.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	1/31/2017	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.53.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	1/18/2017	\$79.54	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.54.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	1/15/2017	\$10,618.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.55.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	12/31/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.56.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	12/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.57.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	12/7/2016	\$79.60	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.58.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/30/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.59.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/16/2016	\$159.99	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.60.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.61.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	10/31/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.62.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	10/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.63.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	9/30/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.64.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	9/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.65.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	9/14/2016	\$1,275.70	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.66.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/31/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.67.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/24/2016	\$414.92	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.68.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.69.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/31/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.70.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/20/2016	\$604.80	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.71.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.72.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/14/2016	\$702.27	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.73.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/30/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.74.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/20/2016	\$1,246.25	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.75.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.76.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/6/2016	\$99.95	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.77.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	5/31/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.78.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	5/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.79.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	5/9/2016	\$461.80	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.80.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	4/30/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.81.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	4/22/2016	\$512.48	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CFO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.82.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	4/15/2016	\$8,563.75	EMPLOYEE COMPENSATION

Relationship to debtor

CFO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.83.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	4/12/2017	\$657.95	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.84.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/31/2017	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.85.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/28/2017	\$3,485.25	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.86.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/15/2017	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.87.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/14/2017	\$881.31	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.88.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	3/7/2017	\$1,263.93	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.89.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/28/2017	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.90.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/28/2017	\$2,565.34	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.91.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/16/2017	\$1,264.44	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.92.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	2/15/2017	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.93.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	1/31/2017	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.94.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	1/18/2017	\$4,948.92	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.95.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	1/15/2017	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.96.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	12/31/2016	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.97.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	12/21/2016	\$4,864.75	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.98.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	12/15/2016	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.99.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/30/2016	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.100.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/16/2016	\$3,052.44	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.101.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/15/2016	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.102.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	11/9/2016	\$867.04	EMPLOYEE EXP. REIMBURSEMENT

Relationship to debtor

CEO

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.103.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	10/31/2016	\$12,500.00	EMPLOYEE COMPENSATION

Relationship to debtor

CEO

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.104.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	10/15/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.105.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	10/13/2016	\$6,729.06	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.106.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	10/7/2016	\$2,284.28	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.107.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	9/30/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.108.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	9/15/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.109.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	9/14/2016	\$5,366.90	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.110.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/31/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.111.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/15/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.112.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/10/2016	\$4,552.41	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.113.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	8/3/2016	\$2,632.44	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.114.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/31/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.115.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/20/2016	\$2,190.80	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.116.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/15/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.117.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	7/7/2016	\$1,843.60	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			

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

	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.118.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/30/2016	\$12,500.00	EMPLOYEE COMPENSATION
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.119.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/29/2016	\$6,293.74	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.120.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	6/23/2016	\$1,636.26	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.121.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	5/31/2016	\$5,977.95	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.122.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	5/31/2016	\$998.86	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.123.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	5/9/2016	\$1,443.99	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			
	Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.124.	KIMBERLY RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	4/22/2016	\$9,474.70	EMPLOYEE EXP. REIMBURSEMENT
	Relationship to debtor			
	CEO			

Debtor **Halt Medical, Inc.**

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

5. Repossessions, foreclosures, and returns

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

None

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

6. Setoffs

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

None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1.	_____	_____	_____	\$ _____

	_____	Last 4 digits of account number: XXXX-_____		

Debtor **Halt Medical, Inc.**

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

Part 3: Legal Actions or Assignments

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

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

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. CALESA ASSOCIATES, L.P., ET AL. V. AMERICAN CAPITAL, LTD., ET AL.	PLAINTIFFS ARE MINORITY SHAREHOLDERS ALLEGING BREACH OF FIDUCIARY DUTY AND AIDING AND ABETTING BREACH OF FIDUCIARY DUTY.	DELAWARE CHANCERY COURT 34 THE CIR GEORGETOWN DE 19947	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 10557			
7.2. JUDY WONG V. DR. BRUCE B. LEE, ET AL.	PLAINTIFF IS FORMER SPOUSE OF HALT MEDICAL FOUNDER SEEKING TO ENFORCE A PROPERTY SETTLEMENT AGREEMENT FROM THEIR DIVORCE.	MONTEREY COUNTY SUPERIOR COURT 240 CHURCH ST. SALINAS CA 93901	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 16CV002572			

8. Assignments and receivership

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

None

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

Debtor **Halt Medical, Inc.**

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

Part 4: Certain Gifts and Charitable Contributions

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

None

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

Debtor **Halt Medical, Inc.**

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

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

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

Debtor **Halt Medical, Inc.**

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	CANACCORD GENUITY	_____	4/10/2017	\$690,000.00
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			

11.2.	CANACCORD GENUITY	_____	4/3/2017	\$36,570.52
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			

11.3.	CANACCORD GENUITY	_____	3/3/2017	\$35,197.74
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.4.	CANACCORD GENUITY		2/1/2017	\$35,872.59
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.5.	CANACCORD GENUITY		1/5/2017	\$35,388.33
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.6.	CANACCORD GENUITY		11/29/2016	\$39,715.67
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.7.	CANACCORD GENUITY		11/14/2016	\$35,000.00
	Address			
	99 HIGH STREET BOSTON MA 02110			
	Email or website address			
	WWW.CANACCORDGENUITY.COM/			
	Who made the payment, if not debtor?			

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.8.	COOLEY LLP		4/7/2017	\$80,000.00
	Address			
	101 CALIFORNIA ST 5TH FLOOR SAN FRANCISCO CA 94111			
	Email or website address			
	WWW.COOLEY.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.9.	COOLEY LLP		3/20/2017	\$200,000.00
	Address			
	101 CALIFORNIA ST 5TH FLOOR SAN FRANCISCO CA 94111			
	Email or website address			
	WWW.COOLEY.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.10.	COOLEY LLP		3/7/2017	\$50,000.00
	Address			
	101 CALIFORNIA ST 5TH FLOOR SAN FRANCISCO CA 94111			
	Email or website address			
	WWW.COOLEY.COM			
	Who made the payment, if not debtor?			
	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.11.	COOLEY LLP		12/1/2016	\$50,000.00
	Address			
	101 CALIFORNIA ST 5TH FLOOR SAN FRANCISCO CA 94111			
	Email or website address			
	WWW.COOLEY.COM			
	Who made the payment, if not debtor?			

Debtor **Halt Medical, Inc.**

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

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.12.	DONLIN RECANO & COMPANY	_____	4/10/2017	\$35,000.00
	Address			
	6201 15TH AVE BROOKLYN NY 11219			
	Email or website address			
	WWW.DONLINRECANO.COM			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.13.	DRINKER BIDDLE & REATH LLP	_____	3/31/2017	\$75,000.00
	Address			
	ONE LOGAN SQUARE SUITE 2000 PHILADELPHIA PA 19103-6996			
	Email or website address			
	WWW.DRINKERBIDDLE.COM			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None

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

13. Transfers not already listed on this statement

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

None

Debtor **Halt Medical, Inc.**

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

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

Relationship to debtor			

Debtor **Halt Medical, Inc.**

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

Part 7: Previous Locations

14. Previous addresses

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

Does not apply

Address	Dates of occupancy
14.1. 101 E. VINEYARD AVENUE SUITE 201 LIVERMORE CA 94551	From 5/1/2008 To 10/31/2015

Debtor **Halt Medical, Inc.**

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

Part 8: Healthcare Bankruptcies

15. Healthcare bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 — diagnosing or treating injury, deformity, or disease, or
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ _____ _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider _____ _____ _____	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Debtor **Halt Medical, Inc.**

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

Part 9: Personally Identifiable Information

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

- No
- Yes. State the nature of the information collected and retained. CUSTOMER LISTING (INCLUDES CUSTOMER NAME, ADDRESSES, SALES ORDER CONTACT NAMES AND PHONE NUMBERS, ACCOUNTS RECEIVABLE CONTACT NAMES AND PHONE NUMBERS, AND TAX / TAX EXEMPTION INFORMATION AND NUMBERS) LIST INCLUDES APPROXIMATELY 125 CUSTOMERS.¹
 - Does the debtor have a privacy policy about that information?
 - No
 - Yes

¹ACCESS TO INFORMATION IS RESTRICTED TO CORPORATE EMPLOYEES DIRECTLY INVOLVED IN CUSTOMER ACCOUNTS

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?
 - No. Go to Part 10
 - Yes. Fill in below:

Name of plan	Employer identification number of the plan
HALT MEDICAL, INC. 401(K) PLAN	EIN: 01-0828422

Has the plan been terminated?

- No
- Yes

Debtor **Halt Medical, Inc.**

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

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

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

19. Safe deposit boxes

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

None

Depository institution name and address	Name and address of anyone with access to it	Description of the contents	Does debtor still have it?
19.1. _____ _____ _____	_____ _____ _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

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

None

Depository institution name and address	Name and address of anyone with access to it	Description of the contents	Does debtor still have it?
20.1. PINNACLE EXHIBITS, INC. 9 HOLLAND, SUITE 100 IRVINE CA 92618	ROBERT SKIDMORE VP OF OPERATIONS AND MANUFACTURING 131 SAND CREEK ROAD SUITE B BRENTWOOD CA 94513	MARKETING/TRADE SHOW BOOTH	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **Halt Medical, Inc.**

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

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

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

None

	Owner's name and address	Location of the property	Description of the property	Value
21.1.	JEFFREY M. COHEN 592 ROSSO COURT PLEASANTON CA 94566	131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	TENSILE / COMPRESSION TESTER	\$0.00

Debtor **Halt Medical, Inc.**

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

Part 12: Details About Environmental Information

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

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

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Provide details below.

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

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Provide details below.

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

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

- No
 Yes. Provide details below.

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

Debtor **Halt Medical, Inc.**

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

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

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

None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	_____	_____	EIN: ____ - ____
	_____		Dates business existed
	_____		From _____ To _____

26. Books, records, and financial statements

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

None

	Name and address	Dates of service
26a.1.	JENA HOLCOMB ACCOUNTING MANAGER 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	From 1/25/2008 To Present
26a.2.	JEREMY MCFADDEN CHIEF FINANCIAL OFFICER 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	From 8/18/2014 To Present
26a.3.	LEILA EPPERSON 647 LAURELWOOD COURT LIVERMORE CA 94551	From 8/11/2008 To 9/8/2015
26a.4.	NADINE MCGILL 851 LAS FLORES RD #40 LIVERMORE CA 94551	From 12/3/2012 To 9/8/2015

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

None

	Name and address	Dates of service
26b.1. ¹	ARMANINO LLP PO BOX 398285 SAN FRANCISCO CA 94139-8285	From 4/3/2015 To Present

¹CONDUCTED AUDITS ON FY 2014 AND FY 2015. THE AUDIT FOR FY 2016 HAS NOT YET STARTED.

Debtor **Halt Medical, Inc.**

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

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

None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	JENA HOLCOMB ACCOUNTING MANAGER 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	_____
26c.2.	JEREMY MCFADDEN CHIEF FINANCIAL OFFICER 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	_____

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

None

	Name and address
26d.1.	SEE GLOBAL NOTES

27. Inventories

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

No

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1.	ROBERT SKIDMORE	1/5/2016	\$575,795.03 (Cost Basis)
	Name and address of the person who has possession of inventory records		
	ROBERT SKIDMORE VP OF OPERATIONS AND MANUFACTURING 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513		

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.2.	ROBERT SKIDMORE	12/20/2016	\$648,095.61 (Cost Basis)

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

ROBERT SKIDMORE
VP OF OPERATIONS AND MANUFACTURING
131 SAND CREEK RD.
SUITE B
BRENTWOOD CA 94513

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

	Name and address	Position	Nature of any interest	% of interest, if any
28.1.	ACAS LLC 245 PARK AVE. 44TH FLOOR NEW YORK NY 10167	CONTROLLING SHAREHOLDER	COMMON STOCK	55.60%

	Name and address	Position	Nature of any interest	% of interest, if any
28.2.	ACAS LLC 245 PARK AVE. 44TH FLOOR NEW YORK NY 10167	CONTROLLING SHAREHOLDER	PREFERRED STOCK	55.30%

	Name and address	Position	Nature of any interest	% of interest, if any
28.3.	CINDY YOUNG ONE NORTH WACKER DR. 48TH FLOOR CHICAGO IL 60606	BOARD MEMBER	NA	NA

	Name and address	Position	Nature of any interest	% of interest, if any
28.4.	JEREMY MCFADDEN 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	CHIEF FINANCIAL OFFICER	NA	NA

	Name and address	Position	Nature of any interest	% of interest, if any
28.5.	KIMBERLY BRIDGES-RODRIGUEZ 131 SAND CREEK RD. SUITE B BRENTWOOD CA 94513	CHIEF EXECUTIVE OFFICER & BOARD MEMBER	NA	NA

	Name and address	Position	Nature of any interest	% of interest, if any
28.6.	MARK KING ONE NORTH WACKER DR. 48TH FLOOR CHICAGO IL 60606	BOARD MEMBER	NA	NA

Debtor **Halt Medical, Inc.**

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

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

- No
 Yes. Identify below.

	Name and address	Position	Nature of any interest	Period during which position or interest was held
29.1.	GORDON O'BRIEN	FORMER BOARD MEMBER	NA	From 1/3/2012 To 1/3/2017
29.2.	JEFF COHEN 592 ROSSO COURT PLEASANTON CA 94566	SHAREHOLDER / FORMER CHIEF EXECUTIVE OFFICER / FORMER BOARD MEMBER	COMMON STOCK AND PREFERRED STOCK	From 2/2/2005 To 6/17/2016
29.3.	JOHN LEWIS 4752 SHERWOOD FARM CHARLOTTESVILLE VA 22902	SHAREHOLDER/FORMER BOARD MEMBER	COMMON STOCK AND PREFERRED STOCK	From 1/3/2012 To 3/3/2017
29.4.	MILES ARNONE 161 WORCESTER ROAD SUITE 606 FRAMINGHAM MA 01701	FORMER BOARD MEMBER	NA	From 3/2/2016 To 10/5/2016
29.5.	NEIL HAHL 1851 NORTH SHELBY MESA AZ 85207	FORMER BOARD MEMBER	NA	From 1/3/2012 To 1/3/2017
29.6.	ROBERT SACKS	FORMER BOARD MEMBER	NA	From 3/10/2014 To 1/3/2017

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

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

- No
 Yes. Identify below

	Name and address of recipient	Amount of money or value of property	Description of property	Dates	Reason for providing the value
30.1.	SEE STATEMENT OF FINANCIAL AFFAIRS PART 2, NO. 4	\$ _____	_____	_____	_____
	Relationship to debtor	_____			

Debtor **Halt Medical, Inc.**

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

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

- No
- Yes. Identify below

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

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

- No
- Yes. Identify below

	Name of the pension fund	Employer Identification number of the pension fund
32.1.	_____	EIN: ____-____-_____

Debtor **Halt Medical, Inc.**

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


Part 14: Signature and Declaration

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

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

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

5/12/2017
MM/DD/YYYY

x 
Signature of individual signing on behalf of the debtor

Printed name **Jeremy McFadden**

Position or relationship to debtor **Chief Financial Officer**

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

- No
- Yes