

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

IN RE:

SHERMAN/GRAYSON HOSPITAL LLC,  
a Delaware limited liability company,<sup>1</sup>

Debtor.

Chapter 11

Case No. 23-10810 (JKS)

**SCHEDULES OF ASSETS AND LIABILITIES FOR  
SHERMAN/GRAYSON HOSPITAL LLC (CASE NO. 23-10810-JKS)**

---

<sup>1</sup> The last four digits of the Debtor's federal tax identification number are 5690. The Debtor's address is 500 N. Highland Avenue, Sherman, Texas 75092.

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

In re:

SHERMAN/GRAYSON HOSPITAL LLC, a  
Delaware limited liability company,  
  
Debtor.

Chapter 11

Case No. 23-10810-JKS

**GLOBAL NOTES, METHODOLOGY, AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTOR'S SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

**Introduction**

These *Global Notes, Methodology, and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statements of Financial Affairs* (the "Global Notes") qualify, are incorporated by reference in, and comprise an integral part of, the Schedules of Assets and Liabilities (collectively, the "Schedules") and the Statements of Financial Affairs (collectively, the "Statements" and, together with the Schedules, the "Schedules and Statements") filed by Sherman/Grayson Hospital LLC ("Debtor" or the "Company") in the above-captioned case filed under Chapter 11 of the United States Code (the "Case") pending in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court"). The Schedules and Statements were prepared pursuant to § 521 of title 11 of the United States Code (the "Bankruptcy Code") and Rule 1007 of the Federal Rules of Bankruptcy Procedure by management of the Debtor, with the assistance of the Debtor's advisors, and are unaudited.

In preparing the Schedules and Statements, the Debtor relied on financial data derived from its books and records that was available at the time of such preparation. The Debtor's Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled to the financial statements of the Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtor's reasonable best efforts to report the assets and liabilities of the Debtor. While the Debtor's management has made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances, based on information available at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and Statements. As a result, inadvertent errors or omissions may exist, and there can be no assurance that these Schedules and Statements are complete.

The Debtor reserves all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to (a) amend the Schedules and Statements with respect to a claim (as defined in § 101(5) of the Bankruptcy Code) description, designation, or Debtor against which the claim is asserted,

(b) dispute or otherwise assert offsets or defenses to any claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification, (c) subsequently designate any claim as “disputed,” “contingent,” or “unliquidated,” or (d) object to the extent, validity, enforceability, priority, or avoidability of any claim. Any failure to designate a claim in the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtor that such claim or amount is not “disputed,” “contingent,” or “unliquidated.” Listing a claim does not constitute an admission of liability by the Debtor against which the claim is listed or against the Debtor. Nothing contained in the Schedules and Statements shall constitute a waiver of any right of the Debtor or an admission with respect to its Chapter 11 Case (including, but not limited to, issues involving claims, substantive consolidation, defenses, equitable subordination, characterization or re-characterization of contracts and leases, assumption or rejection of contracts and leases under the provisions of chapter 3 of the Bankruptcy Code, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers). Any specific reservation of rights contained elsewhere in these Global Notes does not limit in any respect the foregoing reservation of rights.

The Debtor and its agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein, and will not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtor and its agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or recategorized. In no event will the Debtor or its agents, attorneys, and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtor or its agents, attorneys, and financial advisors are advised of the possibility of such damages.

The Schedules and Statements have been signed by Laxman Reddy, President and Chief Executive Officer of the Debtor. Accordingly, in reviewing and signing the Schedules and Statements, Mr. Reddy necessarily relied upon the efforts, statements, and representations of the Debtor and its staff and other personnel and professionals. Mr. Reddy has not (and could not have) personally verified the accuracy of each such statement and representation, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and their addresses.

These Global Notes should be referred to and considered in connection with any review of the Schedules and Statements.<sup>1</sup> Disclosure of information in one or more Schedules, one or more Statements, or one or more exhibits or attachments to the Schedules or Statements, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits,

or attachments. In the event that the Schedules and Statements differ from the Global Notes, the Global Notes shall control.

*Neither the Schedules and Statements, nor the Global Notes, should be relied upon by any persons for information relating to current or future financial conditions, events, or performance of the Debtor.*

### **Global Notes and Overview of Methodology**

#### **Description of Case and Information Date**

On June 23, 2023 (the “Petition Date”), the Debtor filed a voluntary petition with this Bankruptcy Court for relief under Chapter 11 of the United States Bankruptcy Code. The Debtor continues to operate its business and manage its property as debtor-in-possession pursuant to §§ 1107(a) and 1108 of the Bankruptcy Code. The Chapter 11 Case is being administered pursuant to Bankruptcy Rule 1015(b). No creditors’ committee has been appointed in this case. No trustee or examiner has been appointed. Except as otherwise noted, the information set forth herein is provided as of the close of business on the Petition Date.

#### **Basis of Presentation**

These Schedules and Statements reflect the assets and liabilities of the Debtor, except where otherwise indicated. Information contained in the Schedules and Statements has been derived from the Debtor’s books and records and historical financial statements. As indicated in prior filings in this case, the Debtor underwent a system conversion/upgrade to a new electronic medical records system, which includes the finance and accounting module used by Debtor, effective May 1, 2023. As a result of this conversion, there have been issues identified with mapping of data from the old system to the new system and these issues have delayed the issuance of financial statements for the months ending May 31, 2023 and June 30, 2023. As a result, unless otherwise noted, the values indicated on the schedules are as of April 30, 2023. The Debtor is diligently working to close its books for the month of May 31, 2023 and June 30, 2023 and will provide updated schedules.

These Schedules and Statements represent the Debtor’s good faith attempt to comply with the requirements of the Bankruptcy Code and Bankruptcy Rules using commercially reasonable efforts and resources available and are subject to further review and potential adjustment.

#### **Amendment of Schedules and Statements**

While reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend and/or supplement the Schedules and Statements from time to time as is necessary or appropriate.

### **General Notes Applicable to Schedules and Statements**

1. **Recharacterization.** The Debtor has made reasonable efforts to correctly characterize, classify, categorize, and designate the claims, assets, executory contracts, unexpired

leases, and other items reported in the Schedules and Statements. The Debtor reserves all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as necessary or appropriate, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.

2. **Claim Designations.** Any failure to designate a claim in the Schedules and Statements as “contingent,” “unliquidated,” or “disputed” does not constitute an admission by the Debtor that such claim or amount is not “contingent,” “unliquidated,” or “disputed.” The Debtor reserves all rights to dispute, or to assert offsets or defenses to, any claim reflected on its Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as “contingent,” “unliquidated,” or “disputed.” Moreover, the Debtor reserves all rights to amend its Schedules and Statements as necessary and appropriate. Listing a claim does not constitute an admission of liability by the Debtor.

3. **Unliquidated Claim Amounts.** Claim amounts that could not be readily quantified by the Debtor are scheduled as “unliquidated.”

4. **Unknown Amounts.** The description of an amount as “unknown” is not intended to reflect upon the materiality of such amount.

5. **Court Orders.** Pursuant to certain orders of the Bankruptcy Court entered in the Debtor’s Chapter 11 Case entered on or about June 20, 2023 (the “First Day Orders”), the Debtor was authorized (but not directed) to pay, among other things, certain prepetition claims of employees, insurers, and taxing authorities. Accordingly, these liabilities may have been or may be satisfied in accordance with such orders and therefore may not be listed in the Schedules and Statements. Regardless of whether such claims are listed in the Schedules and Statements, to the extent such claims are paid pursuant to an order of the Bankruptcy Court (including the First Day Orders), the Debtor reserves all rights to amend or supplement its Schedules and Statements.

6. **Other Paid Claims.** To the extent the Debtor has reached any postpetition settlement with a vendor or other creditor, the terms of such settlement will prevail, supersede amounts listed in the Debtor’s Schedules and Statements, and shall be enforceable by all parties, subject to any necessary Bankruptcy Court approval. To the extent the Debtor pays any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Liabilities.** The Debtor has sought to allocate liabilities between the prepetition and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change. The Debtor reserves the right to modify, amend, or supplement the Schedules and Statements as it deems appropriate in this regard.

8. **Excluded Assets and Liabilities.** The Debtor may have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including without limitation, accrued salaries and employee benefit accruals. In addition, and as set forth above, the Debtor may have excluded amounts for which the Debtor has been granted authority to pay pursuant to a First Day Order or other order that may be entered by the Bankruptcy Court. The Debtor may also have excluded rejection damage claims of counterparties to executory contracts and unexpired leases that may be rejected (if any), to the extent such damage claims exist. Also, certain immaterial assets and liabilities may have been excluded.

9. **Confidential or Sensitive Information.** There may be instances in which certain information in the Schedules and Statements intentionally has been redacted due to the nature of an agreement between a Debtor and a third party, concerns about the confidential or commercially sensitive nature of certain information, or concerns for the privacy of an individual based on the Health Insurance Portability and Accountability Act of 1996 or otherwise. The alterations will be limited to only what is necessary to protect the Debtor or third party. In some instances, the redacted information may be available upon request.

10. **Leases.** The Debtor may not have included in the Schedules and Statements the future obligations of any capital or operating leases. To the extent that there was an amount outstanding as of the Petition Date, the creditor has been included on Schedule F of the Schedules. Nothing in the Schedules or Statements (including, without limitation the failure to list leased property or equipment as owned property or equipment) is, or shall be construed as, an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement), and the Debtor reserves all rights with respect to such issues.

11. **Guarantees and Other Secondary Liability Claims.** The Debtor has used reasonable efforts to locate and identify guarantees and other secondary liability claims (collectively, “Guarantees”) in each of its executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. However, certain Guarantees embedded in the Debtor’s executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements may have been inadvertently omitted. Thus, the Debtor reserves all rights to amend the Schedules to the extent that additional Guarantees are identified.

12. **Executory Contracts.** Although the Debtor has made diligent efforts to attribute an executory contract to its rightful Debtor, in certain instances, the Debtor may have inadvertently failed to do so. Accordingly, the Debtor reserves all rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G.

13. **Estimates.** To prepare and file the Schedules as close to the Petition Date as possible, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. The Debtor reserves all rights to amend the reported amounts of assets and liability to reflect changes in those estimates or assumptions.

14. **Fiscal Year.** The Debtor’s fiscal year ends on December 31.

15. **Property and Equipment.** Unless otherwise indicated, owned property and equipment are stated at net book value. The Debtor may lease furniture, fixtures, and equipment

from certain third-party lessors. Nothing in the Schedules and Statements is or shall be construed as an admission as to the determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all of its rights with respect to same.

16. **Credits and Adjustments.** The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtor's books and records and may not reflect credits, allowances, or other adjustments due from such creditors to the Debtor. The Debtor reserves all rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections and/or setoffs with respect to the same.

17. **Insiders.** In the circumstance where the Schedules and Statements require information regarding "insiders" the Debtor has included information with respect to the individuals the Debtor believes are included in the definition of "insider" set forth in § 101(31) of the Bankruptcy Code during the relevant time periods. Such individuals may no longer serve in such capacities. The listing of a party as an insider for purposes of the Schedules and Statements is not intended to be, nor should it be, construed an admission of any fact, right, claim, or defense and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statements has been included for informational purposes only and such information may not be used for: (1) the purposes of determining (a) control of the Debtor; (b) the extent to which any individual exercised management responsibilities or functions; (c) corporate decision-making authority over the Debtor; or (d) whether such individual could successfully argue that he or she is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability, or (2) any other purpose.

18. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known and estimated amounts that are included in the Schedules and Statements. To the extent there are unknown, disputed, contingent, unliquidated, or otherwise undetermined amounts, the actual total may be materially different than the listed total. The description of an amount as "unknown", "disputed", "contingent", "unliquidated", or "undetermined" is not intended to reflect upon the materiality of such amount.

19. **Exclusions.** The Debtor may have excluded certain categories of assets and liabilities from the Schedules and Statements, including accrued liabilities such as accrued salaries and employee benefits (including accrued personal time off) and accrued accounts payable, as well as assets with a net book value of zero. Other non-material assets and liabilities may have also been excluded.

### **Specific Notes Regarding the Schedules and Statements**

#### **Specific Notes Regarding the Statements**

1. **Gross Revenue.** Amounts listed for gross revenue in the Part 1 of the Statements from the beginning of the fiscal year to just before the Petition Date reflect gross revenue from the Debtor's business for the period of January 1, 2022 through and including April 30, 2023.

2. **90 Day Payments.** The dates set forth in the “Dates of Payment” column relate to one of the following: (a) the date of a wire transfer; (b) the date of an “ACH” payment; or (c) the date that a check was issued. Item 3 includes any disbursement or other transfer made by the Debtor within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Item 4).

3. **Insider Payments.** The Debtor made reasonable, good faith efforts to list all material payments made to or for the benefit of insiders with one year before the filing of the case. However, it would be unduly burdensome to determine the amount of certain employee benefits provided to insiders by the Debtor, which include, among other things, the employer portion of health insurance premiums. Moreover, the payment of such amounts was authorized by the Employee Wage Order (as defined herein). The Debtor believes that the expenses underlying any employee reimbursements were incurred for the benefit of the Debtor, and not insiders.

4. **Property held for another.** The Debtor has made reasonable efforts to account for property held for another by relying on the Debtor’s books and records.

#### **Specific Notes Regarding Schedule A/B**

1. **Bank Account Balances.** In the event of any conflict between the Debtor’s *Motion for Interim and Final Orders Authorizing (I) Maintenance of Existing Bank Accounts, (II) Continued Use of Existing Cash Management System, and (III) Continued Use of Business Forms Pursuant to 11 U.S.C. §§ 105, 345, 363, 364, 503, 1107 and 1108 of the Bankruptcy Code* [Docket No. 6] and the Statements and Schedules, the information contained in the Statements and Schedules shall control.

2. **Prepayments.** Certain prepayments reflected on the Debtor’s balance sheet may not be included because the vendor to which they relate has fully performed the related services and the Debtor has no claims against these vendors. The Prepayments include a prepayment to MPT of Sherman-Alecto, LLC as of April 30, 2023 which was reduced to \$0.00 as of the Petition Date as a portion of the prepayment balance has been applied to current rent due and the remaining balance was returned to Debtor.

3. **Real Property.** The real property identified in Schedule A/B is owned by MPT Of Sherman-Alecto, LLC and leased to Debtor pursuant to that certain Lease Agreement, dated as of October 31, 2014 (as amended from time to time, the “MPT Lease”). Although the real property and improvements are owned by MPT of Sherman-Alecto, LLC, the Debtor’s financial statements include the real property and improvements as an asset with a corresponding liability in accordance with GAAP and instructions from Debtor’s accountants when audited financial statements were produced by the Debtor.

#### **Specific Notes Regarding Schedule E/F**

1. **Creditors Holding Priority Unsecured Claims.** The listing of any claim on Schedule E/F does not constitute an admission by the Debtor that such claim is entitled to priority treatment under § 507 of the Bankruptcy Code. The Debtor reserves all rights to dispute the amount and/or the priority status of any claim on any basis at any time.



The Bankruptcy Court entered the *Interim Order (I) Authorizing Payment of Certain Prepetition Employee Claims, Including Wages and Salaries, (II) Authorizing Payment of Certain Employee Benefits and Confirming right to Continue Employee Benefits on Postpetition Basis, (III) Authorizing Payment of Reimbursement to Employees for Prepetition Expenses, (IV) Authorizing Payment of Withholding and Payroll-Related Taxes, (V) Authorizing Payment of Prepetition Claims Owing to Administrators and Third Party Providers and (VI) Allowing Banks to Honor Prepetition Checks and Fund Transfers for Authorized Payments* [Docket No.26], granting authority to the Debtor to pay certain prepetition employee wage and other obligations in the ordinary course (the “Wage Order”). Pursuant to the Wage Order, the Bankruptcy Court granted the Debtor authority to pay or honor certain prepetition obligations for employee wages, payroll deductions, employee benefits, and other benefits and fees. The Debtor has not listed on Schedule E/F any wage or employment-related obligations owed to non-insiders for which the Debtor has been granted authority to pay pursuant to the Employee Wage Order or other order that may be entered by the Bankruptcy Court. The Debtor believes that all such claims have been, or will be, satisfied in the ordinary course during this case pursuant to the authority granted in the Employee Wage Order or other order that may be entered by the Bankruptcy Court. Likewise, the Debtor has not listed on Statement, Question 3, any transfers to non-insider employees on account of wages or employment-related obligations for which the Debtor has been granted authority to pay pursuant to the Employee Wage Order or other order that may be entered by the Bankruptcy Court.

### **Specific Notes Regarding Schedule G**

The Debtor’s books and records may not be complete with respect to all unexpired leases and/or executory contracts to which they are a party and that were pending as of the Petition Date. In particular, the Debtor may be party to agreements and understanding that are “oral” or “verbal” in nature; while the Debtor has made reasonable efforts to identify these agreements and disclose them in the Schedules, there may be some that are not yet known or identified. Certain of the executory contracts and unexpired leases listed on Schedule G may contain renewal options, guarantees of payment, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties, and obligations are not separately set forth on Schedule G or Schedule B. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. The Debtor hereby reserves all of its rights to (i) dispute the validity, status, or enforceability of any contract, agreement or lease set forth in Schedule G and (ii) amend or supplement such Schedule as necessary.

\* \* \* \* \*

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

Debtor Name SHERMAN/GRAYSON HOSPITAL LLC  
a Delaware limited liability company

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

Case number (If known): 23-10810-JKS

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on 7/21/2023  
 MM / DD / YYYY

 /s/ Laxman Reddy  
 Signature of individual signing on behalf of debtor

Laxman Reddy

Printed name

Chief Executive Officer, Alecto Healthcare Services Sherman LLC, a Delaware limited liability company, Debtor's Sole Member/Manager  
 Position or relationship to debtor

## Fill in this information to identify the case:

Debtor name SHERMAN/GRAYSON HOSPITAL LLC

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

Case number (If known): 23-10810-JKS

☐ Check if this is an amended filing

## Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

## Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B* .....\$ 0.001b. **Total personal property:**Copy line 91A from *Schedule A/B* .....\$ 7,459,282.321c. **Total of all property:**Copy line 92 from *Schedule A/B* .....\$ 7,459,282.32

## Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....\$ 3,923,338.273. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....\$ 0.003b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....+ \$ 83,071,669.23

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 86,995,007.50

**Fill in this information to identify the case:**Debtor name SHERMAN/GRAYSON HOSPITAL LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)Case number (if known): 23-10810-JKS☐ Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

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

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

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

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

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

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

\$ \_\_\_\_\_

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

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. See Attachment No. 3 \_\_\_\_\_ \$ 38,080.68  
 3.2. \_\_\_\_\_ \$ \_\_\_\_\_

**4. Other cash equivalents (Identify all)**

4.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 4.2. \_\_\_\_\_ \$ \_\_\_\_\_

**5. Total of Part 1**

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

\$ 38,080.68**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

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

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Luminant Energy - Utility \$ 25,000.00  
 7.2. \_\_\_\_\_ \$ \_\_\_\_\_

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

Description, including name of holder of prepayment

8.1. See Attachment No. 8 \$ 808,411.84

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

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

\$ 833,411.84**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 20,093,506 - 16,595,250 = ..... → \$ 3,498,256.00  
face amount doubtful or uncollectible accounts11b. Over 90 days old: 46,321,336 - 45,165,327 = ..... → \$ 1,156,009.00  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

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

\$ 4,654,265.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

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

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

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

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

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

\$ 0.00

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Medical Supplies & Other Supplies	06/01/2019 MM / DD / YYYY	\$ 1,212,179.00	Cost Basis	\$ 1,212,179.00
23. Total of Part 5	Add lines 19 through 22. Copy the total to line 84.			\$ 1,212,179.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes. Book value 65,588 Valuation method Cost Basis Current value 65,588

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

- ☐ No
- ☐ Yes

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

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

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

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

## 33. Total of Part 6.

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

\$ 0.00

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

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

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

- ☐ No
- ☐ Yes. Book value \$ Valuation method Current value \$

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
See Attachment No. 38	\$		\$ 657,345.80
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$		\$
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

## 43. Total of Part 7.

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

\$ 657,345.80

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

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 See Attachment No. 47	\$		\$ 64,000.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
<b>49. Aircraft and accessories</b>			
49.1	\$		\$
49.2	\$		\$
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	\$		\$
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 64,000.00

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

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes



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

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

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>See Attachment No. 55</u>		\$		\$
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
	\$		\$
61. <b>Internet domain names and websites</b>			
<u>www.wnj.org</u>	\$ <u>0.00</u>	<u>Debtor's Opinion</u>	\$ <u>0.00</u>
62. <b>Licenses, franchises, and royalties</b>			
	\$		\$
63. <b>Customer lists, mailing lists, or other compilations</b>			
	\$		\$
64. <b>Other intangibles, or intellectual property</b>			
	\$		\$
65. <b>Goodwill</b>			
	\$		\$

**66. Total of Part 10.**

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

\$ 0.00

Debtor

SHERMAN/GRAYSON HOSPITAL LLC

Name

Case number (if known) 23-10810-JKS

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

- ☐ No  
☒ Yes

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

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes

**Part 11: All other assets**

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

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

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

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
 Total face amount doubtful or uncollectible amount

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

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

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

\$ 0.00
---------

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 38,080.68	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 833,411.84	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 4,654,265.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 1,212,179.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 657,345.80	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 64,000.00	
88. Real property. <i>Copy line 56, Part 9.</i> . . . . . →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. . . . . 91a.	\$ 7,459,282.32	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. . . . .		\$ 7,459,282.32

In re Sherman/Grayson Hospital LLC

Schedule AB Attachment No. 3 [Part 1, Item 3]

**Sherman/Grayson Hospital LLC****Bank Accounts**

<b>Bank Name</b>	<b>Bank Account Name</b>	<b>Last 4 Digits</b>	<b>Balance as of 6/23/23</b>
Bank of America	Sherman/Grayson Hospital, LLC - Payroll	1646	\$8,123.85
Bank of America	Sherman/Grayson Hospital, LLC - Govt Rcvble	4404	\$0.00
Bank of America	Sherman/Grayson Hospital, LLC - Non-Government Payables	4799	\$0.00
Bank of America	Sherman/Grayson Hospital, LLC - Depository Account	5572	\$16,556.59
Bank of America	Sherman/Grayson Hospital, LLC - Account Payable	9152	\$13,398.82
CapitalOne	Sherman/Grayson Hospital, LLC - Government Receivables Account	8191	\$0.00
CapitalOne	Sherman/Grayson Hospital, LLC - Non-Government Receivables Account	8205	\$1.42
			<b>\$38,080.68</b>

In re Sherman/Grayson Hospital LLC

Schedule AB Attachment No. 8 [Part 2, Item 8]

**Sherman/Grayson Hospital LLC****Prepays by Vendor****04/30/23**

<b>Vendor</b>	<b>Invoice #</b>	<b>Start</b>	<b>End</b>	<b>Balance</b>
3M Health Information Systems	SC00096971	04/01/23	06/30/23	15,933.80
Affiliated Com-Net, Inc	114364	01/27/23	01/26/24	14,850.00
Altera Digital Health, Inc	4600002246	03/24/23	03/23/24	2,579.50
Altera Digital Health, Inc	4600000044	09/30/22	09/29/23	3,336.00
American Proficiency Institute	Refund Received			(1,558.00)
American Proficiency Institute	35472	11/01/22	10/31/23	7,534.84
Applied Statistics & Management	139913-3			1,375.00
Appsmart	141859915	02/08/23	02/07/24	4,725.00
Appsmart	141842990	12/30/22	12/29/23	14,500.00
Aztec Leasing, Inc	IN54363	04/01/23	06/30/23	4,199.87
Bayer Healthcare	6009557003	10/29/21	10/28/24	2,044.60
Bayer Healthcare	6010200718	10/29/21	10/28/24	4,089.17
Beckman Coulter	4476244	12/19/22	12/18/23	14,710.68
Beckman Coulter	4476228	12/19/22	12/18/23	14,710.68
Biomerieux, Inc	1217275431	03/13/23	06/12/23	361.50
Biomerieux, Inc	1217275430	03/13/23	06/12/23	511.66
Biomerieux, Inc	121727543	03/13/23	06/12/23	2,640.00
Boardbookit	INV00006445	12/04/22	12/03/23	4,291.85
CLIA	45D0051484-070522	01/03/23	01/02/25	2,181.68
College of Am Pathologists	2623326	07/01/22	06/30/23	1,303.00
Corepoint Health, LLC	INV61902	03/16/23	03/15/24	19,277.70
Elsevier	R062578	09/15/22	09/14/23	4,642.46
Eso Solutions	ESO-92209	11/01/22	10/31/23	750.00
Hyland Software	LE01-277539	01/01/23	12/31/23	36,645.95
Infinitt North America	2022-2958	01/01/23	06/30/23	3,753.31
Johnson Controls	23225971	11/01/22	10/31/23	868.50
Johnson Controls	23199496	11/01/22	10/31/23	2,351.48
Johnson Controls	23201290	11/01/22	10/31/23	12,900.16
Joint Commission	10058364	01/01/23	12/31/23	2,286.68
Joint Commission	10058365	01/01/23	12/31/23	3,500.00
Kudelski Security	5020180380	05/31/22	05/30/23	2,064.51
MCG Health LLC	51497	06/01/22	05/31/23	1,958.81
MCG Health LLC	000055654	06/01/23	05/31/24	24,445.62
MPT		01/01/22	09/30/23	482,832.30
NCTTRAC	6365	09/01/22	08/31/23	1,871.34
NRC/National Research Corp	92936	04/01/23	06/30/23	5,907.60
Park Place Technologies	PUSA10090074699	09/05/22	09/04/23	1,200.00
Persivia	55515	02/02/23	02/01/24	15,000.01
Plenum Medical Testing	049381SC	08/01/22	07/31/23	1,200.00
Racktop	23-000718	03/01/23	02/28/24	2,124.40
SHI International Corp	B15643665	08/26/22	08/25/25	9,108.53
Siemens Healthcare Diagnostics	952785303	07/27/22	07/26/23	(3,300.00)
Siemens Healthcare Diagnostics	952785303	07/27/22	07/26/23	825.00
Siemens Healthcare Diagnostics	952785303	07/27/22	07/26/23	1,317.40
Square One Business Machines	19403	11/09/22	11/08/23	332.48
Steris Corp	503635585	08/01/22	07/31/23	1,457.86

In re Sherman/Grayson Hospital LLC

Schedule AB Attachment No. 8 [Part 2, Item 8]

**Sherman/Grayson Hospital LLC****Prepays by Vendor****04/30/23**

<b>Vendor</b>	<b>Invoice #</b>	<b>Start</b>	<b>End</b>	<b>Balance</b>
Sympler	INV1648334	09/01/22	08/31/23	4,000.00
Telcor	0000055914	11/01/22	10/31/23	2,179.85
TK Elevator	3007006969	01/01/23	03/31/23	10,663.72
TK Elevator	3007172161	04/01/23	06/30/23	12,932.32
TX Dept of State Health Svcs	R34666	11/01/22	10/31/24	1,478.98
TX Dept of State Health Svcs	L06354	12/01/22	11/30/24	2,881.65
TX Health & Human Services	CHIRP-2023	02/01/23	01/31/24	6,374.71
Virtusa Corporation	11123110024101	01/01/23	12/31/23	10,666.68
<b>General Prepays - Total</b>				<b>800,820.84</b>
United Fire Group	3000191985-110722	11/15/22	11/15/23	7,591.00
<b>Prepaid Insurance - Total</b>				<b>7,591.00</b>
<b>Total Prepays</b>				<b>808,411.84</b>

**Fixtures, Furniture & Equipment**

	<b>Net Book Value of Debtor's Interest</b>	<b>Valuation Method Used for Current Value</b>	<b>Current Value of Debtor's Interest</b>
Medical Equipment	\$377,591.61	Original Cost less Straight Line Depreciation	\$377,591.61
Hospital Furniture & Equipment	\$92,434.25	Original Cost less Straight Line Depreciation	\$92,434.25
Communications Equipment	\$101,883.10	Original Cost less Straight Line Depreciation	\$101,883.10
Office Equipment	\$14,367.75	Original Cost less Straight Line Depreciation	\$14,367.75
Radiology Equipment	\$21,694.22	Original Cost less Straight Line Depreciation	\$21,694.22
Support Equipment	\$35,574.03	Original Cost less Straight Line Depreciation	\$35,574.03
Kitchen & Related Equipment	\$14,698.19	Original Cost less Straight Line Depreciation	\$14,698.19
Computers	-\$897.35	Original Cost less Straight Line Depreciation	-\$897.35
<b>Total</b>	<b>\$657,345.80</b>		<b>\$657,345.80</b>

**Automobile Schedule**  
**Sherman/Grayson Hospital**

<b>Description of Vehicle</b>	<b>VIN</b>	<b>Net Book Value</b>	<b>Valuation Method</b>	<b>Current Value of Debtor's Interest</b>
1999 Chev Pickup	1GCEC14T8XZ180034	\$8,000	FMV	\$8,000
2003 Chev. Cargo Van	1GBJG31UX31168198	\$8,000	FMV	\$8,000
2017 Ford Escape	1FMCU0G9XHUB88886	\$17,000	FMV	\$17,000
2015 Toyota Highlander	5TDBKRFH6FS133257	\$31,000	FMV	\$31,000
			Total	<hr/> \$64,000



In re Sherman/Grayson Hospital LLC

Schedule AB Attachment No. 55 [Part 9, Item 55]

Real Property Address	Current Use	Property Details	Nature and Extent of Debtor's Interest
1000 FM 1417 SHERMAN, TX 75092 AKA 1000 S. HERITAGE PARKWAY, SHERMAN, TX 75092	Outpatient Physician Clinic	Land - 35,340 SF; Building - 2,788 SF	Leasehold Interest - Lessee
N BRYANT SHERMAN, TX 75092	Parking Garage	Land - 114,998.40 SF; Building - 207,420 SF - 760 Spaces	Leasehold Interest - Lessee
123 N HIGHLAND SHERMAN, TX 75092	Vacant Land	Land - 7,275 SF	Leasehold Interest - Lessee
1107 W LAMAR SHERMAN, TX 75092	Vacant Land	Land - 13,852 SF	Leasehold Interest - Lessee
118 N HIGHLAND SHERMAN, TX 75092	Surface Parking Lot - Not Used	Land - 7,000 SF; Parking Lot - 5,400 SF	Leasehold Interest - Lessee
111 N BRYANT SHERMAN, TX 75092	Surface Parking Lot - Not Used	Land - 68,846 SF; Parking Lot - 55,000 SF	Leasehold Interest - Lessee
121 N MCKOWN AVE SHERMAN, TX 75092	Surface Parking Lot - Not Used	Land - 29,603 SF; Parking Lot - 24,100 SF	Leasehold Interest - Lessee
202 & 206 N BRYANT SHERMAN, TX 75092	Surface Parking Lot - Not Used	Land - 29,400 SF; Parking Lot - 23,000 SF	Leasehold Interest - Lessee
500 N HIGHLAND SHERMAN, TX 75092	Main Hospital Building	Land - 226,500 SF; Building - 303,000 SF - 4 Stories + Basement	Leasehold Interest - Lessee
425 N HIGHLAND STE 110 (UNIT 2) SHERMAN, TX 75092	Office Condo - Physician Offices	Condo Unit - 1,443 SF	Leasehold Interest - Lessee
425 N HIGHLAND STE 120 (UNIT 3) SHERMAN, TX 75092	Office Condo - Physician Offices	Condo Unit - 2,912 SF	Leasehold Interest - Lessee
425 N HIGHLAND STE 200 (UNIT 5) SHERMAN, TX 75092	Office Condo - Physician Offices	Condo Unit - 2,117 SF	Leasehold Interest - Lessee
425 N HIGHLAND STE 230 (UNIT 8) SHERMAN, TX 75092	Office Condo - Physician Offices	Condo Unit - 1,537 SF	Leasehold Interest - Lessee
425 N HIGHLAND STE 240 (UNIT 9) SHERMAN, TX 75092	Office Condo - Physician Offices	Condo Unit - 1,953 SF	Leasehold Interest - Lessee
425 N HIGHLAND STE 250 (UNIT 10) SHERMAN, TX 75092	Office Condo - Physician Offices	Condo Unit - 1,750 SF	Leasehold Interest - Lessee
307 N BINKLEY ST SHERMAN, TX 75092	Surface Parking Lot	Land - 41,338 SF; Parking Lot - 18,200 SF	Leasehold Interest - Lessee
319 N BINKLEY SHERMAN, TX 75092	Vacant Land	Land - 35,401 SF	Leasehold Interest - Lessee
300 N HIGHLAND AVE SHERMAN, TX 75092	Professional Office Building (Ground Only) (See Note 1)	Land - 134,574 SF	Leasehold Interest - Sublessor under Ground Lease
600 N HIGHLAND SHERMAN, TX 75092	Essin Clinic Building - Vacant - To be Demolished	Land - 67,836 SF; Building - 16,784 SF	Leasehold Interest - Lessee
501 N HIGHLAND MEDIC ARTS SHERMAN, TX 75092	Medical Office Building	Land - 53,043 SF; Building - 14,789 SF	Leasehold Interest - Lessee

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

Debtor name **SHERMAN/GRAYSON HOSPITAL LLC,**  
**a Delaware limited liability company**  
 United States Bankruptcy Court for the: District of **Delaware**  
 Case number (if known): **23-10810-JKS**

☐ Check if this is an amended filing
**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

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

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

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.**

If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
<b>2.1 Creditor's name</b>  <b>CARDINAL HEALTH 200 INC</b>  Creditor's mailing address  <b>ATTN PRESIDENT/MANAGER AGENT 7000 CARDINAL PLACE WEST CAMPUS DUBLIN, OH 43017</b>	Describe debtor's property that is subject to a lien and describe the lien  <b>CAPITAL LEASE AGREEMENT x3601 EQUIPMENT: BM27314 VITEK 2 w/AES &amp; PC OBSERVA UCC FILED 5/25/16 FILING #20163120852, CONTINUATION FILED 4/27/21, FILING NO. 20213250090</b>	<b>\$0.00</b>	<b>\$0.00</b>
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.		
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last four digits of account number			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case number (if known) **23-10810-JKS**

		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
<b>2.2 Creditor's name</b>  <b>DELL FINANCIAL SERVICES, LLC</b>  <b>Creditor's mailing address</b>  <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>MAIL STOP PS2DF-23 ONE DELL WAY</b> <b>ROUND ROCK, TX 78682</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	Describe debtor's property that is subject to a lien and describe the lien  <b>LEASE - COMPUTER EQUIPMENT/LEASE NO. x9-004</b> <b>UCC FILED 7/8/22, FILING #20225712294</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$11,110.96</b>	<b>\$52,407.00</b>
<b>2.3 Creditor's name</b>  <b>DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE</b>  <b>Creditor's mailing address</b>  <b>PO BOX 7346</b> <b>PHILADELPHIA, PA 19101-7346</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	Describe debtor's property that is subject to a lien and describe the lien  <b>PENALTIES AND INTEREST ON PAST DUE PAYROLL TAXES - TAX LIENS FILED</b> <b>Notice of Federal Tax Lien – Filing No. 19-0045253968 – 11/27/19; Notice of Federal Tax Lien – Filing No. 20-0002017810 – 1/14/20; Notice of Federal Tax Lien – Filing No. 20-0006638282 – 2</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$1,051,038.05</b>	<b>\$8,209,240.00</b>

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case number (if known) **23-10810-JKS**

		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
<b>2.4 Creditor's name</b>	Describe debtor's property that is subject to a lien and describe the lien	<b>\$351,812.50</b>	<b>\$351,812.50</b>
<b>MIDLAND STATES BANK</b>	<b>COMBIDIAGNOST R90 MACHINE</b>		
<b>Creditor's mailing address</b>	<b>UCC FILED 12/23/22, FILING #20220648244</b>		
<b>ATTN PRESIDENT/MANAGER AGENT</b>	<b>Is the creditor an insider or related party?</b>		
<b>1801 PARK 270 DRIVE SUITE 200</b>	<input checked="" type="checkbox"/> No.		
<b>ST LOUIS, MO 63146</b>	<input type="checkbox"/> Yes.		
<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b>		
<b>Date debt was incurred</b>	<input checked="" type="checkbox"/> No.		
<b>Last four digits of account number</b>	<input type="checkbox"/> Yes. <i>Fill out Schedule H: Codebtors (Official Form 206H)</i>		
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>		
<input checked="" type="checkbox"/> No.	Check all that apply		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	<input type="checkbox"/> Contingent.		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case number (if known) **23-10810-JKS**

		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
<b>2.5 Creditor's name</b>	Describe debtor's property that is subject to a lien and describe the lien	<b>\$1,460,250.00</b> <b>[Other Amounts Unknown]</b>	<b>\$8,209,240.00</b>
<b>MPT OF OLYMPIA LLC</b> <b>MPT OF FAIRMONT-ALECTO HOSPITAL LLC</b> <b>MPT OF SHERMAN-ALECTO HOSPITAL LLC</b> <b>MPT OF LOS ANGELES LP</b> <b>MPT OF WHEELING-ALECTO HOSPITAL LLC</b> <b>MPT OF MARTINS FERRY-ALECTO HOSPITAL LLC</b> <b>MPT OF SHERMAN-ALECTO LLC</b>  <b>Creditor's mailing address</b>  <b>ATTN EDWARD ALDAG</b> <b>1000 URBAN CENTER DRIVE SUITE 501</b> <b>BIRMINGHAM, AL 35242</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	<b>LEASE OBLIGATIONS - SECURED CREDITOR</b> <b>UCC FILED 2/16/15, FILING #20150659317,</b> <b>CONTINUATION FILED 9/4/19, FILING #20196144906</b> <b>LEASE AGREEMENT DATED 10/31/2014</b> <b>PURSUANT TO WHICH SHERMAN/GRAYSON HOSPITAL LLC LEASES FROM MPT OF SHERMAN-ALECTO LLC CERTAIN REAL PROPERTY LOCATED IN SHERMAN, TEXAS AND THAT CERTAIN SENIOR SECURED PREPETITION AND SUPERPRIORITY DEBTOR-IN-POSSESSION NOTE DATED 6/21/23; OBLIGATIONS OF OLYMPIA HEALTH CARE, LLC, ALECTO HEALTHCARE SERVICES FAIRMONT LLC, ALECTO HEALTHCARE SERVICES OHIO VALLEY LLC, ALECTO HEALTHCARE SERVICES WHEELING LLC, AND ALECTO HEALTHCARE SERVICES MARTIN'S FERRY LLC UNDER AGREEMENTS WITH SECURED CREDITORS</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H) <b>ALECTO HEALTHCARE SERVICES SHERMAN LLC</b> <b>SHERMAN/GRAYSON HEALTH SERVICES LLC</b>  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case number (if known) **23-10810-JKS**

		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
<b>2.6 Creditor's name</b> <b>US FOODS, INC</b> Creditor's mailing address <b>ATTN PRESIDENT/MANAGER</b> <b>AGENT</b> <b>BOX 843202</b> <b>DALLAS, TX 75284-3202</b>  <b>ATTN PRESIDENT/MANAGER</b> <b>AGENT</b> <b>9399 WEST HIGGINS ROAD</b> <b>ROSEMONT, IL 00006-0018</b>  Creditor's email address, if known  Date debt was incurred  Last four digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	Describe debtor's property that is subject to a lien and describe the lien <b>SUPPLIES</b> <b>UCC FILED 3/16/18, FILING #20181838123,</b> <b>CONTINUATION FILED 2/9/23, FILING</b> <b>#20231053809</b> <b>COLLATERAL: PERSONAL PROPERTY</b>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Is anyone else liable on this claim? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$93,717.03</b>	<b>\$25,000.00</b>
<b>2.7 Creditor's name</b> <b>GRAYSON COUNTY TAX</b> <b>ASSESSOR-COLLECTOR</b> Creditor's mailing address <b>OFFICE OF BRUCE STIDHAM,</b> <b>ASSESSOR-COLLECTOR</b> <b>100 W. HOUSTON SUITE 11</b> <b>SHERMAN, TX 75091-2107</b>  Creditor's email address, if known <a href="mailto:BSTIDHAM@CO.GRAYSON.TX.US">BSTIDHAM@CO.GRAYSON.TX.US</a>  Date debt was incurred  Last four digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority	Describe debtor's property that is subject to a lien and describe the lien <b>PERSONAL PROPERTY TAX LIEN</b> <b>2018, 2019, 2020 - PAYMENT PLAN OF \$50,000</b> <b>PER MONTH</b>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Is anyone else liable on this claim? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$955,409.73</b>	<b>\$657,346.00</b>

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case number (if known) **23-10810-JKS****Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

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

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

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
US FOODS, INC ATTN PRESIDENT/MANAGER AGENT 9399 WEST HIGGINS ROAD ROSEMONT, IL 00006-0018	Line 2.6 Creditor Name US FOODS, INC.	
LINEBARGER GOGGAN BLAIR SAMPSON LLP 2777 N SLEMMONS FREEWAY SUITE 1000 DALLAS, TX 75207	Line 2.7 Creditor Name GRAYSON COUNTY TAX ASSESSOR- COLLECTOR.	

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

Debtor name **Sherman/Grayson Hospital LLC,**  
**a Delaware limited liability company**  
 United States Bankruptcy Court for the: District of **Delaware**  
 Case number (if known): **23-10810-JKS**

☐ Check if this is an amended filing
**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

**Part 1: List Creditors With PRIORITY Unsecured Claims**

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

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

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

		Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b> <b>TEXAS COMPTROLLER OF PUBLIC ACCOUNTS</b> <b>ATTN REVENUE ACCOUNTING DIVISION</b> <b>111 E 17TH STREET</b> <b>AUSTIN, TX 78711</b>  <b>Date or dates debt was incurred</b>  <b>Last four digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim NOTICE PURPOSES</b>  <b>Is the claim subject to setoff?</b> <input type="checkbox"/> No. <input type="checkbox"/> Yes.	<b>Notice Purposes</b>	\$
<b>2.2 Priority creditor's name and mailing address</b>  <b>Date or dates debt was incurred</b>  <b>Last four digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b>  <b>Is the claim subject to setoff?</b> <input type="checkbox"/> No. <input type="checkbox"/> Yes.		\$



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

**Part 2: List Creditors With NONPRIORITY Unsecured Claims**

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

<b>3.1 Nonpriority creditor's name and mailing address</b>  <b>3M HEALTH INFORMATION SYSTEMS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 088, P O BOX 120881</b> <b>DALLAS, TX 75312-0881</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$71,702.10  Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.2 Nonpriority creditor's name and mailing address</b>  <b>ABBOTT LAB INC ST JUDE VASCULAR</b> <b>ATTN HUBERT ALLEN EVP AND GENERAL</b> <b>COUNSEL</b> <b>22400 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1224</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$309,072.04  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.3 Nonpriority creditor's name and mailing address</b>  <b>ABBOTT LABORATORIES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 92679</b> <b>CHICAGO, IL 60675-2679</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,281.92  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.4 Nonpriority creditor's name and mailing address</b>  <b>ABILITY NETWORK, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 856015</b> <b>MINNEAPOLIS, MN 55485-6015</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,897.28  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SOFTWARE - BILLING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.5 Nonpriority creditor's name and mailing address</b>  <b>ACCRUENT COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 679881</b> <b>DALLAS, TX 75267-9881</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,802.92  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PURCHASED SERVICES - BIOMEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.6 Nonpriority creditor's name and mailing address</b>  <b>ACIS INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 3274</b> <b>MCKINNEY, TX 75070</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$9,507.14  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> REPAIRS - HVAC  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.7 Nonpriority creditor's name and mailing address</b>  <b>ACIST MEDICAL SYSTEMS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 978975</b> <b>DALLAS, TX 75397-8975</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,900.25  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.8 Nonpriority creditor's name and mailing address</b>  <b>ADELANTO HEALTHCARE VENTURES LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>401 W 15 STREET SUITE 840</b> <b>AUSTIN, TX 78701</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$125,000.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.9 Nonpriority creditor's name and mailing address</b>  <b>ADVANCED STERILIZATION PRODUCT</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 74007359</b> <b>CHICAGO, IL 60674-7359</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$8,802.89  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - INFECTION PREVENTION  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.10 Nonpriority creditor's name and mailing address</b>  <b>AFFILIATED COM-NET, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>800 JUPITER RD SUITE 200</b> <b>PLANO, TX 75074-3770</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,166.76  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim VOICE AND DATA COMMUNICATION</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.11 Nonpriority creditor's name and mailing address</b>  <b>AGFA CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>MAIL CODE 5583 P O BOX 105046</b> <b>ATLANTA, GA 30348-5046</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,175.08  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.12 Nonpriority creditor's name and mailing address</b>  <b>ALAMO SCIENTIFIC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>7431 REINDEER TRAIL #2</b> <b>SAN ANTONIO, TX 78238</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 146.14  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.13 Nonpriority creditor's name and mailing address</b>  <b>ALECTO HEALTHCARE SERVICES LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>101 N. BRAND BOULEVARD SUITE 1920</b> <b>GLENDALE, CA 91203</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$60,186,975.93  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim INTERCOMPANY ADVANCES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.14 Nonpriority creditor's name and mailing address</b>  <b>ALLEGIANCE MOBILE HEALTH</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 4320</b> <b>HOUSTON, TX 77210</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,461.45  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL TRANSPORTATION</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.15 Nonpriority creditor's name and mailing address</b>  <b>ALLSCRIPTS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>24630 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1246</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$639,264.60  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.16 Nonpriority creditor's name and mailing address</b>  <b>ALSCO INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 2317</b> <b>SALT LAKE CITY, UT 84110</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$36,796.68  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PURCHASED SERVICES - LINEN</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.17 Nonpriority creditor's name and mailing address</b>  <b>ALTERA DIGITAL HEALTH, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2429 MILITARY RD STE 300</b> <b>NIAGARA FALLS, NY 14304</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$142,019.44  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.18 Nonpriority creditor's name and mailing address</b>  <b>ALTERA HIGHLAND LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5910 N. CENTRAL EXPRESSWAY SUITE 1360</b> <b>DALLAS, TX 75206</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ .00  Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim LEASE OBLIGATIONS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.19 Nonpriority creditor's name and mailing address</b>  <b>AMERICAN HEART ASSOCIATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>AHA ECC DISTRIBUTION P.O. BOX 841390</b> <b>DALLAS, TX 75284</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,272.34  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.20 Nonpriority creditor's name and mailing address</b> <b>ANESTHESIA RESOURCES LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 669247</b> <b>MARIETTA, GA 30066</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$9,483.08 Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.21 Nonpriority creditor's name and mailing address</b> <b>ANGIODYNAMICS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 1549</b> <b>ALBANY, NY 12201-1549</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 385.90 Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - VASCULAR/ONCOLOGY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.22 Nonpriority creditor's name and mailing address</b> <b>APEX SURGICAL, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1201 N FEDERAL HWY 4606</b> <b>FORT LAUDERDALE, FL 33304</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 550.00 Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.23 Nonpriority creditor's name and mailing address</b> <b>APPLIED STATISTICS &amp; MANAGEMENT, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>32848 WOLF STORE RD</b> <b>TEMECULA, CA 92592</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,125.00 Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SOFTWARE - MEDICAL STAFF CREDENTIALING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.24 Nonpriority creditor's name and mailing address</b> <b>APPSMART</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 671328</b> <b>DALLAS, TX 75267-1328</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$28,050.00 Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.25 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$1,030.97
<b>ARGON MEDICAL DEVICES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 120527</b> <b>DALLAS, TX 75312</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.26 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$9,026.87
<b>ARTHREX INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 403511</b> <b>ATLANTA, GA 30384-3511</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.27 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$1,461.38
<b>ASAHI INTECC USA INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>22 EXECUTIVE PARK SUITE 110</b> <b>IRVINE, CA 92614-2705</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.28 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$1,712.87
<b>ASCENTIUM CAPITAL, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 11407</b> <b>BIRMINGHAM, AL 35246</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> PREVENTIVE MAINTENANCE - SATELLITE TV SYSTEM	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.29 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$130,418.04
<b>ASD HEALTHCARE, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 978526</b> <b>DALLAS, TX 75397-8526</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> PHARMACEUTICALS	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.30 Nonpriority creditor's name and mailing address	<i>As of the petition filing date, the claim is:</i>	\$ 200.00
<b>ASSET SURPLUS REALLOCATION, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>8910 N DALE MABRY HWY STE 30</b> <b>TAMPA, FL 33614</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.31 Nonpriority creditor's name and mailing address	<i>As of the petition filing date, the claim is:</i>	\$1,747.47
<b>AT&amp;T MOBILITY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 6463</b> <b>CAROL STREAM, IL 60197-6463</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> UTILITIES - CELL PHONES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.32 Nonpriority creditor's name and mailing address	<i>As of the petition filing date, the claim is:</i>	\$ 706.62
<b>ATMOS ENERGY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 740353</b> <b>CINCINNATI, OH 45274-0353</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> UTILITIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.33 Nonpriority creditor's name and mailing address	<i>As of the petition filing date, the claim is:</i>	\$18,913.17
<b>ATMOS ENERGY CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 841425</b> <b>DALLAS, TX 75284-1425</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> UTILITIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.34 Nonpriority creditor's name and mailing address	<i>As of the petition filing date, the claim is:</i>	\$6,375.00
<b>AVANTE HEALTH SOLUTION</b> <b>PACIFIC MEDICA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>212 AVENIDA FABRICANTE</b> <b>SAN CLEMENTE, CA 92672</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> MATRIX ARRAY TRANSDUCER	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.35 Nonpriority creditor's name and mailing address</b>  <b>AZTEC LEASING, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 321 PO BOX 509015</b> <b>SAN DIEGO, CA 92150-9015</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$19,707.95  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim LEASE - COPIERS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.36 Nonpriority creditor's name and mailing address</b>  <b>B BRAUN MEDICAL INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 780433</b> <b>PITTSBURGH, PA 19178-0433</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,788.75  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.37 Nonpriority creditor's name and mailing address</b>  <b>BABETTE BOOE.</b> <b>C/O BRANDON S. SHELBY, ESQ</b> <b>SHELBY LAW, PLLC</b> <b>515 N. TRAVIS STREET</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b>  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim CLAIMS ASSERTED BY FORMER EMPLOYEE</b> <b>Booe v. Alecto Healthcare Services, United States District Court for Eastern District of Texas Case No. 4:22-cv-00110-ALM.</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.38 Nonpriority creditor's name and mailing address</b>  <b>BACKFLOW SOLUTIONS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 1253</b> <b>DENISON, TX 00007-5021</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,252.45  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.39 Nonpriority creditor's name and mailing address</b>  <b>BAKER DISTRIBUTING COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3800 FRISCO ROAD</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$8,192.98  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.40 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$17,392.70
<b>BARRIER, JOYCE</b> <b>2202 S BLUEBONNET AVE</b> <b>DENISON, TX 75020</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.41 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 462.78
<b>BATTERIES PLUS - 148</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4054 N. US HWY 75</b> <b>SHERMAN, TX 75090</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.42 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$2,746.05
<b>BAXTER HEALTHCARE CORP.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 730531</b> <b>DALLAS, TX 75373-0531</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.43 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$15,689.13
<b>BAYER HEALTHCARE LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 360172</b> <b>PITTSBURGH, PA 15251-6172</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.44 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$121,211.34
<b>BECKMAN COULTER, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT CH 10164</b> <b>PALATINE, IL 60055-0164</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.45 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$10,295.39
<b>BEHAVIORAL SAFETY PRODUCTS LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>29A N MAIN STREET STE 3</b> <b>WATKINSVILLE, GA 30677</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b>	
	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.46 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 874.50
<b>BINSWANGER GLASS CO</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 679331</b> <b>DALLAS, TX 75267-9331</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b>	
	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.47 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 407.10
<b>BIO-MEDICAL DEVICES INT'L, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>17171 DAIMLER AVE.</b> <b>IRVINE, CA 92614</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b>	
	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.48 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$46,907.11
<b>BIOMERIEUX, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 500308</b> <b>ST LOUIS, MO 63150-6308</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> REAGENTS - LABORATORY SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b>	
	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.49 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$22,303.47
<b>BIO-RAD LABORATORIES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>CLINICAL DIAGNOSTICS DIVISION PO BOX 849740</b> <b>LOS ANGELES, CA 90084-9740</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b>	
	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.50 Nonpriority creditor's name and mailing address</b> <b>BIOTRONIK, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>6024 JEAN ROAD</b> <b>LAKE OSWEGO, OR 97035</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$59,332.30  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.51 Nonpriority creditor's name and mailing address</b> <b>BLAKE HEALTH GROUP, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3139 HOLCOMBE BLVD SUITE 361</b> <b>HOUSTON, TX 77025</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$34,100.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.52 Nonpriority creditor's name and mailing address</b> <b>BLAST MASTERS, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 2684</b> <b>BIG SPRING, TX 79721</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,800.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PREVENTIVE MAINTENANCE - KITCHEN HOOD  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.53 Nonpriority creditor's name and mailing address</b> <b>BLUE CROSS BLUE SHIELD OF TEXAS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 650615</b> <b>DALLAS, TX 75265</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$846,372.77  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> EMPLOYEE BENEFITS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.54 Nonpriority creditor's name and mailing address</b> <b>BOARDBOOKIT</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>900 PARISH STREET SUITE 102</b> <b>PITTSBURGH, PA 15220</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,357.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - SOFTWARE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.55 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$29,122.55
<b>BOSTON SCIENTIFIC CORPORATION ATTN PRESIDENT/MANAGER AGENT P.O. BOX 951653 DALLAS, TX 75395-1653</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.56 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 56.50
<b>BRASSELER USA MEDICAL ATTN PRESIDENT/MANAGER AGENT 1 BRASSELER BLVD SAVANNAH, GA 31419</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.57 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 908.46
<b>BRINKS INC ATTN PRESIDENT/MANAGER AGENT 7373 SOLUTIONS CENTER CHICAGO, IL 60677-7003</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SERVICES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.58 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 580.00
<b>BURDEN, LARRY DONN 1399 WHITING RD BELLS, TX 75414</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> WASTE TRAP CLEANING	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.59 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 78.45
<b>BURLINGTON MEDICAL SUPPLY ATTN PRESIDENT/MANAGER AGENT PO BOX 675310 DETROIT, MI 48267-5310</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.60 Nonpriority creditor's name and mailing address</b> <b>C. R. BARD, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 75767</b> <b>CHARLOTTE, NC 28275</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$68,313.82  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.61 Nonpriority creditor's name and mailing address</b> <b>CABLES AND SENSORS, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5874 S. SEMORAN BLVD.</b> <b>ORLANDO, FL 32822</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 26.68  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.62 Nonpriority creditor's name and mailing address</b> <b>CANON MEDICAL SYSTEMS USA, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 7476</b> <b>CAROL STREAM, IL 60197-7476</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$53,766.32  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.63 Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH 411, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 847384</b> <b>DALLAS, TX 75284-7384</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,481.91  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - PHARMACUETICALS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.64 Nonpriority creditor's name and mailing address</b> <b>CARDINAL HEALTH MEDICAL PRODUCTS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 730112</b> <b>DALLAS, TX 75373-0112</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 829.27  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.65 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$32,009.94
CARDIOVASCULAR SYSTEMS, INC ATTN PRESIDENT/MANAGER AGENT DEPT CH 19348 PALATINE, IL 60055	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim MEDICAL DEVICES</b>	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.66 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$166,186.56
CAREFUSION SOLUTIONS, LLC ATTN AMADA SATERNUS, CONTRACT CONSULTANT 25565 NETWORK PLACE CHICAGO, IL 60673-1255	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim SERVICES</b>	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.67 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$110,000.00
CARRUS CARE PHYSICIANS GROUP, INC ATTN PRESIDENT/MANAGER AGENT 1810 W US HIGHWAY 82 SHERMAN, TX 75092	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.68 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$4,789.09
CARRUS SPECIALTY HOSPITAL ATTN PRESIDENT/MANAGER AGENT 1810 US HIGHWAY 82 WEST SHERMAN, TX 75092	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim SERVICES</b>	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.69 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$1,873.01
CARSTENS HEALTH IND INC ATTN PRESIDENT/MANAGER AGENT LBX 95195 141 W JACKSON BLVD/SUITE 1000 CHICAGO, IL 60694	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim SUPPLIES - MEDICAL OFFICE SUPPLIES</b>	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.70 Nonpriority creditor's name and mailing address</b>  <b>CARTER, JENNIFER</b> <b>502 S BROADWAY</b> <b>BELLS, TX 00007-5414</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 444.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> CONTRACT EMPLOYEE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.71 Nonpriority creditor's name and mailing address</b>  <b>CASSELL, DANA</b> <b>500 N HIGHLAND</b> <b>SHERMAN, TX 00007-5092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 61.67  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> EMPLOYEE REIMBURSEMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.72 Nonpriority creditor's name and mailing address</b>  <b>CENTER FOR MEDICARE AND MEDICAID SERVICES;</b> <b>C/O NOVITAS SOLUTIONS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2020 TECHNOLOGY PARKWAY SUITE 100</b> <b>MECHANISBURG, PA 17050</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,969,473.70  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> MEDICARE ADVANCE PAYMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.73 Nonpriority creditor's name and mailing address</b>  <b>CENTER FOR MEDICARE AND MEDICAID SERVICES;</b> <b>C/O UNITED STATES DEPARTMENT OF JUSTICE;</b> <b>CIVIL DIVISION - COMMERCIAL LITIGATION</b> <b>BRANCH.</b> <b>ATTN: JOHN KRESSE, ESQ</b> <b>UNITED STATES DEPARTMENT OF JUSTICE</b> <b>CIVIL DIVISION, COMMERCIAL LITIGATION BRANCH</b> <b>1100 L STREET NW 7TH FLOOR</b> <b>BOX 875 BEN FRANKLIN STATION</b> <b>WASHINGTON, DC 20044-0875</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ .00  Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> DEBTOR IS A DEFENDANT IN ACTION BROUGHT TO RECOVER ALLEGED OVERPAYMENT TO OLYMPIA HEALTH CARE, LLC United States of America v. Olympia Health Care, LLC, et. al., United States District Court for the Central District of California Case No. 2:23-cv-01783.  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.74 Nonpriority creditor's name and mailing address</b>  <b>CENTRE TECHNOLOGIES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>C/O TEXAS CAPITAL BANK P.O. BOX 679069</b> <b>DALLAS, TX 75267-9069</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,615.55  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - IT EQUIPMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.75 Nonpriority creditor's name and mailing address</b>  <b>CENTURION MEDICAL PRODUCTS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 842816</b> <b>BOSTON, MA 02281-2816</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,112.55  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.76 Nonpriority creditor's name and mailing address</b>  <b>CENTURY BUILDERS HARDWARE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5827 W 34TH ST</b> <b>HOUSTON, TX 77092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,925.26  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.77 Nonpriority creditor's name and mailing address</b>  <b>CITY OF SHERMAN CITY CLERKS OFFICE</b> <b>PO BOX 1106</b> <b>SHERMAN, TX 75091-1106</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 200.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.78 Nonpriority creditor's name and mailing address</b>  <b>CITY OF SHERMAN WATER UTILITY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 1106</b> <b>SHERMAN, TX 75091</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$85,061.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> UTILITIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.79 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> \$5,250.00
CLARKE, DR JERMAINE 204 MEDICAL DRIVE SUITE 240 SHERMAN, TX 75092	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred Various	<b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
3.80 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> \$ 519.95
CODEMAP ATTN PRESIDENT/MANAGER AGENT 150 NORTH WACKER DRIVE SUITE 1870 CHICAGO, IL 60606	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred Various	<b>Basis for the claim SOFTWARE - CODING</b>
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
3.81 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> \$ 100.00
COFFMAN, AMY 1825 PEBBLEBROOK LANE SHERMAN, TX 75092	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred Various	<b>Basis for the claim EMPLOYEE EXPENSE REIMBURSEMENT</b>
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
3.82 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> \$5,304,239.00
COMPREHENSIVE HOSPITAL INCREASE REIMBURSEMENT PROGRAM; C/O AMERIGROUP ATTN PRESIDENT/MANAGER AGENT 2505 N. HIGHWAY 360 SUITE 360 GRAND PRAIRIE, TX 75050	Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred Various	<b>Basis for the claim CHIRP OVERPAYMENT</b>
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
3.83 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> \$30,421.82
COMPSPEC, INC ATTN PRESIDENT/MANAGER AGENT 801 N. BRAND BLVD. SUITE 650 GLENDALE, CA 91203	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred Various	<b>Basis for the claim SERVICES</b>
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.84 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 306.02
CONE INSTRUMENTS ATTN PRESIDENT/MANAGER AGENT P O BOX 844360 BOSTON, MA 02284-4360	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.85 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$10,276.51
CONMED CORPORATION ATTN PRESIDENT/MANAGER AGENT CHURCH STREET STATION PO BOX 6814 NEW YORK, NY 10249-6814	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.86 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$171,266.72
CONSTELLATION NEWENERGY, INC ATTN PRESIDENT/MANAGER AGENT PO BOX 4640 CAROL STREAM, IL 60197-4640	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> UTILITIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.87 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$18,750.00
CONSULTANTS IN RADIOLOGY, PA ATTN PRESIDENT/MANAGER AGENT C/O RADIOLOGY PARTNERS 2330 UTAH AVENUE SUITE 200 EL SEGUNDO, CA 90245	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SERVICES - PROFESSIONAL MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.88 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$17,918.06
COOCH AND TAYLOR, P.A. ATTN PRESIDENT/MANAGER AGENT 1007 N. ORANGE ST SUITE 1120 WILMINGTON, DE 19801	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> LEGAL SERVICES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.89 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$18,771.71
<b>COOK INCORPORATED</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>22988 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1299</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.90 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$12,964.35
<b>CORDIS US CORP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>14201 NW 60TH AVE</b> <b>HIALEAH, FL 33014</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.91 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 103.40
<b>CORE PRODUCTS INTERNATIONAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>808 PROSPECT AVENUE</b> <b>OSCEOLA, WI 54020</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.92 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 9.48
<b>COVIDIEN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4642 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693-0046</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.93 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 149.82
<b>COVIDIEN SALES LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 848086</b> <b>DALLAS, TX 75284-8088</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

3.94 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$1,371.53
<b>COWTOWN MATERIALS, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1210 W. CROSBY ROAD</b> <b>CARROLTON, TX 75006</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.95 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$2,975.79
<b>CPI/CRISIS PREVENTION INSTITUTE, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>10850 W. PARK PLACE STE. 250</b> <b>MILWAUKEE, WI 53224</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> TRAINING - CRISIS PREVENTION	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.96 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$9,784.52
<b>CTX PLUMBING COMPANY LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 1494</b> <b>CELINA, TX 75009</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SERVICES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.97 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 387.07
<b>CYRACOM, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 74008083</b> <b>CHICAGO, IL 60674-8083</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SERVICES	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.98 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$8,750.28
<b>D.H. PACE COMPANY, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1901 E. 119TH STREET</b> <b>OLATHE, KS 66061</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> REPAIRS - NON MEDICAL	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case Number 23-10810-JKS

<b>3.99 Nonpriority creditor's name and mailing address</b>  <b>DATASEARCH INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 461289</b> <b>SAN ANTONIO, TX 78246-1289</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$202,308.04  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b> <b>Datasearch, Inc. v. Sherman/Grayson</b> <b>Hospital, LLC dba Wilson N. Jones Regional</b> <b>Medical Center, JAMS Arbitration</b> <b>Proceeding.</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.100 Nonpriority creditor's name and mailing address</b>  <b>DATIX USA INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 95396</b> <b>CHICAGO, IL 60694-5396</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,250.51  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SOFTWARE - POLICIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.101 Nonpriority creditor's name and mailing address</b>  <b>DIESEL FUEL MAINTENANCE, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 759</b> <b>LA PORTE, TX 77571</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 925.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.102 Nonpriority creditor's name and mailing address</b>  <b>DIRECTV ENTERTAINMENT HOLDINGS LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 5006</b> <b>CAROL STREAM, IL 60197-5006</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,622.62  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim UTILITIES - CABLE TV</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.103 Nonpriority creditor's name and mailing address</b>  <b>DIVERSATEK HEALTHCARE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>27270 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1272</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 623.52  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.104 Nonpriority creditor's name and mailing address</b> <b>DOOR CONTROL SERVICES INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 675067</b> <b>DALLAS, TX 75267-5067</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,828.53  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.105 Nonpriority creditor's name and mailing address</b> <b>DSBWORLDWIDE MARKETING &amp; ADV.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1800 TEAGUE DR., SUITE 301, SHERMAN, TX,75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 181.59  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim WEBSITE DESIGN</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.106 Nonpriority creditor's name and mailing address</b> <b>EDWARDS LIFESCIENCES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>23146 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1231</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,551.54  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.107 Nonpriority creditor's name and mailing address</b> <b>ELECTRONICS FOR LIFE SUPPORT, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>192 HARLINGEN RD</b> <b>BELLE MEAD, NJ 08502</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,236.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim REPAIRS - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.108 Nonpriority creditor's name and mailing address</b> <b>ELLIOTT ELECTRIC SUPPLY INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4509 TEXOMA PARKWAY</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 170.10  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.109 Nonpriority creditor's name and mailing address</b>  <b>ELSEVIER, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 9533</b> <b>NEW YORK, NY 10087-9533</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$13,927.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.110 Nonpriority creditor's name and mailing address</b>  <b>EMERGENCY NURSES ASSOC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>930 WOODFIELD ROAD</b> <b>SCHAUMBURG, IL 60173</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 652.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - STAFFING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.111 Nonpriority creditor's name and mailing address</b>  <b>ESUTURES.COM</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>9645 W WILLOW LANE</b> <b>MOKENA, IL 60448</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,364.40  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.112 Nonpriority creditor's name and mailing address</b>  <b>EVOQUA WATER TECHNOLOGIES, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>28563 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1285</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,558.01  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim WATER TREATMENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.113 Nonpriority creditor's name and mailing address</b>  <b>EXALT PRINTING SOLUTIONS, LLC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1628 W. CROSBY RD SUITE 104</b> <b>CARROLLTON, TX 75006</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 356.19  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.114 Nonpriority creditor's name and mailing address</b> <b>EXPERIAN HEALTH, INC / PASSPORT</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 886133</b> <b>LOS ANGELES, CA 90088-6133</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$26,625.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.115 Nonpriority creditor's name and mailing address</b> <b>FARMER BROTHERS CO</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 846224</b> <b>LOS ANGELES, CA 90084-6224</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,210.30  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.116 Nonpriority creditor's name and mailing address</b> <b>FEDEX</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 660481</b> <b>DALLAS, TX 75266-0481</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 251.58  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.117 Nonpriority creditor's name and mailing address</b> <b>FEDEX FREIGHT</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT CH PO BOX 10306</b> <b>PALATINE, IL 60055-0306</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 337.96  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim FREIGHT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.118 Nonpriority creditor's name and mailing address</b> <b>FFF ENTERPRISES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 840150</b> <b>LOS ANGELES, CA 90084-0150</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,073.60  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim FLU VACCINES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.119 Nonpriority creditor's name and mailing address</b> <b>FILTRATION SPECIALISTS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 1401</b> <b>MANSFIELD, TX 76063</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 550.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim ANNUAL LINE AND LEAK DETECTOR TEST</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.120 Nonpriority creditor's name and mailing address</b> <b>FIRETROL PROTECTION SYSTEMS, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>10320 MARKISON RD</b> <b>DALLAS, TX 75238</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,760.05  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.121 Nonpriority creditor's name and mailing address</b> <b>FIRST MEDICAL RESPOND</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4617 ARLINGTON ST</b> <b>HOUSTON, TX 77022</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,978.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim AMBULANCE SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.122 Nonpriority creditor's name and mailing address</b> <b>FISHER &amp; PAYKEL HEALTHCARE INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT CH 16926</b> <b>PALATINE, IL 60055-6926</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$8,071.57  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.123 Nonpriority creditor's name and mailing address</b> <b>FLETCHER, MD JOHN THOMAS</b> <b>5100 WILDER TRAIL</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,450.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.124 Nonpriority creditor's name and mailing address</b>  <b>FORVIS, LLP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>910 E ST LOUIS ST STE 400</b> <b>SPRINGFIELD, MO 65806</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,565.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL SERVICES - MEDICARE COST REPORTS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.125 Nonpriority creditor's name and mailing address</b>  <b>FREEDOM MEDICAL, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 822704</b> <b>PHILADELPHIA, PA 19182-2704</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,711.85  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim RENTALS - MEDICAL DEVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.126 Nonpriority creditor's name and mailing address</b>  <b>FRONTIER COMMUNICATIONS OF TEXAS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 740407</b> <b>CINCINNATI, OH 45274-0407</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$17,373.53  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - COMMUNICATIONS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.127 Nonpriority creditor's name and mailing address</b>  <b>GAJDA, DR. MALGORZATA T. MD, FAAP, PA</b> <b>3305 N CALAIS ST STE 300</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$18,400.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.128 Nonpriority creditor's name and mailing address</b>  <b>GARRATT-CALLAHAN COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>50 INGOLD ROAD</b> <b>BURLINGAME, CA 94010</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$27,165.38  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.129 Nonpriority creditor's name and mailing address</b> <b>GE HEALTHCARE FIN. SERV.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 641419</b> <b>PITTSBURGH, PA 15264-1419</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,573.93  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PREVENTIVE MAINTENANCE - CT SCANNER</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.130 Nonpriority creditor's name and mailing address</b> <b>GE HEALTHCARE IITS USA CORP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>15724 COLLECTIONS CENTER DR.</b> <b>CHICAGO, IL 60693</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$148,280.49  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.131 Nonpriority creditor's name and mailing address</b> <b>GE PRECISION HEALTHCARE LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 96483</b> <b>CHICAGO, IL 60693</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$13,108.11  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PREVENTIVE MAINTENANCE - MEDICAL EQUIPMENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.132 Nonpriority creditor's name and mailing address</b> <b>GENESA REIMBURSEMENT GROUP LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>8101 BOAT CLUB RD SUITE 240</b> <b>FORT WORTH, TX 76179</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$121,240.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.133 Nonpriority creditor's name and mailing address</b> <b>GETINGE USA SALES LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 775436</b> <b>CHICAGO, IL 60677-5436</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 255.39  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - DECONTAMINATION</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.134 Nonpriority creditor's name and mailing address</b> <b>GLOBAL INDUSTRIAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2505 MILL CENTER PARKWAY SUITE 100 DEPT HL3</b> <b>BUFORD, GA 30518-3700</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 124.14  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - OFFICE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.135 Nonpriority creditor's name and mailing address</b> <b>GRAINGER, W.W. ,INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT. 819405242</b> <b>PALATINE, IL 60038-0001</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$23,651.82  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.136 Nonpriority creditor's name and mailing address</b> <b>GRAYSON COLLIN COMMUNICATIONS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 2119</b> <b>VAN ALSTYNE, TX 75495</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,721.69  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> UTILITIES - CABLE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.137 Nonpriority creditor's name and mailing address</b> <b>GRAYSON COUNTY LOCAL PROVIDER</b> <b>PARTICIPATION FUND; C/O GRAYSON COUNTY</b> <b>HEALTH DEPARTMENT</b> <b>515 N. WALNUT ATTN: AMANDA ORTEZ RS MBA</b> <b>DIRECTOR</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$127,491.65  Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> LPPF PAYMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.138 Nonpriority creditor's name and mailing address</b> <b>GROUP ONE SERVICES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>300 DECKER DRIVE SUITE 300</b> <b>IRVING, TX 75062</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$23,993.67  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> MEDICAL STAFF BACKGROUND SCREENING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.139 Nonpriority creditor's name and mailing address</b> <b>HAGAR RESTAURANT SERVICE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>6200 NW 2ND ST</b> <b>OKLAHOMA CITY, OK 73127-6520</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,573.23  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PARTS - DISHWASHER MOTOR</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.140 Nonpriority creditor's name and mailing address</b> <b>HALLETT &amp; PERRIN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1445 ROSS AVENUE SUITE 2400</b> <b>DALLAS, TX 75202</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$18,080.21  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim LEGAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.141 Nonpriority creditor's name and mailing address</b> <b>HEALTHCARE REVENUE MANAGEMENT GROUP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3075 EAST IMPERIAL HWY SUITE 200</b> <b>BREA, CA 92821</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$24,159.31  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.142 Nonpriority creditor's name and mailing address</b> <b>HEALTHLINE MEDICAL EQUIPMENT, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 748850</b> <b>LOS ANGELES, CA 90074</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 38.92  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.143 Nonpriority creditor's name and mailing address</b> <b>HEALTHSTREAM</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 1171130</b> <b>ATLANTA, GA 30368-7113</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$50,391.61  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.144 Nonpriority creditor's name and mailing address</b> <b>HERAEUS INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 21486</b> <b>NEW YORK, NY 10087-1486</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 996.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.145 Nonpriority creditor's name and mailing address</b> <b>HHS1, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>13101 PRESTON RD STE 200</b> <b>DALLAS, TX 75240</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$370,885.31  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES <b>HHS1, LLC v. Sherman/Grayson Hospital,</b> <b>LLC dba Wilson N. Jones Regional Medical</b> <b>Center, 101st Judicial District of Dallas</b> <b>County Case No. DC-23-07437.</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.146 Nonpriority creditor's name and mailing address</b> <b>HILL-ROM CO., INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 643592</b> <b>PITTSBURGH, PA 15264-3592</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,570.68  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SOFTWARE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.147 Nonpriority creditor's name and mailing address</b> <b>HIREQUEST</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DBA SNELLING PO BOX 890714</b> <b>CHARLOTTE, NC 28289-0714</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$28,192.84  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.148 Nonpriority creditor's name and mailing address</b> <b>HODGES-MACE, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 95381</b> <b>CHICAGO, IL 60694-5381</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$18,809.76  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES -SOFTWARE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.149 Nonpriority creditor's name and mailing address</b>  <b>HOLBROOK MD PA, CURTIS R</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>500 N HIGHLAND AVE</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$14,500.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PHYSICIAN</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.150 Nonpriority creditor's name and mailing address</b>  <b>HOLOGIC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>24506 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1245</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$36,494.07  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - EQUIPMENT MAINTENANCE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.151 Nonpriority creditor's name and mailing address</b>  <b>HOLT CAT</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 650345</b> <b>DALLAS, TX 75265-0345</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$71,659.10  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.152 Nonpriority creditor's name and mailing address</b>  <b>HOSPITAL INTEGRATION INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2814 FRENCH KINGSTON CT</b> <b>GRANBURY, TX 76049</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$30,220.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PURCHASED SERVICES - HAVEN</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.153 Nonpriority creditor's name and mailing address</b>  <b>HYLAND SOFTWARE INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 846261</b> <b>DALLAS, TX 75284-6261</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$59,503.83  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.154 Nonpriority creditor's name and mailing address</b> <b>HYPERBARIC SERVICES PLUS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5944 WOODFIELD ESTATES DRIVE</b> <b>ALEXANDRIA, VA 22310</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$9,000.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PREVENTIVE MAINTENANCE - HYPERBARIC</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.155 Nonpriority creditor's name and mailing address</b> <b>I3SCREEN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>9501 NORTHFIELD BLVD</b> <b>DENVER, CO 80238</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 135.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim OCCUPATIONAL HEALTH SCREENING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.156 Nonpriority creditor's name and mailing address</b> <b>IMAGINATION CORPORATE BRANDING</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>623 OLD HICKORY BLVD</b> <b>OL HICKORY, TN 37138</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 915.20  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.157 Nonpriority creditor's name and mailing address</b> <b>IMMUCOR, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 102118</b> <b>ATLANTA, GA 30368-2118</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$26,798.96  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - LABORATORY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.158 Nonpriority creditor's name and mailing address</b> <b>INDEED, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>MAIL CODE 5160 P.O. BOX 660367</b> <b>DALLAS, TX 75266</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,481.47  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.159 Nonpriority creditor's name and mailing address</b>  <b>INFINITT NORTH AMERICA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>755 MEMORIAL PARKWAY SUITE 304</b> <b>PHILLIPSBURG, NJ 08865</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,188.94  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.160 Nonpriority creditor's name and mailing address</b>  <b>INNOVACYN, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3546 NORTH RIVERSIDE AVE</b> <b>RIALTO, CA 92377</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 364.02  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.161 Nonpriority creditor's name and mailing address</b>  <b>INTEGRA LIFESCIENCES SALES LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 404129</b> <b>ATLANTA, GA 30384-4129</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,395.45  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.162 Nonpriority creditor's name and mailing address</b>  <b>INTEGRIS EQUIPMENT</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>662 PERSONS ST</b> <b>EAST AURORA, NY 14052</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$9,975.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL EQUIPMENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.163 Nonpriority creditor's name and mailing address</b>  <b>INVENTORY CONTROL SPECIALISTS SRVC, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>12650 N BEACH SUITE #114-#29</b> <b>FORT WORTH, TX 76244</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,200.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.164 Nonpriority creditor's name and mailing address</b>  <b>IRON MOUNTAIN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 915004</b> <b>DALLAS, TX 75391-5004</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,507.22  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.165 Nonpriority creditor's name and mailing address</b>  <b>J&amp;J HEALTH CARE SYSTEMS, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5972 COLLECTIONS CENTER DR.</b> <b>CHICAGO, IL 60693</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$92,894.44  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.166 Nonpriority creditor's name and mailing address</b>  <b>JB DEVELOPERS, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>280 W. PRAIRIE AVE. SUITE 3</b> <b>COEUR D' ALENE, ID 83815</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$14,427.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.167 Nonpriority creditor's name and mailing address</b>  <b>JOHNSON CONTROLS FIRE PROTECTION LP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT CH 10320</b> <b>PALANTINE, IL 60055-0320</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 408.77  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.168 Nonpriority creditor's name and mailing address</b>  <b>JOSHI, MD NIKHIL, PA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>817 DEWBERRY LANE</b> <b>FAIRWAY, TX 75069</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,558.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.169</b> Nonpriority creditor's name and mailing address <b>JUBILANT RADIOPHARMA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 415921</b> <b>BOSTON, MA 02241-5921</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$26,212.16  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.170</b> Nonpriority creditor's name and mailing address <b>KAHL RYAN RICHARD</b> <b>3804 DEER POINT DR</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,900.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PROFESSIONAL MEDICAL SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.171</b> Nonpriority creditor's name and mailing address <b>KCI USA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 301557</b> <b>DALLAS, TX 75303-1557</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,670.27  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.172</b> Nonpriority creditor's name and mailing address <b>KIM, MD JOSEPH</b> <b>1509 ROXBORO LANE</b> <b>MCKINNEY, TX 75071</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,550.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PROFESSIONAL MEDICAL SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.173</b> Nonpriority creditor's name and mailing address <b>KRUCIAL STAFFING, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>7240 W 98TH TERRACE</b> <b>OVERLAND PARK, KS 66212</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$44,128.13  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - STAFFING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.174 Nonpriority creditor's name and mailing address</b> <b>KURESHI, IKRAM MD</b> <b>401 BRAKEBILL HILL DRIVE</b> <b>MCKINNEY, TX 75071</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,800.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.175 Nonpriority creditor's name and mailing address</b> <b>LABORATORY CORPORATION OF AMERICA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 12140</b> <b>BURLINGTON, NC 27216-2140</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$27,416.98  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.176 Nonpriority creditor's name and mailing address</b> <b>LABORIE MEDICAL TECHNOLOGIES CORP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>400 AVENUE D SUITE 10</b> <b>WILLISTON, VT 05495</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,599.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - OB / GI</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.177 Nonpriority creditor's name and mailing address</b> <b>LAMAR COMPANIES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 96030</b> <b>BATON ROUGE, LA 70896</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,272.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - ADVERTISING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.178 Nonpriority creditor's name and mailing address</b> <b>LANTHEUS MEDICAL IMAGING, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 101236</b> <b>ATLANTA, GA 30392-1236</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 508.84  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<p><b>3.179 Nonpriority creditor's name and mailing address</b></p> <p><b>LARRY FISHER</b>  <b>C/O ERIC MARYE, ESQ.</b>  <b>MARYE LAW</b>  <b>2619 HIBERNIA STREET</b>  <b>DALLAS, TX 75204</b></p> <p>Date or dates debt was incurred Various</p> <p>Last four digits of account number</p>	<p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim CLAIM BY FORMER EMPLOYEE</b>  <b>Fisher v. Sherman/Grayson Hospital, LLC</b>  <b>dba Wilson N. Jones Regional Medical Center, 397th Judicial District of Grayson County Cause No. CV-20-1265.</b></p> <p><b>Is the claim subject to setoff?</b>  <input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes</p>
<p><b>3.180 Nonpriority creditor's name and mailing address</b></p> <p><b>LGC CLINICAL DIAGNOSTICS, INC.</b>  <b>ATTN PRESIDENT/MANAGER AGENT</b>  <b>DEPT CH 16362</b>  <b>PALATINE, IL 60055-6362</b></p> <p>Date or dates debt was incurred Various</p> <p>Last four digits of account number</p>	<p><b>As of the petition filing date, the claim is:</b> \$5,128.89</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim SUPPLIES - LABORATORY</b></p> <p><b>Is the claim subject to setoff?</b>  <input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes</p>
<p><b>3.181 Nonpriority creditor's name and mailing address</b></p> <p><b>LHASA OMS, INC.</b>  <b>ATTN PRESIDENT/MANAGER AGENT</b>  <b>230 LIBBEY PARKWAY</b>  <b>EAST WEYMOUTH, MA 02189</b></p> <p>Date or dates debt was incurred Various</p> <p>Last four digits of account number</p>	<p><b>As of the petition filing date, the claim is:</b> \$ 231.12</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim SUPPLIES - MEDICAL</b></p> <p><b>Is the claim subject to setoff?</b>  <input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes</p>
<p><b>3.182 Nonpriority creditor's name and mailing address</b></p> <p><b>LHP HOSPITAL GROUP, INC., C/O ARDENT HEALTH SERVICES</b>  <b>ATTN: GENERAL COUNSEL; AND</b>  <b>RICHARDS RODRIGUEZ &amp; SKEITH LLP</b>  <b>ATTN: BENJAMIN HATHAWAY, ESQ.</b>  <b>1 BURTON BOULEVARD SUITE 250</b>  <b>NASHVILLE, TN 37215</b></p> <p>Date or dates debt was incurred Various</p> <p>Last four digits of account number</p>	<p><b>As of the petition filing date, the claim is:</b> \$ .00</p> <p>Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim INDEMNIFICATION OBLIGATIONS</b></p> <p><b>Is the claim subject to setoff?</b>  <input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes</p>

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.183 Nonpriority creditor's name and mailing address</b> <b>LHP HOSPITAL GROUP, INC., C/O ARDENT HEALTH SERVICES</b> <b>ATTN: GENERAL COUNSEL; AND</b> <b>RICHARDS RODRIGUEZ &amp; SKEITH LLP</b> <b>ATTN: BENJAMIN HATHAWAY, ESQ.</b> <b>816 CONGRESS AVENUE SUITE 1200</b> <b>AUSTIN, TX 78701</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ .00  Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim INDEMNIFICATION OBLIGATIONS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.184 Nonpriority creditor's name and mailing address</b> <b>LIFENET</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 79636</b> <b>BALTIMORE, MD 21279-0636</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,663.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - IMPLANTS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.185 Nonpriority creditor's name and mailing address</b> <b>LIVANOVA/SORIN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 419261</b> <b>BOSTON, MA 02241-9261</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$9,039.86  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL DEVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.186 Nonpriority creditor's name and mailing address</b> <b>LOCUMTENENS HOLDINGS, LLC</b> <b>ATTN ADWOA AWOTWI</b> <b>PO BOX 405547</b> <b>ATLANTA, GA 30384</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$436,908.12  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PHYSICIAN</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.187 Nonpriority creditor's name and mailing address</b> <b>LOWE'S, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 530954</b> <b>ATLANTA, GA 30353-0954</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,701.85  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.188 Nonpriority creditor's name and mailing address</b>  <b>LTL MEDICAL LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 940808</b> <b>SIMI VALLEY, CA 93094</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 967.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim INSTRUMENTS - SURGICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.189 Nonpriority creditor's name and mailing address</b>  <b>LUMINANT ENERGY CO. LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 1036 P O BOX 121036</b> <b>DALLAS, TX 75312-1036</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$22,899.71  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim UTILITIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.190 Nonpriority creditor's name and mailing address</b>  <b>LUMINEX CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>12212 TECHNOLOGY BLVD</b> <b>AUSTIN, TX 78727</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,495.51  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim REAGENTS - LABORATORY SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.191 Nonpriority creditor's name and mailing address</b>  <b>LYNN MEDICAL INSTRUMENT COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>50120 PONTIAC TRAIL</b> <b>WIXOM, MI 48393</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,017.17  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - OFFICE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.192 Nonpriority creditor's name and mailing address</b>  <b>MASSEY SERVICES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 547668</b> <b>ORLANDO, FL 32854-7668</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,527.06  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PEST CONTROL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.193 Nonpriority creditor's name and mailing address</b>  <b>MATHESON TRI-GAS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 3028 P.O. BOX 123028</b> <b>DALLAS, TX 75312</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$74,572.94  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL GAS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.194 Nonpriority creditor's name and mailing address</b>  <b>MAXIM STAFFING SOLUTIONS</b> <b>ATTN CARRIE V O'BRIEN, GENERAL COUNSEL</b> <b>12558 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$404,579.56  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - STAFFING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.195 Nonpriority creditor's name and mailing address</b>  <b>MAY MEDIA LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>500 W WOODARD ST</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,841.25  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> MARKETING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.196 Nonpriority creditor's name and mailing address</b>  <b>MCG HEALTH LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 742350</b> <b>ATLANTA, GA 30374-2350</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$26,059.03  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SOFTWARE - MEDICAL NECESSITY  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.197 Nonpriority creditor's name and mailing address</b>  <b>MD SAVE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 197596</b> <b>NASHVILLE, TN 37219-7596</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$13,500.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.198 Nonpriority creditor's name and mailing address</b>  <b>MEDALLIANCE PARTNERS, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>57556 29 PALMS HWY #343</b> <b>YUCCA VALLEY, CA 92284</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$189,755.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.199 Nonpriority creditor's name and mailing address</b>  <b>MEDCOMP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1499 DELP DRIVE</b> <b>HARLEYSVILLE, PA 19438</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 957.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - HEMODIALYSIS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.200 Nonpriority creditor's name and mailing address</b>  <b>MEDELY, INC.</b> <b>C/O JAMES MCCOWN, ESQ</b> <b>VASSAR, MCCOWN, DEAR &amp; SICOTTE LLP</b> <b>15851 DALLAS PARKWAY SUITE 525ATTN: JAMES MCCOWN</b> <b>ADDISON, TX 75001</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,723,177.48  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - STAFFING</b> <b>Medely, Inc. v. Sherman/Grayson Hospital, LLC, 15th Judicial District of Grayson County Cause No. CV-22-1421</b> <b>Plaintiff secured a judgment in the amount of \$1,729,388.71 against Sherman/Grayson Hospital, LLC which has been reduced by \$100,000 as part of a forbearance agreement.</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.201 Nonpriority creditor's name and mailing address</b>  <b>MEDLINE INDUSTRIES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>ATTN SHANE REED</b> <b>DEPT 1080 P O BOX 121080</b> <b>DALLAS, TX 75312-1080</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$360,238.54  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.202 Nonpriority creditor's name and mailing address</b>  <b>MEDPRO HEALTHCARE STAFFING</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>D/B/A MEDPRO HEALTHCARE STAFFING 1580</b> <b>SAWGRASS CORPORATE PKWY ST200</b> <b>SUNRISE, FL 33323</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$235,302.36  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - STAFFING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.203 Nonpriority creditor's name and mailing address</b>  <b>MEDSERVICE REPAIR, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>300 CENTER DRIVE STE 104</b> <b>VERNON HILLS, IL 60061</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 602.53  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim REPAIRS - MEDICAL EQUIPMENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.204 Nonpriority creditor's name and mailing address</b>  <b>MEDTOX DIAGNOSTICS, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 8009</b> <b>BURLINGTON, NC 27216-8009</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,700.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.205 Nonpriority creditor's name and mailing address</b>  <b>MEDTRONIC SD USA, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,582.10  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.206 Nonpriority creditor's name and mailing address</b>  <b>MEDTRONIC USA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 848086</b> <b>DALLAS, TX 75284-8086</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,028.34  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.207 Nonpriority creditor's name and mailing address</b>  <b>MENJIVAR'S LAWN &amp; LANDSCAPE CO</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 272</b> <b>SHERMAN, TX 75091</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$24,000.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.208 Nonpriority creditor's name and mailing address</b>  <b>MERIT MEDICAL SYSTEMS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 204842</b> <b>DALLAS, TX 75320-4842</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 949.10  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.209 Nonpriority creditor's name and mailing address</b>  <b>MERMAID MEDICAL, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>7340 S. ALTON WAY SUITE 11-H</b> <b>CENTENNIAL, CO 80112</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,513.57  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.210 Nonpriority creditor's name and mailing address</b>  <b>METLIFE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT CH 10579</b> <b>PALATINE, IL 60055-0579</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$49,388.79  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim EMPLOYEE BENEFITS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.211 Nonpriority creditor's name and mailing address</b>  <b>METRO LINEN CO., INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O.BOX 978</b> <b>MCKINNEY, TX 75070</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$85,432.36  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - LAUNDRY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.212 Nonpriority creditor's name and mailing address</b> <b>METTLER-TOLEDO RAININ, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>27006 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1270</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 818.59  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PURCHASED SERVICES - LABORATORY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.213 Nonpriority creditor's name and mailing address</b> <b>MICRO-TECH ENDOSCOPY USA INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 7410475</b> <b>CHICAGO, IL 60674</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,684.80  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.214 Nonpriority creditor's name and mailing address</b> <b>MICROTEK MEDICAL, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>FILE # 4033P PO BOX 911633</b> <b>DALLAS, TX 75391-1633</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,078.15  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.215 Nonpriority creditor's name and mailing address</b> <b>MIMEDX GROUP INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 744853</b> <b>ATLANTA, GA 30374</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$16,024.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim IMPLANTS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.216 Nonpriority creditor's name and mailing address</b> <b>MIRION TECHNOLOGIES (GDS) INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 101301</b> <b>PASADENA, CA 91189-0005</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,179.17  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim NUCLEAR MEDICINE MEASUREMENT AND DETECTION</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.217 Nonpriority creditor's name and mailing address</b> <b>MOTHERS' MILK BANK OF NORTH TEXAS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>7617 BENBROOK PARKWAY</b> <b>FORT WORTH, TX 76126</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 107.40  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.218 Nonpriority creditor's name and mailing address</b> <b>MRI EQUIP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>6248 BITTERSWEET LANE</b> <b>NISSWA, MN 56468</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 144.70  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - IMAGING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.219 Nonpriority creditor's name and mailing address</b> <b>MUELLER WATER CONDITIONING, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>HOU1004 PO BOX 650998</b> <b>HOUSTON, TX 75265-0998</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,038.56  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.220 Nonpriority creditor's name and mailing address</b> <b>MULTIMEDICAL SYSTEMS, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5591 N GOLDEN STATE BLVD</b> <b>FRESNO, CA 93722</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,806.10  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> REPAIRS - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.221 Nonpriority creditor's name and mailing address</b> <b>MUTUAL OF OMAHA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>POLICYHOLDER SERVICES P.O. BOX 2147</b> <b>OMAHA, NE 68103-2147</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$20,504.63  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> EMPLOYEE BENEFITS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.222 Nonpriority creditor's name and mailing address</b> <b>MXR CORP (WAS CONSENSYS)</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 776062</b> <b>CHICAGO, IL 60677-8002</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$50,989.39  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL EQUIPMENT REPAIRS AND PM</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.223 Nonpriority creditor's name and mailing address</b> <b>MXR IMAGING, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 776062</b> <b>CHICAGO, IL 60677</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$51,011.21  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PREVENTIVE MAINTENANCE - MRI</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.224 Nonpriority creditor's name and mailing address</b> <b>NATUS MEDICAL, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 3604</b> <b>CAROL STREAM, IL 60132-3604</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,155.78  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.225 Nonpriority creditor's name and mailing address</b> <b>NEOGENOMICS LABORATORIES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 947403</b> <b>ATLANTA, GA 30394-7403</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 460.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.226 Nonpriority creditor's name and mailing address</b> <b>NES SOUTHWEST MEDICAL SERVICES, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>39 MAIN STREET</b> <b>TIBURON, CA 94920</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$208,198.35  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.227 Nonpriority creditor's name and mailing address</b> <b>NORTH TX COMPREHENSIVE CARDIOLOGY PLLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>425 N HIGHLAND AVE STE 120</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$36,074.96  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.228 Nonpriority creditor's name and mailing address</b> <b>NOVA BIOMEDICAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 983115</b> <b>BOSTON, MA 02298-3115</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 259.80  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - LABORATORY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.229 Nonpriority creditor's name and mailing address</b> <b>NRC/NATIONAL RESEARCH CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 30094</b> <b>OMAHA, NE 68103-1194</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$18,892.52  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.230 Nonpriority creditor's name and mailing address</b> <b>NUANCE COMMUNICATIONS INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 2561</b> <b>CAROL STREAM, IL 60132-2561</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$21,654.01  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.231 Nonpriority creditor's name and mailing address</b> <b>OAK FARMS-DALLAS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P. O. BOX 676010</b> <b>DALLAS, TX 75267-6010</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$8,924.87  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - FOOD/DAIRY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.232 Nonpriority creditor's name and mailing address</b>  <b>OHIO MEDICAL CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>6690 EAGLE WAY</b> <b>CHICAGO, IL 60678-1066</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 687.87  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - <b>RESPIRATORY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.233 Nonpriority creditor's name and mailing address</b>  <b>OLYMPUS AMERICA INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 0600 P O BOX 120600</b> <b>DALLAS, TX 75312-0600</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 420.07  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.234 Nonpriority creditor's name and mailing address</b>  <b>OPTUM360 LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 88050</b> <b>CHICAGO, IL 60680-1050</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,273.68  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.235 Nonpriority creditor's name and mailing address</b>  <b>OSI BATTERIES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1157 VALLEY PARK DRIVE SUITE 150</b> <b>SHAKOPEE, MN 55379</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 91.82  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.236 Nonpriority creditor's name and mailing address</b>  <b>OTIS ELEVATOR COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 730400</b> <b>DALLAS, TX 75373-0400</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$81,531.19  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes




Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.237 Nonpriority creditor's name and mailing address</b> <b>PALM HARBOR MEDICAL, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3015 RIDGELINE BLVD BLDG A</b> <b>TARPON SPRINGS, FL 34688</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,323.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - SURGICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.238 Nonpriority creditor's name and mailing address</b> <b>PARTSSOURCE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 645186</b> <b>CINCINNATI, OH 45253-5186</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$13,671.18  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.239 Nonpriority creditor's name and mailing address</b> <b>PATEL, KRUTI</b> <b>3804 DEER POINT DR</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,550.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PROFESSIONAL MEDICAL SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.240 Nonpriority creditor's name and mailing address</b> [REDACTED] <b>c/o Law Offices of Matthew D. Sawyer PLLC</b> <b>12222 Merit Drive Suite 1200</b> <b>DALLAS, TX 75251</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ .00  Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> PATIENT Potential claim malpractice claim  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.241 Nonpriority creditor's name and mailing address</b> [REDACTED] <b>C/O BILL KENNEDY LAW PLLC</b> <b>WILLIAM P. KENNEDY, ESQ.</b> <b>JOAN E. BALLARD, ESQ.</b>  <b>121 S. AUSTIN AVENUE</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ .00  Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> PATIENT AND PREMISES LIABILITY CLAIM – pending lawsuit  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.242 Nonpriority creditor's name and mailing address</b>  <b>C/O SMITH &amp; SMITH LAW FIRM</b> <b>PHIL SMITH, ESQ.</b> <b>NATE SMITH, ESQ.</b> <b>300 OAK AVENUE</b> <b>SULPHUR SPRING, TX 75482</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ .00  Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> PENDING LAWSUIT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.243 Nonpriority creditor's name and mailing address</b> <b>PATIENT POINT HOSPITAL SOLUTIONS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>11408 OTTER CREEK SOUTH ROAD</b> <b>MABELVALE, AR 72103</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,869.70  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PATIENT COMMUNICATION/ENGAGEMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.244 Nonpriority creditor's name and mailing address</b> <b>PELITAS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 734311</b> <b>DALLAS, TX 75373-4311</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$35,619.86  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - SOFTWARE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.245 Nonpriority creditor's name and mailing address</b> <b>PEPSI-COLA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 841828</b> <b>DALLAS, TX 75284-1828</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,568.18  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.246 Nonpriority creditor's name and mailing address</b> <b>PERFORMANCE HEALTH SUPPLY INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 93040</b> <b>CHICAGO, IL 60673</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 640.81  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.247 Nonpriority creditor's name and mailing address</b> <b>PERRY BAROMEDICAL CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3750 PROSPECT AVE</b> <b>RIVIERA BEACH, FL 33404</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,311.85  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> REPAIRS - MEDICAL EQUIPMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.248 Nonpriority creditor's name and mailing address</b> <b>PERSIVIA INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4 MOUNT ROYAL AVE 4TH FLOOR</b> <b>MARLBOROUGH, MA 01752</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$20,000.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - SOFTWARE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.249 Nonpriority creditor's name and mailing address</b> <b>PHARMEDIUM SERVICES, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>29104 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1291</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,918.48  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.250 Nonpriority creditor's name and mailing address</b> <b>PHILIPS HEALTHCARE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 100355</b> <b>ATLANTA, GA 30384-0355</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$79,485.65  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PREVENTIVE MAINTENANCE - MEDICAL EQUIPMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.251 Nonpriority creditor's name and mailing address</b> <b>PRECISION DOCUMENT SOLUTIONS, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 814850</b> <b>DALLAS, TX 75381</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$53,419.61  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SOFTWARE - PATIENT DISCHARGE COORDINATION  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.252 Nonpriority creditor's name and mailing address</b> <b>PRECISION DYNAMICS CORP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 71549</b> <b>CHICAGO, IL 60694-1995</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,080.90  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.253 Nonpriority creditor's name and mailing address</b> <b>PREMIER PSYCHIATRIC &amp; SLEEP MEDICINE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>121 W LAMBERTH RD STE A</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$40,000.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PROFESSIONAL MEDICAL SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.254 Nonpriority creditor's name and mailing address</b> <b>PROBO MEDICAL, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>75 REMITTANCE DRIVE DEPT 6169</b> <b>CHICAGO, IL 60675-6169</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,085.13  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - RADIOLOGY  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.255 Nonpriority creditor's name and mailing address</b> <b>PROGRESSIVE MEDICAL INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>997 HORAN DR</b> <b>FENTON, MO 63026-2401</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,947.18  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PHARMACEUTICALS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.256 Nonpriority creditor's name and mailing address</b> <b>PROPATH SERVICES LLP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 41070 PO BOX 660811</b> <b>DALLAS, TX 75266-0811</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$57,803.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PHYSICIAN  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.257 Nonpriority creditor's name and mailing address</b> <b>PROVATION SOFTWARE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>533 SOUTH 3RD ST STE 300</b> <b>MINNEAPOLIS, MN 55415</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,193.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.258 Nonpriority creditor's name and mailing address</b> <b>QUADIENT LEASING USA INC (MAILFINANCE)</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DEPT 3682, PO BOX 123682, DALLAS, TX,753123682</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,214.39  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim LEASE - POSTAGE MACHINE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.259 Nonpriority creditor's name and mailing address</b> <b>QUADIENT NEOFUNDS BY NEOPOST</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 6813</b> <b>CAROL STREAM, IL 60197-6813</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,691.83  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim POSTAGE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.260 Nonpriority creditor's name and mailing address</b> <b>QUIDEL CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>FILE 50177</b> <b>LOS ANGELES, CA 90074-0177</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$27,572.38  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim REAGENTS - LABORATORY SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.261 Nonpriority creditor's name and mailing address</b> <b>RACKTOP SYTEMS INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>8170 MAPLE LAWN BLVD STE 180</b> <b>FULTON, MD 20759</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,550.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim CYBER STORAGE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case Number 23-10810-JKS

<b>3.262 Nonpriority creditor's name and mailing address</b> <b>RADCOM ASSOCIATES, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 1055</b> <b>FRANKLIN, TN 37065</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,861.49  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL PHYSICS - NUCLEAR MEDICINE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.263 Nonpriority creditor's name and mailing address</b> <b>RAPID REFILL INK</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 1206</b> <b>VAN ALSTYNE, TX 75495</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 324.76  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim OFFICE SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.264 Nonpriority creditor's name and mailing address</b> <b>RAPIDSCALE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>6205-B PEACHTREE DUNWOODY RD CP-14</b> <b>ATLANTA, GA 30328</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,752.53  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim IT - CLOUD STORAGE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.265 Nonpriority creditor's name and mailing address</b> <b>RATHOD, MD MINAXI</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>321 N HIGHLAND</b> <b>SHERMAN, TX 00007-5092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,650.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.266 Nonpriority creditor's name and mailing address</b> <b>REINERT PAPER &amp; CHEMICAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>VACCUUM CENTER 1431 COMMERCE BLVD</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$7,202.71  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.267</b> Nonpriority creditor's name and mailing address <b>RESPIRATORY MAINTENANCE IN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>12312 BIRCH ST</b> <b>LEAWOOD, KS 00006-6209</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 622.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.268</b> Nonpriority creditor's name and mailing address <b>RESTORIX HEALTH, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 71849</b> <b>CHICAGO, IL 60694-1849</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$111,686.85  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.269</b> Nonpriority creditor's name and mailing address <b>RLS (USA) INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>ONE CORPORATE DRIVE STE 125</b> <b>LAKE ZURICH, IL 60047</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,080.52  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - NUCLEAR MEDICINE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.270</b> Nonpriority creditor's name and mailing address <b>ROCKET MEDICAL LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>50 CORPORATE PARK DRIVE UNIT 890</b> <b>PEMBROOKE, MA 02359</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,575.40  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.271</b> Nonpriority creditor's name and mailing address <b>RUE, M.D., REBECCA</b> <b>300 N HIGHLAND AVE STE 530</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,000.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PHYSICIAN  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.272 Nonpriority creditor's name and mailing address</b> <b>SAGE SERVICES GROUP LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>506 DEANNA LANE</b> <b>CHARLESTON, SC 29492</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$13,395.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PATIENT MONITORING DEVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.273 Nonpriority creditor's name and mailing address</b> <b>SCOTTCARE CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>NATIONAL CITY BANK P O BOX 73790-N</b> <b>CLEVELAND, OH 44193-0363</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,446.34  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - CARDIAC REHAB  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.274 Nonpriority creditor's name and mailing address</b> <b>SCRIPTRX, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>312 CLEMATIS STREET SUITE 301</b> <b>WEST PALM BEACH, FL 33401</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,150.34  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> E-PRESCRIBING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.275 Nonpriority creditor's name and mailing address</b> <b>SECURE SHREDDING AND RECYCLING</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>10338 MAMMOTH AVE</b> <b>BATON ROUGE, LA 70814</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,168.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PURCHASED SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.276 Nonpriority creditor's name and mailing address</b> <b>SHARP ELECTRONICS CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DBA SHARP BUSINESS SYSTEMS PO BOX 41602</b> <b>PHILADELPHIA, PA 19101-1602</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,013.77  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PREVENTIVE MAINTENANCE - IT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.277 Nonpriority creditor's name and mailing address</b> <b>SHELL SMALL BUSINESS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 6293</b> <b>CAROL STREAM, IL 60197-6293</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 129.03  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim REPAIRS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.278 Nonpriority creditor's name and mailing address</b> <b>SHERMAN ANESTHESIA, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 49112</b> <b>HOUSTON, TX 77210-9112</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,225.80  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL ANESTHESIA</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.279 Nonpriority creditor's name and mailing address</b> <b>SHERMAN LOCK AND KEY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1602 TEXOMA PARKWAY</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 514.17  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.280 Nonpriority creditor's name and mailing address</b> <b>SHERMAN MD PROVIDERS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4206 RETAMA CIRCLE</b> <b>VICTORIA, TX 77901-2765</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,689.97  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.281 Nonpriority creditor's name and mailing address</b> <b>SHERWIN-WILLIAMS COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>711 E TAYLOR ST</b> <b>SHERMAN, TX 75090-2859</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 907.43  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.282 Nonpriority creditor's name and mailing address</b> <b>SHI INTERNATIONAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 952121</b> <b>DALLAS, TX 75395-2121</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,677.17  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim COMPUTERS -</b> <b>HARDWARE AND SOFTWARE RESELLER</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.283 Nonpriority creditor's name and mailing address</b> <b>SHIMADZU MEDICAL SYSTEMS INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>440 WRANGLER DRIVE,SUITE 300</b> <b>COPPELL, TX 75019</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$94,718.82  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PREVENTIVE</b> <b>MAINTENANCE - CATH LAB</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.284 Nonpriority creditor's name and mailing address</b> <b>SHOCKWAVE MEDICAL, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>5403 BETSY ROSS DR</b> <b>SANTA CLARA, CA 95054</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$32,908.01  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.285 Nonpriority creditor's name and mailing address</b> <b>SIELLA MEDICAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>16 GOODYEAR ST. SUITE 105</b> <b>IRVINE, CA 92618</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,270.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim REPAIRS - BIOMEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.286 Nonpriority creditor's name and mailing address</b> <b>SIEMENS HEALTHCARE DIAGNOSTICS**</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 121102</b> <b>DALLAS, TX 75312-1102</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,317.40  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.287 Nonpriority creditor's name and mailing address</b>  <b>SIESTA SOLUTIONS, PLLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>C/O SIMON HUGHES, ESQ., 13280 NORTH WEST</b> <b>FREEWAY NO. F-400</b> <b>HOUSTON, TX 77040</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$326,645.74  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim SERVICES -</b> <b>PROFESSIONAL ANESTHESIA</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.288 Nonpriority creditor's name and mailing address</b>  <b>SINGLETON ASSOCIATES, P.A.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 4346 DEPT 808-1</b> <b>HOUSTON, TX 77210-4346</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,175.72  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim BOARD CERTIFIED</b> <b>RADIOLOGISTS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.289 Nonpriority creditor's name and mailing address</b>  <b>SIRCHIE FINGER PRINT LAB.,INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 11407</b> <b>BIRMINGHAM, AL 35246</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 277.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.290 Nonpriority creditor's name and mailing address</b>  <b>SMITH &amp; NEPHEW, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 842935</b> <b>DALLAS, TX 75284-2935</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,078.47  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.291 Nonpriority creditor's name and mailing address</b>  <b>SPARKLIGHT/CABLE ONE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 78000</b> <b>PHOENIX, AZ 85062</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,101.88  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim UTILITIES - CABLE TV</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.292 Nonpriority creditor's name and mailing address</b>  <b>SPBS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4431 LONG PRAIRIE ROAD #100</b> <b>FLOWER MOUND, TX 75028</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$18,294.89  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PURCHASED SERVICES - BIOMEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.293 Nonpriority creditor's name and mailing address</b>  <b>SPECTRIO LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 890271</b> <b>CHARLOTTE, NC 28289-0271</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,412.93  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> MARKETING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.294 Nonpriority creditor's name and mailing address</b>  <b>SPOK, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 660324</b> <b>DALLAS, TX 75266-0324</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,973.78  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SOFTWARE - SECURE MESSAGING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.295 Nonpriority creditor's name and mailing address</b>  <b>SSD ALARM</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1740 N LEMON ST</b> <b>ANAHEIM, CA 92801-1007</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,432.17  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.296 Nonpriority creditor's name and mailing address</b>  <b>STAPLES BUSINESS ADVANTAGE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 660409</b> <b>DALLAS, TX 75266</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,399.84  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.297 Nonpriority creditor's name and mailing address</b> <b>STAR DELIVERY SERVICE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 3613</b> <b>HOUSTON, TX 77253</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,556.04  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.298 Nonpriority creditor's name and mailing address</b> <b>STARNES SURGICAL ASSOCIATES, PLLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2627 MASTERS ST</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$32,370.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.299 Nonpriority creditor's name and mailing address</b> <b>STEED DUNNILL REYNOLDS BAILEY STEPHENSON</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1717 MAIN STREET SUITE 2950</b> <b>DALLAS, TX 75201</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,684.09  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim LEGAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.300 Nonpriority creditor's name and mailing address</b> <b>STERICYCLE COMMUNICATION SOLUTIONS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>26604 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1266</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,894.84  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.301 Nonpriority creditor's name and mailing address</b> <b>STERICYCLE, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 6578</b> <b>CAROL STREAM, IL 60197-6126</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$96,525.86  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.302 Nonpriority creditor's name and mailing address</b>  <b>STERILE MATE, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>10223 KENTINGTON OAK DR</b> <b>HUMBLE, TX 77396</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,485.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.303 Nonpriority creditor's name and mailing address</b>  <b>STERIMED</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>10 RIVER COURT</b> <b>CARTERSVILLE, GA 30120</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 111.30  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.304 Nonpriority creditor's name and mailing address</b>  <b>STERIS CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 676548</b> <b>DALLAS, TX 75267-6548</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$16,088.93  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PREVENTIVE MAINTENANCE - MEDICAL EQUIPMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.305 Nonpriority creditor's name and mailing address</b>  <b>STRYKER INSTRUMENTS/SALES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>21343 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1213</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$74,174.29  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.306 Nonpriority creditor's name and mailing address</b>  <b>STRYKER MEDICAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 93308</b> <b>CHICAGO, IL 60673-3308</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,337.45  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.307 Nonpriority creditor's name and mailing address</b> <b>STRYKER ORTHOPAEDICS/HOWMEDICA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 93213</b> <b>CHICAGO, IL 60673-3213</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$125,359.97  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.308 Nonpriority creditor's name and mailing address</b> <b>STRYKER SPINE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>21912 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1912</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,990.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.309 Nonpriority creditor's name and mailing address</b> <b>STUMBERG, JULIE</b> <b>500 N HIGHLAND</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 198.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> EMPLOYEE REIMBURSEMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.310 Nonpriority creditor's name and mailing address</b> <b>SUPERIOR HEALTH PLAN</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>7990 INTERSTATE 10 WEST SUITE 300</b> <b>SAN ANTONIO, TX 78230</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$694,071.33  Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> CLAIMS ADVANCE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.311 Nonpriority creditor's name and mailing address</b> <b>SURGICAL INNOVATIONS OF TEXOMA, PLLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3305 NORTH CALAIS DRIVE SUITE 100</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$8,100.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PROFESSIONAL MEDICAL SERVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.312 Nonpriority creditor's name and mailing address</b>  <b>SURGICAL PRODUCT SOLUTIONS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 645922</b> <b>PITTSBURGH, PA 15264</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,910.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.313 Nonpriority creditor's name and mailing address</b>  <b>SURGICAL RESOURCES GROUP, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4585 140TH AVE N SUITE 1001</b> <b>CLEARWATER, FL 33762</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,750.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.314 Nonpriority creditor's name and mailing address</b>  <b>SURGISHOP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>8910 N DALE MABRY HWY STE 30</b> <b>TAMPA, FL 33614</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 600.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.315 Nonpriority creditor's name and mailing address</b>  <b>SWISSLOG HEALTHCARE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 200434</b> <b>DALLAS, TX 75320</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 184.38  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> REAGENTS - LABORATORY SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.316 Nonpriority creditor's name and mailing address</b>  <b>TACY MEDICAL INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2386 SHANNON ROAD</b> <b>FERNANDINA BEACH, FL 32034</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,776.22  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> PHARMACEUTICALS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.317 Nonpriority creditor's name and mailing address</b> <b>TAYLOR COMM INC/STANDARD REGISTER, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 840655</b> <b>DALLAS, TX 75284-0655</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,120.12  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim OFFICE SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.318 Nonpriority creditor's name and mailing address</b> <b>TELCOR, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 82653</b> <b>LINCOLN, NE 68501</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,308.58  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.319 Nonpriority creditor's name and mailing address</b> <b>TELEFLEX MEDICAL</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 936729</b> <b>ATLANTA, GA 31193-6729</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,259.25  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL DEVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.320 Nonpriority creditor's name and mailing address</b> <b>TERUMO MEDICAL CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 208343</b> <b>DALLAS, TX 75320-8343</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$10,361.65  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL DEVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.321 Nonpriority creditor's name and mailing address</b> <b>TEXAS DEPARTMENT OF STATE HEALTH SERVICE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>1301 S. BOWEN RD. SUITE 200</b> <b>ARLINGTON, TX 76013</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,640.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim LICENSING APPLICATION FEES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.322 Nonpriority creditor's name and mailing address</b> <b>TEXAS DEPT OF STATE HEALTH SERV.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>DSHS CENTRAL LAB MC 2004 P.O. BOX 149347</b> <b>AUSTIN, TX 78714-9347</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 635.50  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> LABORATORY - PREPAID KITS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.323 Nonpriority creditor's name and mailing address</b> <b>TEXAS HEALTH &amp; HUMAN SERVICES</b> <b>C/O ANGIE PENRY, CONTACT MGR AND</b> <b>KAREN RAY, CHIEF COUNSEL</b> <b>P O BOX 532089</b> <b>GRAND PRAIRIE, TX 75053-2089</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$456,873.55  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> DSH REPAYMENT - FY22  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.324 Nonpriority creditor's name and mailing address</b> <b>TEXAS HEALTH &amp; HUMAN SERVICES COMMISSION</b> <b>4601 W. GUADALUPE STREET</b> <b>AUSTIN, TX 78751</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$456,873.53  Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> DSH OVERPAYMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.325 Nonpriority creditor's name and mailing address</b> <b>TEXAS RADIOLOGY ASSOC., LLP</b> <b>ATTN TED WEN, MD, FACR</b> <b>1820 PRESTON PARK BLVD SUITE 2400</b> <b>PLANO, TX 75093</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$185,993.26  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - PHYSICIAN  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.326 Nonpriority creditor's name and mailing address</b> <b>TEXAS VITAL CARE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 132</b> <b>BELLS, TX 75414-0132</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$20,004.97  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SERVICES - AMBULANCE  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.327 Nonpriority creditor's name and mailing address</b>  <b>TEXOMA MEDICAL CENTER</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 844768</b> <b>DALLAS, TX 75284-4768</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$8,125.90  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.328 Nonpriority creditor's name and mailing address</b>  <b>TEXOMA REGIONAL BLOOD CENTER</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>3911 N. TEXOMA PKWY.</b> <b>SHERMAN, TX 75090</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$44,310.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - BLOOD</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.329 Nonpriority creditor's name and mailing address</b>  <b>THE BRANDT COMPANIES, LLC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 227351</b> <b>DALLAS, TX 75222</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$6,519.90  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.330 Nonpriority creditor's name and mailing address</b>  <b>THE RUHOF CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>393 SAGAMORE AVE</b> <b>MINEOLA, NY 11501-1919</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 405.84  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - CLEANING</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.331 Nonpriority creditor's name and mailing address</b>  <b>THE STAYWELL, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 90477</b> <b>CHICAGO, IL 60696-0477</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 33.32  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim PATIENT EDUCATION MATERIALS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.332 Nonpriority creditor's name and mailing address</b>  <b>TK ELEVATOR CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 3796</b> <b>CAROL STREAM, IL 60132-3796</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$39,725.16  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.333 Nonpriority creditor's name and mailing address</b>  <b>TOCATJIAN MD PA, ALAIN Z</b> <b>3201 COUNTRY CLUB DRIVE</b> <b>MCKINNEY, TX 75070</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 520.80  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.334 Nonpriority creditor's name and mailing address</b>  <b>TRI W-G, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>215 12TH AVE NE PO BOX 905</b> <b>VALLEY CITY, ND 58072</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,790.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL EQUIPMENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.335 Nonpriority creditor's name and mailing address</b>  <b>TRI-PHARMA, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>975 COBB PLACE BLVD STE 118</b> <b>KENNESAW, GA 30144</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,594.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PHARMACEUTICALS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.336 Nonpriority creditor's name and mailing address</b>  <b>TZ MEDICAL INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>17750 SW UPPER BOONES FERRY ROAD STE 150</b> <b>PORTLAND, OR 97224</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 940.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.337 Nonpriority creditor's name and mailing address</b> <b>UMR</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 88822</b> <b>MILWAUKEE, WI 53288-0822</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$92,583.70  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim EMPLOYEE BENEFITS - CLAIMS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.338 Nonpriority creditor's name and mailing address</b> <b>UNITED WAY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O.BOX 1112</b> <b>SHERMAN, TX 75091</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 108.57  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim CONTRIBUTIONS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.339 Nonpriority creditor's name and mailing address</b> <b>URBANCZYK ORTHO, PLLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>204 MEDICAL DRIVE STE 220</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$2,671.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.340 Nonpriority creditor's name and mailing address</b> <b>URBANCZYK, DO JEREMY</b> <b>412 PRESTON ROAD</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$30,750.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - PROFESSIONAL MEDICAL SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.341 Nonpriority creditor's name and mailing address</b> <b>US MED-EQUIP LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 4339</b> <b>HOUSTON, TX 77210-4339</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,052.06  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim EQUIPMENT LEASE - HYPERBARIC CHAMBER</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.342 Nonpriority creditor's name and mailing address</b> <b>VANTAGE POINT LOGISTICS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 70391</b> <b>NEWARK, NJ 07101-0096</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$11,679.64  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES - SOFTWARE</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.343 Nonpriority creditor's name and mailing address</b> <b>VERATHON, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 935117</b> <b>ATLANTA, GA 31193-5117</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,437.55  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim MEDICAL DEVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.344 Nonpriority creditor's name and mailing address</b> <b>VERN A NORRIS</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>500 N HIGHLAND</b> <b>SHERMAN, TX 00007-5092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 581.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim EMPLOYEE REIMBURSEMENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.345 Nonpriority creditor's name and mailing address</b> <b>VETERAN CLAIMS PAID, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>210 NORTHTOWNE CT STE H</b> <b>NEWARK, OH 43055</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$17,725.18  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SERVICES</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.346 Nonpriority creditor's name and mailing address</b> <b>VIRAL MD LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2270 SPRINGLAKE RD STE 800</b> <b>FARMERS BRANCH, TX 75234</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$12,868.75  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim WEBSITE, SEM, &amp; CONTENT</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.347 Nonpriority creditor's name and mailing address</b> <b>VITALITY MEDICAL INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>7910 SOUTH 3500 EAST SUITE C</b> <b>SALT LAKE CITY, UT 84121</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 381.40  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.348 Nonpriority creditor's name and mailing address</b> <b>VPNA BAUSCH &amp; LOMB SURGICAL LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>4395 COLLECTIONS CENTER SR.</b> <b>CHICAGO, IL 60693</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 80.69  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.349 Nonpriority creditor's name and mailing address</b> <b>VWR INTERNATIONAL, LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 640169</b> <b>PITTSBURGH, PA 15264-0169</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 586.75  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> REAGENTS - LABORATORY SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.350 Nonpriority creditor's name and mailing address</b> <b>W.L. GORE AND ASSOCIATES INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 751331</b> <b>CHARLOTTE, NC 28275</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$4,001.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES - MEDICAL SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.351 Nonpriority creditor's name and mailing address</b> <b>WASTENET WASTEFLO INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 821906</b> <b>N RICHLAND HILLS, TX 76182</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,625.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> WASTE MONITORING  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.352 Nonpriority creditor's name and mailing address</b> <b>WERFEN USA LLC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 347934</b> <b>PITTSBURGH, PA 15251-4934</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$14,381.54  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim BLOOD TESTING PRODUCTS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.353 Nonpriority creditor's name and mailing address</b> <b>WES ENTERPRISES, LP</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>200 MEADOWLANDS BLVD</b> <b>KELLER, TX 76248</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,496.48  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim EQUIPMENT - ENDOSCOPY</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.354 Nonpriority creditor's name and mailing address</b> <b>WEST COAST MEDICAL RESOURCES</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 839</b> <b>CLEARWATER, FL 33757</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,426.42  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim SUPPLIES - MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.355 Nonpriority creditor's name and mailing address</b> <b>WEX HEALTH, INC.</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 9528</b> <b>FARGO, ND 58106-9528</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 831.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim EMPLOYEE BENEFITS - FLEXIBLE SPENDING ACCOUNTS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.356 Nonpriority creditor's name and mailing address</b> <b>WILLIAMS MEDICAL COMPANY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 1122</b> <b>YORBA LINDA, CA 92886</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,327.56  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim PHARMACEUTICALS</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes



Debtor SHERMAN/GRAYSON HOSPITAL LLC,

Case Number 23-10810-JKS

<b>3.357</b> Nonpriority creditor's name and mailing address <b>WISCONSIN STATE LABORATORY OF HYGIENE</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 78770</b> <b>MILWAUKEE, WI 53278-0770</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,742.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> LICENSES & PERMITS  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.358</b> Nonpriority creditor's name and mailing address <b>WORKFORCE SOLUTIONS TEXOMA</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>2415 SOUTH AUSTIN AVENUE #107</b> <b>DENISON, TX 75020</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$ 150.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> JOB FAIR  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.359</b> Nonpriority creditor's name and mailing address <b>WRIGHT MEDICAL TECHNOLOGY INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P O BOX 503482</b> <b>ST. LOUIS, MO 63150-3482</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$1,649.54  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> SUPPLIES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.360</b> Nonpriority creditor's name and mailing address <b>WRIGHT-CLARK, KIMBERLY</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>500 N HIGHLAND AVE</b> <b>SHERMAN, TX 75092</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$5,346.61  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> EMPLOYEE REIMBURSEMENT  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes
<b>3.361</b> Nonpriority creditor's name and mailing address <b>ZOLL LIFECOR CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>P.O. BOX 644321</b> <b>PITTSBURGH, PA 15264</b>  Date or dates debt was incurred Various  Last four digits of account number	<b>As of the petition filing date, the claim is:</b> \$3,100.00  Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim</b> MEDICAL DEVICES  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case Number 23-10810-JKS

3.362 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$2,640.01
<b>ZOLL MEDICAL CORPORATION</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 27028</b> <b>NEW YORK, NY 10087-7028</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - CARDIAC	
Last four digits of account number	<b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
3.363 Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b>	\$ 111.93
<b>ZORO TOOLS, INC</b> <b>ATTN PRESIDENT/MANAGER AGENT</b> <b>PO BOX 5233</b> <b>JANESVILLE, WI 53547-5233</b>	Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred Various	<b>Basis for the claim</b> SUPPLIES - NON	
Last four digits of account number	<b>MEDICAL</b>  <b>Is the claim subject to setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes	
<b>TOTAL \$83,071,669.23</b>		

Debtor SHERMAN/GRAYSON HOSPITAL LLC

Case Number 23-10810-JKS

**Part 3:** List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <b>A LEE RIGBY, ESQ</b> <b>CAIDI DAVIS, ESQ</b> <b>RIGBY CLACK, PLLC</b> <b>3500 JEFFERSON STREET, SUITE 330</b> <b>AUSTIN, TX 78731</b>	Line 3.99 <b>re DATASEARCH INC</b> <input type="checkbox"/> Not listed. Explain	
4.2 <b>KAREN L HART, ESQ</b> <b>DANIELLE C. VORBRDIT, ESQ</b> <b>BELL NUNNALLY</b> <b>2323 ROSS AVENUE, SUITE 1900</b> <b>DALLAS, TX 75201</b>	Line 3.171 <b>re HHS1, LLC</b> <input type="checkbox"/> Not listed. Explain	

Debtor SHERMAN/GRAYSON HOSPITAL LLC.

Case Number 23-10810-JKS

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

<b>5a. Total claims from Part 1</b>	<b>5a.</b>	<b>\$0.00</b>
<b>5b. Total claims from Part 2</b>	<b>5b. +</b>	<b>\$83,071,669.23</b>
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	<b>5c.</b>	<b>\$83,071,669.23</b>

## Fill in this information to identify the case:

Debtor name SHERMAN/GRAYON HOSPITAL LLC  
a Delaware limited liability company

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

Case number (If known): 23-10810-JKS Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

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

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

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with
2.1	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	See Schedule G Attachment _____ _____ _____ _____
2.2	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.3	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.4	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.5	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.1	Letter Agreement for ED Call Coverage – General Surgery	Chad Friedle, D.O. 3305 North Calais Drive, Suite 100 Sherman, TX 75090
2.2	Coverage Agreement (General Surgery)	Ikram Kureshi, M.D. 5012 US Hwy 75, Suite 270 Denison, TX 75020
2.3	Emergency Department On-Call Agreement (Orthopedic Surgery)	Christian Edward Isaac, M.D. 5928 Forefront Avenue Frisco, TX 75036
2.4	On-Call Coverage Agreement (OB/GYN)	Todd D. Cutler, M.D. 3401 N. Calais Street Sherman, TX 75092
2.5	Coverage Agreement (Gastroenterology)	John Fletcher, M.D. 5100 Wilder Trail Sherman, TX 75092
2.6	Coverage Agreement (Gastroenterology)	Jermaine Clark, D.O. 204 Medical Drive, Suite 240 Sherman, TX 75092
2.7	Emergency Department On-Call Agreement (Gastroenterology)	Joseph Kim, M.D. 204 Medical Drive, Suite 240 Sherman, TX 75092
2.8	Coverage Agreement (Interventional Cardiology)	M. Asad Karim, M.D. 1871 Harroun Avenue, Suite 200 McKinney, TX 75069
2.9	Coverage Agreement (Gastroenterology)	Kruti Patel, D.O. 3804 Deer Point Drive Denison, TX 75020

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.10	Emergency Department On-Call Agreement (Orthopedics)	Om V. Patel, M.D. 725 Laverton Drive Frisco, TX 75036
2.11	On-Call Coverage Agreement (OB/GYN)	Teresa Rockhill, M.D. 1111 Deer Creek Drive Denison, TX 75020
2.12	Coverage Agreement (Gastroenterology)	Ryan Khal, M.D. 3804 Deer Point Drive Denison, TX 75020
2.13	Coverage and Medical Director Agreement	Jawad Riaz, M.D. 935 W. Exchange Parkway, Suite 110 Allen, TX 75013
2.14	Coverage Agreement (Interventional Cardiology)	DFW Physicians Medical Associates, PLLC 425 N. Highland, Suite 200 Sherman, TX 75092
2.15	Coverage Agreement (Interventional Cardiology)	North Texas Comprehensive Cardiology, PLLC 2800 N. Hwy 75 Sherman, TX 75090
2.16	Emergency Department On-Call Agreement (General Surgery)	Cody Starnes, M.D. 2627 Masters Street Sherman, TX 75090
2.17	Emergency Department On-Call Agreement (Orthopedic Surgery)	Jeremy Urbanczyk, D.O. 204 Medical Drive, Suite 220 Sherman, TX 75092
2.18	Chief Medical Officer Agreement	Curtis Holbrook, M.D., MBA, RPh 500 N. Highland Avenue, Suite 107 Sherman, TX 75092

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.19	Cardiology Services Agreement (EKG Reads)	David Davis, M.D. 2800 N. Hwy 75 Sherman, TX 75090
2.20	Cardiology Services Agreement (EKG Reads)	Nikhil Joshi, M.D. 2800 N. Hwy 75 Sherman, TX 75090
2.21	Cardiology Services Agreement (EKG Reads)	M. Asad Karim 1871 Harroun Avenue, Suite 200 McKinney, TX 75069
2.22	Cardiology Services Agreement (EKG Reads)	Alain Tocatjian, M.D. 425 N. Highland, Suite 200 Sherman, TX 75092
2.23	Hospitalist Services Agreement	Carrus Care Physicians Group, Inc. 1810 US Hwy 82 W Sherman, TX 75092
2.24	Sublease Agreement – Clinic Space (Debtor Sublessor)	Sherman MD Provider, Inc. 500 N. Highland Avenue Sherman, Texas 75092
2.25	Medical Director Agreement	Curtis Holbrook, M.D., MBA, RPh 500 N. Highland Avenue, Suite 107 Sherman, TX 75092
2.26	Medical Director Agreement	North Texas Comprehensive Cardiology, PLLC 2800 N. Hwy 75 Sherman, TX 75090
2.27	Co-Medical Director Agreement	Ikram Kureshi, M.D. 5012 US Hwy 75, Suite 270 Denison, TX 75020



**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.28	Medical Director Agreement	Jennifer Laing, M.D. 1000 S. Heritage Parkway Sherman, TX 75092
2.29	Medical Director Agreement	Andres Morales, M.D. 321 N. Highland Avenue, Suite 200 Sherman, TX 75092
2.30	Medical Director Agreement	Minaxi K. Rathrod, M.D. 321 N. Highland Avenue, Suite 100 Sherman, TX 75092
2.31	Medical Director Agreement	Cody Starnes, M.D. 2627 Masters Street Sherman, TX 75090
2.32	Patholgy Services and Medical Direction Agreement	ProPath Associates PLLC ProPatth Associates LLC 1355 River Bend Drive Dallas, TX 75247 Attn: Executive Director
2.33	Professional Radiology Services Agreement	Consultants in Pathology, P.A. C/O Radiology Partners 2330 Utah Avenue, Suite 200 El Segundo, CA 90245
2.34	Telemedicine Physician Credentialling Agreement	Consultants in Pathology, P.A. C/O Radiology Partners 2330 Utah Avenue, Suite 200 El Segundo, CA 90245
2.35	Independent Contractor Agreement	Shari Darnall, RDMS, AB PO Box 452 Collinsville, TX 76237

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.36	Independent Contractor Agreement – Nursing Services	Kristen Drake, RN 7366 Texas Rangers Drive, #3105 Frisco, Texas 75034
2.37	Independent Contractor Agreement - Nursing Services	Ayrione Fassitt, RN 10200 Independence Parkway, #611 Plano, TX 75025
2.38	Independent Contractor Agreement- Nursing Services	Etta Lewis, RN 1106 Myers Avenue Frisco, TX 75034
2.39	Independent Contractor Agreement - Nursing Services	April Martin, RN 369 Crosstimber Denison, TX 75034
2.40	Independent Contractor Agreement – Respiratory Services	Benjamin Mcgaughey, RRT 1311 Fairhaven Street Longview, Texas 75605
2.41	Independent Contractor Agreement	Kalin Mieras 13970 W. 148 <sup>th</sup> Street Olathe, KS 66062
2.42	Independent Contractor Agreement	Cassie Montgomery 301 W. Duke Street Howe, Texas 75459
2.43	Independent Contractor Agreement - Nursing Services	Vickie Ramsay, RN 205 N. Willow Street Leonard, TX 75452
2.44	Independent Contractor Agreement - Nursing Services	Mary Roberts, RN 310 Blackmon Trail Bells, TX 75414

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.45	Independent Contractor Agreement -	Gina Vaughn, RCS 19397 SR 22 Caddo, OK 74729
2.46	Independent Contractor Agreement- Nursing Services	Colette Young, RN 2175 N. State Hwy 360, # 571 Grand Prairie, TX 75050
2.47	Master Software and Services Agreement	3M Health Information Systems 575 West Murray Boulevard Murray, UT 84123-4611 Attn: Pricing & Contract Director & Legal
2.48	Service Agreement	Ability 4321 Collington Road Bowie, Maryland 20716
2.49	Preventative Maintenance Agreement	ACIS 1028 N. McDonald McKinney, TX 75069
2.50	Engagement Letter (LPPF Program)	Adelanto Healthcare Ventures, LLC 401 W. 15 <sup>th</sup> Street, Suite 840 Austin, TX 78701
2.51	Master Client Agreement	Altera Digital Health 2429 Military Road, Suite 300 Niagara Falls, NY 14304
2.52	Client Order for Sunrise Community Care	Altera Digital Health 2429 Military Road, Suite 300 Niagara Falls, NY 14304
2.53	Laundry Processing and Rental Services	Alsco, Inc. 2816 Central Expressway East Wichita, TX 76301

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.54	Lease Agreement – 300 N. Highland – Suites 200 and 210	Alterra Highland, LLC 5910 N. Central Expressway, Suite 1360 Dallas, TX 75206
2.55	Lease Agreement – 300 N. Highland – Suites 130, 310, 315, 330, 340, and 415	Alterra Highland, LLC 5910 N. Central Expressway, Suite 1360 Dallas, TX 75206
2.56	Lease Agreement – 300 N. Highland – Suites 430, 445, 500, 510, 545	Alterra Highland, LLC 5910 N. Central Expressway, Suite 1360 Dallas, TX 75206
2.57	Lease Agreement – 300 N. Highland – Suites 350, 400, 410, and 5 <sup>th</sup> Floor Conference Center	Alterra Highland, LLC 5910 N. Central Expressway, Suite 1360 Dallas, TX 75206
2.58	Lease Agreement – 300 N. Highland – Suites A, B, C, D & E – Occupied Common Areas	Alterra Highland, LLC 5910 N. Central Expressway, Suite 1360 Dallas, TX 75206
2.59	Confidential Settlement Agreement	LHP Hospital Group, Inc. C/O Ardent Health Services, Attn: General Counsel 1 Burton Boulevard, Suite 250 Nashville, TN 37215  Richards Rodriguez & Skeith LLP 816 Congress Avenue, Suite 1200 Austin, TX 78701 Attn: Benjamin Hathaway, Esq.
2.60	Service Agreement	Bayer Healthcare 1 Bayer Drive Indianola, PA 15051

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.61	Acute Care Letter of Commitment – Supplies	B. Braun Medical, Inc. 861 Macron Blvd Allentown, PA 18109 Attn: Contracts Administrator
2.62	Product and Services Agreement	Beckman Coulter 250 S. Kraemer Boulevard Brea, CA 92821-8000
2.63	Service Agreement (4705321)	Biomerieux PO Box 500308 St. Louis, MO 63150-6308
2.64	Service Agreement (4705366)	Biomerieux PO Box 500308 St. Louis, MO 63150-6308
2.65	Master Purchase Agreement – Supplies	Biotronik 6024 Jean Road Lake Oswego, OR 97035
2.66	Vascular Intervention Products Consignment Agreement	Biotronik 6024 Jean Road Lake Oswego, OR 97035
2.67	Maintenance Agreement	Brandt 1728 Briercroft Court Carrollton, TX 75006
2.68	SAAS Service Agreement	Breezy HR, Inc. 1534 Oak Street, Suite 301 Jacksonville, FL 32204
2.69	Service Agreement (Equipment)	Canon Medical Systems USA, Inc. 2441 Michelle Drive Tustin, CA 92780 Attn: Service Contracts Administration

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.70	Service and Products Agreements	CareFusion Solutions, LLC 25565 Network Place Chicago, IL 60673-1255 Attn: Amanda Saturnus, Contract Consultant
2.71	CAPS IV Services Agreement	Central Admixture Pharmacy 6430 Oak Canyon Drive, Suite 200 Irvine, CA 92618 Attn: Contracts Department
2.72	Collection Services Agreement	CMRE Financial Services, Inc. 3075 E. Imperial Highway, Suite 200 Brea, CA 92821
2.73	Self-Pay AR Management Services Agreement	Healthcare Revenue Management Group 3075 East Imperial Highway, Suite 200 Brea, CA 92821
2.74	Billing and Collection Services Agreement	DataSearch, Inc. P.O. Box 461289 San Antonio, TX 78246-1289
2.75	Equipment Lease – Lease No. 001-9055449-004	Dell Financial Services, L.L.C. Mail Stop PS2DF-23 One Dell Way Round Rock, TX 78682
2.76	Services Agreement	Genesa Reimbursement Group 8101 Boat Club Road, Suite 240 Fort Worth, TX 76179
2.77	Benefit Services Agreement	Hodges-Mace, LLC 5775-D Glenridge Drive NE, Suite 350 Atlanta, Georgia 30328
2.78	Service Level Agreement (PACS Imaging)	Infinitt North America 755 Memorial Parkway, Suite 304 Phillipsburg, NJ 08865

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.79	Support Agreement (Time Clocks)	JB Developers, Inc. 280 W. Praire Avenue, Suite 3 Coeur D’Alene, ID 83815
2.80	Radiopharma Provider Agreement	Jubilant DRaxImage, Inc. PO Box 415921 Boston, MA 02241-5921
2.81	Product Renewal (Patient Eligibility)	Experian Health 720 Cool Springs Boulevard, Suite 200 Franklin, TN 37067
2.82	Laboratory Interface System Agreement	Laboratory Corporation of America 7777 Forest Lane, Suite C-350 Dallas, TX 75230 Attn: Contract Administrator
2.83	Independent Contractor Agreement – Media Services	May Media 500 W. Woodard Street Denison, TX 76227
2.84	Master Client Agreement (Care Guidelines)	MCG Health 701 Fifth Avenue, Suite 4900 Seattle, WA 98104
2.85	Agreement for Emergency Department Coverage	NES Southwest Medical Services, Inc. 39 Main Street Tiburon, CA 94920 Attn: CEO
2.86	Facility Subscription Agreement	MDSave, Inc. 100 Winners Circle North, Sute 202 Brentwood, TN 37027
2.87	Contract Coding Services	MedAlliance 57556 29 Palms Highway, #343 Yucca Valley, CA 92284

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.88	Service Agreement (Customer No. 450014043)	Medivators 14605 28 <sup>th</sup> Avenue N Minneapolis, MN 55447
2.89	Supply Agreement	Medline Industries, Inc. One Medline Drive Mundelein, IL 60060 Attn: General Counsel
2.90	Landscape Services Agreement	Menjivar Lawn & Landscape PO Box 272 Sherman, TX 75091
2.91	Maintenance Agreement (Water Treatment Equip)	Mueller Water Conditioning, Inc. 1500 Sherwood Forest Street Houston, TX 77043
2.92	Equipment Maintenance Agreement (MRI)	MXR Imaging 4909 Murphy Canyon Road, Suite 120 San Diego, CA 92123
2.93	Lease Agreement (Postage Equipment)	Neopost/Quadient PO Box 6813 Carol Stream, IL 60197
2.94	Master Agreement – Services (Software)	Pelitas, LLC 2745 Dallas Parkway, Suite 605 Plano, TX 75093
2.95	Master Service Agreement (Software)	Persivia 4 Mount Royal Marlborough, MA 01752
2.96	Maintenance Agreement (Copiers)	Sharp Business Systems 5700 Stoneridge Drive, Suite 300 Pleasanton, CA 94588



**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.97	Lease Agreement (Copiers)	Aztec Leasing 2215 Vista Rodeo Drive San Diego, CA 92019
2.98	Provider Services Agreement	Siesta Solutions, PLLC c/o Simon Hughes, Esq. The Hughes Law Firm 13820 North West Freeway, # F-400 Houston, TX 77040
2.99	Master Services Agreement (Equipment Maintenance)	SPBS Clinical Equipment Service 4431 Long Prairie Road, Suite 100 Flower Mound, TX 75028
2.100	Alarm Contract	SSD Alarm 1740 N. Lemon Street Anaheim, CA 92801
2.101	Master Service Agreement (Medical Waste)	Stericycle 4010 Commercial Avenue Northbrook, IL 60062
2.102	Master Service Agreement (Pharmaceutical Waste)	Stericycle 4010 Commercial Avenue Northbrook, IL 60062
2.103	Master Service Agreement (Controlled Substance Waste)	Stericycle 4010 Commercial Avenue Northbrook, IL 60062
2.104	Master Service Agreement (Sharps)	Stericycle 4010 Commercial Avenue Northbrook, IL 60062
2.105	Services Agreement (Equipment Maintenance – Agreement # 1-568921544811)	Steris 5960 Heisley Road Mentor, OH 44060

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.106	Independent Contractor Agreement (RT Services)	Julie Taylor 1047 Hickory Lane Howe, TX 75459
2.107	Master Agreement (Software)	Telcor 7101 A Street Lincoln, NE 68510
2.108	Software Support Agreement	Telcor 7101 A Street Lincoln, NE 68510
2.109	Professional Services Agreement (Psychiatric Services)	Texoma Community Care 902 E. Cottonwood Road Sherman, TX 75090 Attn: CEO
2.110	Service Agreement	Texoma Regional Blood Center 3911 Texoma Parkway Sherman, TX 75090
2.111	Elevator Modernization Proposal/Contract	TK Elevator Company 4355 Excel Parkway, Suite 800 Addison, TX 75001
2.112	Service Agreement (Elevators)	TK Elevator Company 4355 Excel Parkway, Suite 800 Addison, TX 75001
2.113	Subscription Agreement	UpToDate 230 Third Avenue Waltham, MA 02451
2.114	Contract for Donor Services	UT Southwestern Medical Center 5323 Harry Hines Boulevard Dallas, TX 75390

**In re Sherman/Grayson Hospital LLC**  
**Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.115	Master Services Agreement (Software)	Verity Stream 361 Centennial Parkway, Suite 150 Louisville, CO 80027
2.116	Reagent Rental Agreement (Laboratory)	Werfen USA LLC 180 Hartwell Road Bedford, MA 01730
2.117	Product Purchase Agreement	Zimmer USA, Inc. 345 E. Main Street Warsaw, IN 46580
2.118	Sales Order (Encryption Software)	CSP dba AppSmart 447 Sutter Street, Suite 814 San Francisco, CA 94108
2.119	Freight Management Service Agreement	Vantage Point Logistics 8917 South Old State Road, Suite 126 Lewis Center, OH 43035
2.120	Hospital Services Agreement	Aetna Health, Inc. 2777 N. Stemmons Freeway, Suite 1450 Dallas, TX 75207 Attn: Provider Contract Management
2.121	Participating Provider Agreement	Amerigroup Texas, Inc. 2505 N. Hwy 360, Suite 300 Grand Prairie, TX 75050
2.122	Hospital Agreement for HMO Network Participation	Blue Cross Blue Shield of Texas 1000 E. Lookout Drive Richardson, TX 75082
2.123	Hospital Agreement for PPO Network Participation	Blue Cross Blue Shield of Texas 1000 E. Lookout Drive Richardson, TX 75082

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.124	Facility Services Agreement	Care N' Care Insurance Company 1701 River Run, Suite 402 Fort Worth , TX 76107 Attn: Legal Department
2.125	Hospital Provider Agreement	Superior Health Plan 5900 E. Ben White Boulevard Austin, TX 78741
2.126	Facility Participation Agreement	United Healthcare Insurance Company 1250 Capitol of Teas Highway South, Building 1, Suite 400 Austin, TX 78746
2.127	Hospital Services Agreement	Cigna HealthCare of Texas, Inc. 1640 Dallas Parkway Plano, TX 75093-4515
2.128	Hospital Services Agreement	Magellan Providers of Texas, Inc. 6303 Cowboys Way Frisco, TX 75034
2.129	Hospital Services Agreement	Molina Healthcare of Texas, Inc. 5605 MacArthur Boulevard, Suite 400 Irving, TX 75038 Attn: Provider Contracting
2.130	Participating Facility Agreement	Multi-Plan 1100 Winter Street Waltham, MA 02451
2.131	Participating Facility Provider Agreement	Baylor Scott & White Health Plan 1206 W. Campus Drive Temple, TX 76502

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.132	Lease Obligations - Secured Creditor UCC Filed 2/16/15, Filing #20150659317, Continuation Filed 9/4/19, Filing #20196144906 Lease Agreement Dated 10/31/2014 Pursuant To Which Sherman/Grayson Hospital LLC Leases From MPT of Sherman-Alecto LLC Certain Real Property located in Sherman, Texas and that certain Senior Secured Prepetition and Super Priority Debtor in Possession Note dated 6/21/23; Obligations of Olympia Health Care, LLC, Alecto Healthcare Services Fairmont LLC, Alecto Healthcare Services Ohio Valley LLC, Alecto Healthcare Services Wheeling LLC, And Alecto Healthcare Services Martin's Ferry LLC Under Agreements With Secured Creditors	MPT Of Olympia LLC MPT Of Fairmont-Alecto Hospital LLC MPT Of Sherman-Alecto Hospital LLC MPT Of Los Angeles LP MPT Of Wheeling-Alecto Hospital LLC MPT Of Martins Ferry-Alecto Hospital LLC MPT Of Sherman-Alecto LLC 1000 Urban Center Drive Suite 501 Birmingham. AL 35242
2.133	Equipment Lease - Hyperbaric Chamber	US Med-Equip LLC P O Box 4339 Houston. TX 77210-4339
2.134	Lease - Postage Machine	Quadient Leasing Usa Inc (Mailfinance) Dept 3682, PO Box 123682 Dallas, TX, 753123682
2.135	Insurance Directors & Officers Employment Practices Fiduciary & Crime - Primary Layer Term: 1/31/2023 - 1/31/2024 Policy No.: x55-16	National Union Fire Insurance Co 28 Liberty Street New York. NY 10005

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.136	Insurance Excess Directors & Officers Employment Practices Term: 1/31/2023 - 1/31/2024 Policy No. x3822	RSUI Indemnity Company 945 East Paces Ferry Road Suite 1800 Atlanta, GA 30376
2.137	Insurance Excess Directors & Officers Employment Practices Term: 1/31/2023 - 1/31/2024 Policy No. x55-24	National Union Fire Insurance Co 28 Liberty Street New York, NY 10005
2.138	Insurance Comprehensive Employer Indemnity Term: 3/1/2023 - 3/31/2024 Policy No. x39-01	Old Republic Union Insurance Co 307 N. Michigan Avenue Chicago, IL 60601
2.139	Insurance Environmental Pollution Storage Tank Liability - WNJ Term: 8/1/2022 - 8/1/2023 Policy No. x6002	Ironshore Specialty Insurance Co 175 Berkeley Street Boston, MA 02116
2.140	Insurance Cyber Liability Term: 8/14/2022 - 8/14/2023 Policy No. x2002 Arch Soecialty - 45% Fireman's Fund - 25% Ascot Specialty - 25% North Amercian Capacity - 5%	Coalition Insurance Solutions 1160 Battery Street Suite 350 San Francisco, CA 94111

**In re Sherman/Grayson Hospital LLC****Attachment to Schedule G – Executory Contracts and Unexpired Leases**

2.141	Insurance Automobile Term: 6/1/2023 - 6/1/2024 Policy No. x49-02	Vantapro Specialty Insurance Co 199 Water Street New York. NY 10038
2.142	Insurance “All Risks” Property incl Boiler & Machinery & Flood, excluding CA EM Term: 7/1/2022 - 9/1/2023 Policy No. x8117	American Home Assurance Co 175 Water Street New York. NY 10038
2.143	Insurance Excess Medical Professional General Liability for TX (WNJ) Exposure Only Term: 8/1/2022 - 8/1/2023 Policy No. x4235	Magmutual Professional Security Ins Co P.O. Box 52979 Atlanta. GA 30355
2.144	Interim Management Agreement whereby AHS Sherman, LLC assumed management of Debtor’s hospital operations known as the Wilson N. Jones Regional Medical Center	AHS Sherman, LLC 505 N. Brand Boulevard, Suite 1110 Glendale, California 91203

## Fill in this information to identify the case:

Debtor name SHERMAN/GRAYSON HOSPITAL LLC  
a Delaware limited liability company

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

Case number (If known): 23-10810-JKS

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

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

**1. Does the debtor have any codebtors?**

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

☒ Yes

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

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

See Schedule H Attachment

2.1	_____ Street _____ City State ZIP Code	_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City State ZIP Code	_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City State ZIP Code	_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City State ZIP Code	_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ City State ZIP Code	_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ City State ZIP Code	_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



**In re Sherman/Grayson Hospital, LLC**  
**Attachment to Schedule H - Co-Debtors**

Co-Debtor Name and Address	Creditor
<p>Olympia Health Care, LLC, Attn President or Manager Agent, 101 N. Brand Boulevard Suite 1920, Glendale, CA 91203</p> <p>MPT of Los Angeles, LP, c/o Medical Properties Trust, Inc., Attn Edward K Aldag Jr, President, Attn Legal Department, 1000 Urban Center Drive, Suite 501, Birmingham, AL 35242</p> <p>MPT of Olympia, LLC, c/o Medical Properties Trust, Inc., Attn Edward K Aldag Jr, President, Attn Legal Department, 1000 Urban Center Drive, Suite 501, Birmingham, AL 35242</p> <p>MPT Operating Partnership, L.P., c/o Medical Properties Trust, Inc., Attn Edward K Aldag Jr, President, Attn Legal Department, 1000 Urban Center Drive, Suite 501, Birmingham, AL 35242</p> <p>Medical Properties Trust, Inc., c/o Medical Properties Trust, Inc., Attn Edward K Aldag Jr, President, Attn Legal Department, 1000 Urban Center Drive, Suite 501, Birmingham, AL 35242</p> <p>Alecto Healthcare Services Sherman, LLC, 500 N Highland Ave, Sherman, TX 75092</p> <p>Alecto Healthcare Services LLC, 101 N. Brand Boulevard Suite 1920, Glendale, CA 91203</p> <p>Laxman Reddy, c/o 101 N. Brand Boulevard Suite 1920, Glendale, CA 91203</p> <p>Matthew Williams, c/o 101 N. Brand Boulevard Suite 1920, Glendale, CA 91203</p> <p>Jeremy Redin, 28372 Steel Lane, Valencia, CA 91354</p>	<p>CENTER FOR MEDICARE AND MEDICAID SERVICES; C/O UNITED STATES DEPARTMENT OF JUSTICE; CIVIL DIVISION - COMMERCIAL LITIGATION BRANCH.</p> <p>Schedules that apply: Schedule E/F</p>

**In re Sherman/Grayson Hospital, LLC**  
**Attachment to Schedule H - Co-Debtors**

Co-Debtor Name and Address	Creditor
<p>Alecto Healthcare Services Sherman LLC  c/o 101 N Brand Boulevard Suite 1920  Glendale, CA 91203</p> <p>Alecto Healthcare Services LLC  101 N Brand Boulevard Suite 1920  Glendale, CA 91203</p>	<p>LHP HOSPITAL GROUP, INC., C/O ARDENT HEALTH SERVICES</p> <p>Schedules that apply:  Schedule F  Schedule E/F</p>
<p>Alecto Healthcare Services Sherman LLC  c/o 101 N Brand Boulevard Suite 1920  Glendale, CA 91203</p> <p>Alecto Healthcare Services LLC  101 N Brand Boulevard Suite 1920  Glendale, CA 91203</p>	<p>LHP HOSPITAL GROUP, INC., C/O ARDENT HEALTH SERVICES</p> <p>Schedules that apply:  Schedule F  Schedule E/F</p>

**In re Sherman/Grayson Hospital, LLC**  
**Attachment to Schedule H - Co-Debtors**

Co-Debtor Name and Address	Creditor
<p>ALECTO HEALTHCARE SERVICES SHERMAN LLC  500 N HIGHLAND AVE  SHERMAN, TX 75092</p> <p>OLYMPIA HEALTH CARE, LLC  ATTN PRESIDENT OR MANAGER AGENT  101 N. BRAND BOULEVARD SUITE 1920  GLENDALE, CA 91203</p> <p>ALECTO HEALTHCARE SERVICES FAIRMONT LLC  101 N BRAND BOULEVARD SUITE 1920  GLENDALE, CA 91203</p> <p>ALECTO HEALTHCARE SERVICES OHIO VALLEY LLC  101 N BRAND BOULEVARD SUITE 1920  GLENDALE, CA 91203</p> <p>ALECTO HEALTHCARE SERVICES WHEELING LLC  101 N BRAND BOULEVARD SUITE 1920  GLENDALE, CA 91203</p> <p>ALECTO HEALTHCARE SERVICES MARTIN'S FERRY LLC  101 N BRAND BOULEVARD SUITE 1920  GLENDALE, CA 91203</p>	<p>MPT OF OLYMPIA LLC  MPT OF FAIRMONT-ALECTO HOSPITAL LLC  MPT OF SHERMAN-ALECTO HOSPITAL LLC  MPT OF LOS ANGELES LP  MPT OF WHEELING-ALECTO HOSPITAL LLC  MPT OF MARTINS FERRY-ALECTO HOSPITAL LLC  MPT OF SHERMAN-ALECTO LLC  Schedules that apply:  Schedule D</p>
<p>Alecto Healthcare Services LLC  101 N Brand Boulevard Suite 1920  Glendale, CA 91203</p>	<p>BABETTE BOOE.  Schedules that apply:  Schedule E/F</p>

**In re Sherman/Grayson Hospital, LLC**  
**Attachment to Schedule H - Co-Debtors**

Co-Debtor Name and Address	Creditor
North Texas Comprehensive Cardiology PLLC 2800 North Highway 75 Sherman, Texas 75090	<div data-bbox="1115 269 1402 310" style="background-color: black; width: 137px; height: 25px;"></div> C/O BILL KENNEDY LAW PLLC Schedules that apply: Schedule E/F
Michael Spagnuolo DO PLLC 300 N Highland Ave Suite 415 Sherman, TX 75092-7390  Alecto Healthcare Services Sherman LLC 101 N Brand Boulevard Suite 1920 Glendale, CA 91203	<div data-bbox="1115 456 1415 496" style="background-color: black; width: 143px; height: 25px;"></div> C/O SMITH & SMITH LAW FIRM Schedules that apply: Schedule E/F