

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
EL PASO DIVISION**

IN RE

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**EL PASO CHILDREN'S HOSPITAL
CORPORATION**

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DEBTOR

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**CASE NO. 15-30784
(Chapter 11)**

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EIN: 26-3075429

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**4845 ALAMEDA AVENUE
EL PASO, TEXAS 79905**

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SCHEDULES OF ASSETS AND LIABILITIES

**United States Bankruptcy Court
Western District of Texas**

In re El Paso Children's Hospital Corporation
Debtor(s)

Case No. 15-30784
Chapter 11

SUBJECT TO GLOBAL NOTES AND SPECIFIC NOTES TO THESE SCHEDULES

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7,11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$0.00		
B - Personal Property	Yes	15	\$34,907,119.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		Unknown	
E - Creditors Holding Unsecured Priority Claims	Yes	2		Unknown	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	270		\$14,934,578.75	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
TOTAL		292	\$34,907,119.00	\$14,934,578.75	

**United States Bankruptcy Court
Western District of Texas**

In re El Paso Children's Hospital Corporation

Debtor(s)

Case No. 15-30784

Chapter 11

**GLOBAL NOTES TO SCHEDULES OF ASSETS AND
LIABILITIES, AND STATEMENT OF FINANCIAL AFFAIRS**

General Notes

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 El Paso Children’s Hospital (“EPCH” or the “Company”) pending in the United States Bankruptcy Court for the Western District of Texas (the “Bankruptcy Court”) were prepared, pursuant to section 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. 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, and inadvertent errors, inaccuracies, or omissions may have occurred. Because the Schedules and Statements contain unaudited information, which is subject to further review, verification, and potential adjustment, there can be no assurance that these Schedules and Statements are complete. Nothing contained in the Schedules and Statements shall constitute a waiver of any right of the Debtor or an admission with respect to their chapter 11 cases (including, but not limited to, issues involving claims, substantive consolidation, defenses, equitable subordination, 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), and 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, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected in the Schedules and Statements as to amount, liability, or classification, or to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.”

The Schedules and Statements have been signed by Mark Herbers, Chief Executive Officer/Chief Restructuring Officer of the Debtor. Accordingly, in reviewing and signing the Schedules and Statements, Mr. Herbers necessarily relied upon the efforts, statements, and representations of the Debtor’s other personnel and professionals. Mr. Herbers 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 and Statement of Limitations, Methodology, and Disclaimer Regarding the Debtor’s Schedules and Statements (the “Global Notes”) are incorporated by reference in, and comprise an integral part of, all of the Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.¹

Description of the Cases and Information Date

On May 19, 2015 (the “Commencement Date”), the Debtor filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code in the Bankruptcy Court. The chapter 11 cases are being jointly administered under Case No. 15-30784. The Debtor continues to operate their business and manage their properties as Debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The asset information provided herein, except as otherwise noted, represents the asset data of the Debtor as of April 30, 2015 and the liability data of the Debtor as of the beginning of business on the Commencement Date.

¹ These Global Notes supplement and are in addition to any specific notes contained in Debtor’s Schedules or Statements. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment.

Basis of Presentation

For financial reporting purposes, prior to the Commencement Date, the Debtor prepared financial statements that were annually audited and consolidated by the parent Debtor. Combining the assets and liabilities set forth in the Debtor's Schedules and Statements would result in amounts that would be substantially different from financial information that would be prepared on a consolidated basis under Generally Accepted Accounting Principles ("GAAP"). Therefore, these Schedules and Statements do not purport to represent financial statements prepared in accordance with GAAP nor are they intended to fully reconcile to the financial statements prepared by the Debtor. Unlike the consolidated financial statements, these Schedules and Statements reflect the assets and liabilities of 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.

Moreover, given, among other things, the uncertainty surrounding the collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Commencement Date or at any time prior to the Commencement Date. Likewise, to the extent a Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent at the Commencement Date or any time prior to the Commencement Date.

Amendment

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.

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. The alterations will be limited to only what is necessary to protect the Debtor or third party and will provide interested parties with sufficient information to discern the nature of the listing.

Causes of Action

Despite their reasonable efforts to identify all known assets, the Debtor may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules and Statements, including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtor reserves all of their rights with respect to any claims, causes of action, or avoidance actions they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims, causes of actions, or avoidance actions or in any way prejudice or impair the assertion of such claims.

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. However, due to the complexity of the Debtor's businesses, the Debtor may have improperly characterized, classified, categorized, or designated certain items. The Debtor thus reserves all of their rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as necessary or appropriate as additional information becomes available, including, but not limited to, whether contracts herein were executory as of the Commencement Date or remain executory postpetition.

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 of their rights to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as "contingent," "unliquidated," or "disputed." Moreover, the Debtor reserves all of their rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation. Listing a claim does not constitute an admission of liability by the Debtor.

Unliquidated Claim Amounts

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

Undetermined Amounts

The description of an amount as “undetermined” is not intended to reflect upon the materiality of such amount.

Court Orders

Pursuant to certain orders of the Bankruptcy Court entered in the Debtor’s chapter 11 cases entered on or about May 21, 2015 (the “First Day Orders”), the Debtor was authorized (but not directed) to pay, among other things, certain prepetition claims of employees. Accordingly, these liabilities may have been or may be satisfied in accordance with such orders and therefore generally are not 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 their Schedules and Statements as is necessary or appropriate.

Valuation

It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, net book values as of the Commencement Date are reflected on the Schedules and Statements. Exceptions to this include operating cash and certain other assets. Operating cash is presented at bank balances as of the Commencement Date. Certain other assets, such as investments in subsidiaries and other intangible assets, are listed at undetermined amounts, as the net book values may differ materially from fair market values. Amounts ultimately realized may vary from net book value (or whatever value was ascribed) and such variance may be material. Accordingly, the Debtor reserves all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as “unknown” or “undetermined,” and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements.

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 amend the Schedules and Statements as they deem appropriate in this regard.

Excluded Assets and Liabilities

The Debtor has excluded certain categories of assets and liabilities from the Schedules and Statements, including accrued salaries, employee benefit accruals, and accrued accounts payable. The Debtor also has excluded rejection damage claims of counterparties to executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist. In addition, certain immaterial assets and liabilities may have been excluded. Pursuant to certain First Day Orders, the Debtor has been granted authority to pay certain prepetition obligations to employees. 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.

Leases

The Debtor has not 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 Commencement Date, the creditor has been included on Schedule F of the Schedules.

Contingent Assets

The Debtor believes that they may possess certain claims and causes of action against various parties. Additionally, the Debtor may possess contingent claims in the form of various avoidance actions they could commence under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws. The Debtor, despite reasonable efforts, may not have set forth all of their causes of action against third parties as assets in their Schedules and Statements. The Debtor reserves all of their rights with respect to

any claims, causes of action, or avoidance actions they may have and nothing contained in these Global Notes or the Schedules and Statements shall be deemed a waiver of any such claims, avoidance actions, or causes of action or in any way prejudice or impair the

Receivables and Payables

The Debtor has not listed individual customer accounts receivable balance information as the Company considers its customer list to be proprietary and confidential.

Intercompany Accounts

The Debtor records intercompany assets and liabilities through intercompany trade (includes trade and other business-related transactions) accounts. Intercompany trade accounts record sales-type transactions between EPCH's affiliate. The Debtor has eliminated intra-company activity.

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 their executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. The Debtor reserves all of its rights to amend the Schedules to the extent that any Guarantees are identified.

Intellectual Property Rights

Exclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated, or otherwise have expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated, or otherwise have not expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Accordingly, the Debtor reserves all of their rights with respect to the legal status of any and all intellectual property rights.

Estimates

To prepare and file the Schedules as close to the Commencement 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.

Fiscal Year

The Debtor's fiscal year ends on September 30.

Currency

Unless otherwise indicated, all amounts are reflected in U.S. dollars.

Property and Equipment

Unless otherwise indicated, owned property (including real property) and equipment are stated at net book value. The Debtor may lease furniture, fixtures, and equipment from certain third party lessors. Any such leases are set forth in the Schedules and Statements. 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 their rights with respect to same.

Claims of Third-Party Related Entities

While the Debtor has made every effort to properly classify each claim listed in the Schedules as being either disputed or undisputed, liquidated or unliquidated, and contingent or noncontingent, the Debtor has not been able to fully reconcile all payments made to certain third parties and their related entities on account of the Debtor's obligations to same. Therefore, to the extent that the Debtor

has classified its estimate of claims of a creditor as disputed, all claims of such creditor's affiliates listed in the Schedules and Statements shall similarly be considered as disputed, whether or not they are designated as such.

Interest in Affiliate

EPCH is an independent non-profit 501(c)(3) corporation that is governed by a board of directors ("EPCH Board"), and EPCH works in conjunction with El Paso Children's Physician Group, a non-profit 501(a) corporation of which EPCH is the sole corporate member. The Debtor's Schedule B13 or Statement 18a contains a listing of the current structure of the Debtor and its affiliate.

Umbrella or Master Agreements

Contracts listed in the Schedules and Statements may be umbrella or master agreements that cover relationships with the Debtor and its affiliate. Where relevant, such agreements have been listed in the Schedules and Statements only of the Debtor that signed the original umbrella or master agreement.

Setoffs and Recoupment

The Debtor reconciles credit balances for payors and patients in the ordinary course of business. As of the Commencement Date, a significant amount of credit balances (which could ultimately result in a refund or offset to the payor or patient) had not been reconciled (some of which are old) and the Debtor cannot determine if, after reconciliation, such amounts would result in a claim against the Debtor. The Debtor is contract counter-party with over 220 payors and cannot reconcile all of the credit balances with certainty in the current time frame. Accordingly, the Debtor has identified all commercial payors (regardless of current stage of reconciliation) with unknown, unliquidated amounts on Schedule F.

The Debtor has approximately 416 patients who may be owed refunds and an additional 549 patients that may have small negative credit balances. Given the time allotted and the volume of credit balances, it has not been possible for the Debtor to reconcile every credit balance and determine if a refund is owed. Accordingly, due to the HIPAA Privacy Rule and state confidentiality requirements, the Debtor has not listed on Schedules F-3 and F-5 the identity or amounts potentially owed to specific individual patients. Rather, on Schedules F-3 and F-5, the Debtor has identified the individuals as Patient 1 through Patient 965 with amounts potentially owed to patients protected by applicable regulations. All 965 patients will be provided with a proof of claim form which will provide the amount of the refund (if known) potentially owed to the patient.

Insiders

The Debtor has attempted to include all payments made over the 12 months preceding the Commencement Date to any individual or entity deemed an "insider." For these purposes, "insider" is defined as (1) an individual that is or was a director or officer of the Debtor, or (2) an entity related to an insider or possessing the control of an insider. The listing of a party as an "insider," however, is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are hereby expressly reserved.

Indemnification

Article IX of EPCH's Certificate of Incorporation (the "Certificate") provides indemnification, on the particular terms set forth in the Bylaws, for persons made a party or threatened to be made a party to any action, suit or proceeding by reason of the fact that he or she is the legal representative or, is or was a director or officer of EPCH, or is or was serving at the request of EPCH as a director, officer, employee or agent of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans maintained or sponsored by EPCH. The Debtor has not reached a determination that certain potentially indemnified persons are ineligible for indemnification under the terms of the Certificate and such persons are therefore listed on EPCH's Schedule F. To the extent that EPCH has entered into separate contracts with certain executives and former executives, agreeing to indemnify them in certain circumstances according to the particular terms and conditions set forth in those contracts, such contracts are listed on EPCH's Schedule G. The Debtor has not reached a determination as to whether the persons who are parties to these contracts are eligible for indemnification. Consequently, the Debtor has separately listed on Schedule G all contracts with such persons, but Debtor reserves all rights with respect thereto, including the right to assert that the individual is not entitled to indemnification and that the provisions do not constitute executory contracts.

Property Held for Others

The Debtor holds property, including medical supplies, for other people. The inventory of medical supplies so held on consignment for others has been excluded from the Debtor's responses to Question 14 of the Statement of Financial Affairs.

Payments

The financial affairs and business of the Debtor is complex. Prior to the Commencement Date, the Debtor maintained a cash management and disbursement system in the ordinary course of their businesses (the "Cash Management System"). Disbursements under the Cash Management System are controlled primarily by the Debtor's financial personnel.

Totals

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

SPECIFIC NOTES REGARDING SCHEDULE B

Schedule B-2 - Checking, savings, or other financial accounts, CDs, etc.

Bank Balances as of May 19, 2015.

Schedule B-3 – Security deposits with public utilities, telephone companies, landlords, and others

Bankruptcy professional retainers as of May 19, 2015.

Schedule B-28 - Office Equipment

Certain of the Debtor's office equipment, furnishings, and supplies are not capitalized based on its accounting policies and procedures. These assets are not listed herein.

Schedule B-29 - Business Equipment

Certain of the Debtor's machinery, fixtures, equipment, and supplies used in business are not capitalized based on its accounting policies and procedures. These assets are not listed herein.

SPECIFIC NOTES REGARDING SCHEDULE D

Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtor reserves their rights to dispute or challenge validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The descriptions provided in Schedule D are intended only as a summary. Reference to the applicable agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.

SPECIFIC NOTES REGARDING SCHEDULE E

Creditors Holding Unsecured Priority Claims

The listing of any claim on Schedule E does not constitute an admission by the Debtor that such claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtor reserves all of their rights to dispute the amount and/or the priority status of any claim on any basis at any time.

All claims listed on the Debtor's Schedule E are claims owing to various taxing authorities to which the Debtor may potentially be liable. However, certain of such claims may be subject to on-going audits and the Debtor is otherwise unable to determine with certainty the amount of many, if not all, of the remaining claims listed on Schedule E. Therefore, the Debtor has listed all such claims as unknown in amount, pending final resolution of on-going audits or other outstanding issues.

As noted in the Global Notes, the Bankruptcy Court entered a first day order granting authority to the Debtor to pay certain prepetition employee wage and other obligations in the ordinary course (the "Employee Wage Order"). Pursuant to the Employee Wage Order, the Debtor believes that, other than claims of certain former and current employees for vacation, personal and/or severance pay, any priority employee claims for prepetition amounts have been or will be satisfied, and such satisfied amounts are therefore not listed on Schedule E. Only non priority employee claims against the Debtor for prepetition amounts that have not been paid as of the time that the Schedules and Statements were prepared were included; such amounts, if any, are listed on Schedule F.

SPECIFIC NOTES REGARDING SCHEDULE F

The Debtor believes there may be up to \$1 million in credit balances and refunds owed to patients and payors – some of such credit balances may be old. A majority of the potential liability has not been reconciled. On a historical basis, the Debtor's reconciliation efforts have resulted in 40% of such requests to constitute valid refunds or offsets and 60% are corrected such that no refund or offset results. At this time, there is no way to determine if the historical trend will apply to the current credit balances. The Debtor is a party to approximately 220 payor contracts and has approximately 965 patients with potential refund requests. Given the time allotted and the volume of credit requests, it has not been possible for the Debtor to reconcile every credit balance and refund request. However, where the Debtor has been able to identify specific refunds or set offs that may be owed to a payor, they have so indicated in Schedules F-1 through F-5. With respect to patients, due to HIPPA regulations, the Debtor has not listed on Schedules F-3 and F-5 the identity of the private individuals. Rather, on Schedules F-3 and F-5, the Debtor has identified the individuals as Patient 1 through Patient 965 with amounts potentially owed to patients protected by HIPPA regulations. The Debtor anticipates establishing a mechanism for patients to check the specific amounts and nature of claims that may be owed to them.

Schedule – Intercompany

The respective intercompany accounts payable and accounts receivable are listed at the net amount due to/due from the affiliate as of April 30, 2015 on Schedule F for each Debtor.

Schedule - Trade Payables

Trade Payables listed on Schedule F contain the pre-petition liability information available to the Debtor as of the date of filing.

Creditors Holding Unsecured Nonpriority Claims

The Debtor has used their reasonable best efforts to list all general unsecured claims against the Debtor on Schedule F based upon the Debtor's existing books and records.

Schedule F does not include certain deferred credits, deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are general estimates of liabilities and do not represent specific claims as of the Commencement Date; however, such amounts are reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Commencement Date.

Schedule F does not include certain reserves for potential unliquidated contingencies that historically were carried on the Debtor's books as of the Commencement Date; such reserves were for potential liabilities only and do not represent actual liabilities as of the Commencement Date.

The claims listed in Schedule F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. Determining the date upon which each claim in Schedule F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor does not list a date for each claim listed on Schedule F.

Schedule F contains information regarding potential and pending litigation involving the Debtor. In certain instances, the Debtor that is the subject of the litigation is unclear or undetermined. To the extent that litigation involving a particular Debtor has been identified, however, such information is contained in the Schedule for that Debtor.

Schedule F reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of an executory contract or unexpired lease. In addition, Schedule F does not include rejection damage claims of the counterparties to the executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist.

Except in certain limited circumstances, the Debtor has not scheduled contingent and unliquidated liabilities related to guaranty obligations on Schedule F. Such guaranties are, instead, listed on Schedule H.

The claims of individual creditors for, among other things, goods, services, or taxes listed on the Debtor's books and records may not reflect credits or allowances due from such creditors. The Debtor reserves all of their rights in respect of such credits or allowances. The dollar amounts listed may be exclusive of contingent or unliquidated amounts.

Unless the Debtor was required to pay ancillary costs, such as freight, miscellaneous fees and taxes, such costs are not included in the liabilities scheduled, as such amounts do not represent actual liabilities of the Debtor.

SPECIFIC NOTES REGARDING SCHEDULE G

Executory Contracts

While the Debtor's existing books, records, and financial systems have been relied upon to identify and schedule executory contracts of the Debtor, and although commercially reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors, omissions, or over inclusions may have occurred. The Debtor does not make, and specifically disclaim, any representation or warranty as to the completeness or accuracy of the information set forth on Schedule G. The Debtor hereby reserves all of their rights to dispute the validity, status, or enforceability of any contract, agreement, or lease set forth in Schedule G and to amend or supplement Schedule G as necessary. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument or other document is listed thereon.

In some cases, the same supplier or provider appears multiple times in Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

In the ordinary course of business, the Debtor may have issued numerous purchase orders for supplies, product, and related items which, to the extent that such purchase orders constitute executory contracts, are not listed individually on Schedule G. To the extent that goods were delivered under purchase orders prior to the Commencement Date, vendors' claims with respect to such delivered goods are included on Schedule F.

As a general matter, certain of the Debtor's executory contracts and unexpired leases could be included in more than one category. In those instances, one category has been chosen to avoid duplication. Further, the designation of a category is not meant to be wholly inclusive or descriptive of the entirety of the rights or obligations represented by such contract.

Certain of the executory contracts and unexpired leases listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, right to lease additional space, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of their business, such as easements, rights of way, subordination, nondisturbance, and atonement agreements, supplemental agreements, amendments/letter agreements, title agreements, and confidentiality agreements. Such documents also are not set forth in Schedule G.

The Debtor hereby reserves all of their rights, claims, and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument related to a creditor's claim, to dispute the validity, status, or enforceability of any contract, agreement, or lease set forth in Schedule G, and to amend or supplement Schedule G as necessary. Inclusion of any agreement on Schedule G does not constitute an admission that such agreement is an executory contract or unexpired lease and the Debtor reserves all rights in that regard, including, without limitation, that any agreement is not executory, has expired pursuant to its terms, or was terminated prepetition.

In addition, certain of the agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financings. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The Debtor reserves all of their rights, claims, and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, or any document or instrument related to a creditor's claim.

In the ordinary course of business, the Debtor has entered into numerous contracts or agreements, both written and oral, regarding the provision of certain services on a month to month basis. To the extent such contracts or agreements constitute executory contracts, these contracts and agreements are not listed individually on Schedule G.

Certain of the executory contracts may not have been memorialized and could be subject to dispute; executory agreements that are oral in nature have not been included in Schedule G.

In the ordinary course of business, the Debtor may have entered into confidentiality agreements which, to the extent that such confidentiality agreements constitute executory contracts, are not listed individually on Schedule G.

The Debtor generally has not included on Schedule G any insurance policies, the premiums for which have been prepaid. The Debtor submits that prepaid insurance policies are not executory contracts pursuant to section 365 of the Bankruptcy Code because no further payment or other material performance is required by the Debtor. Nonetheless, the Debtor recognizes that in order to enjoy the benefits of continued coverage for certain claims under these policies, the Debtor may have to comply with certain non-monetary obligations, such as the provision of notice of claims and cooperation with insurers. In the event that the Bankruptcy Court were to ever determine that any such prepaid insurance policies are executory contracts, the Debtor reserves all of their rights to amend Schedule G to include such policies, as appropriate.

In addition, Schedule G does not include rejection damage claims of the counterparties to the executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist.

The Debtor is still in the process of collecting the addresses of all counterparties to such executory contracts and unexpired leases. These addresses will be compiled prior to sending notice of the bar date for the filing of proofs of claim in these chapter 11 cases.

SPECIFIC NOTES REGARDING SCHEDULE H

Co-Debtor

In the ordinary course of their business, the Debtor pays certain expenses on behalf of its affiliate. The Debtor may not have identified certain guarantees that are embedded in the Debtor's executory contracts, unexpired leases, secured financings, debt instruments, and other agreements. Further, certain of the guarantees reflected on Schedule H may have expired or may no longer be enforceable. Thus, the Debtor reserves their rights to amend Schedule H to the extent that additional guarantees are identified or such guarantees are discovered to have expired or become unenforceable.

In the ordinary course of their business, the Debtor may be involved in pending or threatened litigation and claims arising out of certain ordinary course of business transactions. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counter-claims against other parties. Because such claims are contingent, disputed, and/or unliquidated, such claims have not been set forth individually on Schedule H. However, some such claims may be listed elsewhere in the Schedules and Statements.

***** END OF GLOBAL NOTES *****

***** SCHEDULES AND STATEMENTS BEGIN ON THE FOLLOWING PAGE**

B6A (Official Form 6A) (12/07)

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
		-	0.00	0.00

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Patient Petty Cash Box	-	650.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		EPCH General Depository, Account No. XXXXXX9530 Wells Fargo Bank NA	-	4,683,575.15
		EPCH Operating Account, Account No. XXXXXX7709 Wells Fargo Bank NA	-	0.00
		EPCH Payroll Account, Account No. XXXXXX9656 Wells Fargo Bank	-	0.00
		EPCH Flex Benefits-EP First, Account No. XXXXXX1935 Wells Fargo Bank NA	-	0.00
		EPCH Health Ins.-EP First, Account No. XXXXXX5672 Wells Fargo Bank NA	-	0.00
		EPCH Main Cashier, Account No. XXXXXX3974 Wells Fargo Bank NA	-	0.00
		EPCH Self Pay Lockbox, Account No. XXXXXX3982 Wells Fargo Bank NA	-	0.00
		EPCH Insurance Lockbox, Account No. XXXXXX3990 Wells Fargo Bank NA	-	0.00
		El Paso Children's Hospital, Money Market Account No. XXXXXX5858 BBVA Compass Bank	-	258,035.60
		EL Paso Children's Hospital Corporation, Account No. XXXXXX6938 Texas Capital Bank	-	2,862,343.28
3. Security deposits with public utilities, telephone companies, landlords, and others.		Retainer AP Services, LLC2000 Town Center Suite 2400 Southfield, MI 48075	-	150,000.00
		Retainer Jackson Walker L.L.P. 901 Main St., Suite 6000 Dallas, TX 75202	-	400,000.00
			Sub-Total >	8,354,604.03
			(Total of this page)	

B6B (Official Form 6B) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
4. Household goods and furnishings, including audio, video, and computer equipment.			-	0.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.			-	0.00
6. Wearing apparel.			-	0.00
7. Furs and jewelry.			-	0.00
8. Firearms and sports, photographic, and other hobby equipment.			-	0.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.			-	0.00
10. Annuities. Itemize and name each issuer.			-	0.00
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)			-	0.00
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.			-	0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.			-	0.00
14. Interests in partnerships or joint ventures. Itemize.			-	0.00
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.			-	0.00
16. Accounts receivable.		Patient Receivables - Medicaid	-	8,342,469.63
		Patient Receivables - Other	-	1,769,191.19
			Sub-Total >	10,111,660.82
			(Total of this page)	

Sheet 1 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Patient Receivables - Charity Care	-	16,453.23
		Patient Receivables - Commercial	-	4,970,668.31
		Patient Receivables - Hmo	-	3,548,928.56
		Patient Receivables - Self Pay	-	2,627,172.77
		Patient Receivables - Medicare	-	61,536.86
		Other Grants Receivable	-	47,685.33
		Other Sales Receivable	-	95,790.14
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.			-	0.00
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.			-	0.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.			-	0.00
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.			-	0.00
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		TMHP - 2014 Medicaid Cost Report	-	Unknown
		Claim Against Navigant Healthcare Cymetrix Corporation	-	Unknown
		Claim Against El Paso First Health Plans, Inc.	-	Unknown
		Claim Against El Paso County Hospital District D/B/A University Medical Center of El Paso (UMC)	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.		Trademark - El Paso Children's Hospital - to the Bottom Left of the Stylized Design of a Heart with Sun Rays; Reg. No. 4,383,357; Registered 8/13/2013	-	Unknown
			Sub-Total >	11,368,235.20
				(Total of this page)

Sheet 2 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
23. Licenses, franchises, and other general intangibles. Give particulars.		Master Subaward Agreement - Children's Oncology Group (COG)	-	Unknown
		Hospital DSHS License	-	Unknown
		Texas Pharmacy License	-	Unknown
		ICAHO Accreditation	-	Unknown
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.			-	0.00
25. Automobiles, trucks, trailers, and other vehicles and accessories.			-	0.00
26. Boats, motors, and accessories.			-	0.00
27. Aircraft and accessories.			-	0.00
28. Office equipment, furnishings, and supplies.		Leasehold Improvements - Medallions Donor-Floor	-	47,750.00
		Leasehold Improvements - Medallion Tile	-	4,006.74
		Leasehold Improvements - Indoor playground - Enchanted Forest	-	313,333.33
		Leasehold Improvements - PP&E Clearing (Unclassified, Non-Depreciated)	-	2,589.31
29. Machinery, fixtures, equipment, and supplies used in business.		Hematology Analyzer	-	4,017.84
		Table Surgical Mizuhosi	-	84,738.08
		Artwork Children's Hospital	-	2,673.20
		Artwork Children's Hospital	-	795.53
		Artwork Children's Hospital	-	1,607.15
		Artwork Children's Hospital	-	3,535.72
		Artwork Children's Hospital	-	1,098.20
			Sub-Total >	466,145.10
				(Total of this page)

Sheet 3 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Artwork Children's Hospital	-	883.94
		Artwork Children's Hospital	-	910.69
		Artwork Children's Hospital	-	4,633.92
		Artwork Children's Hospital	-	7,087.50
		Artwork Children's Hospital	-	4,017.84
		Artwork Children's Hospital	-	401.78
		Artwork Children's Hospital	-	1,928.55
		Artwork Children's Hospital	-	2,785.70
		Artwork Children's Hospital	-	937.50
		Artwork Children's Hospital	-	10,028.55
		Artwork Children's Hospital	-	669.65
		Artwork Children's Hospital	-	6,535.69
		Artwork Children's Hospital	-	1,725.00
		Artwork Children's Hospital	-	10,186.60
		Artwork Children's Hospital	-	2,984.47
		Artwork Children's Hospital	-	428.57
		Artwork Children's Hospital	-	1,821.42
		Artwork Children's Hospital	-	1,071.43
		Artwork Children's Hospital	-	8,989.30
		Artwork Children's Hospital	-	7,596.43
		Artwork Children's Hospital	-	2,142.85
		Artwork Children's Hospital	-	2,700.00
		Artwork Ch Hosp Installation	-	7,352.53
		High Reso Anorectal Catheter	-	0.00

Sub-Total > **87,819.91**
(Total of this page)

Sheet 4 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Kensington Microsaver Laptop	-	55.34
		Meridian II Backpack-Fits Lapt	-	88.27
		4220 42U Rack With Doors and S	-	702.32
		Stand Mobile W/Basket	-	892.67
		CADD Ambulatory Infusion Pumps	-	5,237.99
		Artwork Children's Hospital	-	1,358.73
		Artwork Children's Hospital	-	4,600.00
		Bookshelves Family Resource Ct	-	8,520.00
		Server R710 Poweredge	-	17,580.03
		Exam Table Pediatric Compact	-	2,423.06
		Skylight Healthcare Systems	-	50,892.86
		Vapotherms 7 Each	-	23,926.57
		Oscillators3100b W Blender/Kit	-	42,033.04
		UMC East Twr Ice Maker /Disp	-	1,741.95
		Model 43 Sterile Drier	-	4,942.33
		Core Accessories Storage Cart	-	3,919.80
		Core Osc Saw	-	3,265.76
		Vein Viewing System	-	1,660.29
		Stryker Summex Neuro Drill W A	-	22,565.07
		Core Summex Power System	-	16,979.83
		Stirrups With Lift Assist	-	2,925.08
		Audiology Spkr\Noah Equipment	-	7,348.77
		Rimage 5400N Cd/Dvd Publisher	-	7,789.67
		Audiology Spkr\Noah Equipment	-	8,137.72

Sub-Total > **239,587.15**
(Total of this page)

Sheet 5 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Retractor Bookwalter (AB Tray)	-	611.28
		Endoscope Hysteroscope 2.7mm	-	5,385.68
		Gold Telescopes	-	0.00
		Cystoscopy Trays	-	0.00
		Spinal Instrument Trays	-	0.00
		IT Renovations Cubicle Furn	-	17,383.98
		Biodose Sw System	-	0.00
		Skytron Positioning Equipment	-	0.00
		Bisvista Bilateral Monitor Sys	-	1,537.46
		Camino Adv Monitro W/lpc Wform	-	16,487.17
		GI Diagnostics System	-	60,845.18
		Bookwalter Retractor -AB Tray	-	4,903.47
		Zimmer Skin Graft W/ Cutters	-	7,858.21
		Ohmeda 210SE Anesthesia Mach	-	4,330.72
		Audiology Equipment	-	16,249.71
		Vest Airway Clearance Sys 205	-	6,830.22
		GE32 Countertop Soak Station	-	2,558.50
		Ch Hosp Equip - Patients TV's	-	249.81
		Ch Hosp Equip - Patient TV's	-	249.81
		Infusion Pumps Pca Model 2110	-	995.94
		Artwork Children's Hospital	-	3,212.77
		Artwork Children's Hospital	-	129.58
		Artwork Children's Hospital	-	1,820.66
		Artwork Children's Hospital	-	602.83

Sub-Total > **152,242.98**
(Total of this page)

Sheet 6 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Artwork Children's Hospital	-	1,712.14
		Artwork Children's Hospital	-	2,833.92
		Artwork Children's Hospital	-	694.29
		Artwork Children's Hospital	-	642.87
		Artwork Children's Hospital	-	1,342.86
		Artwork Children's Hospital	-	685.70
		Artwork Children's Hospital	-	20,902.70
		Shelving IT Renovation	-	1,575.00
		Ch Hosp Equip - MRI Injector	-	9,932.42
		Otology Ear Tray	-	80.62
		Bipolar Set Tray	-	358.00
		Strabismus Tray	-	210.01
		Neuro Back Tray	-	213.97
		Yasargil Micro Scissors Bayo	-	110.38
		Gynecology Instrument Tray	-	132.54
		Neuro Tray	-	216.12
		D&C Tray	-	105.16
		Generator G11 W Accessories	-	8,785.40
		Force Triad Generator	-	752.29
		Hysteroscope	-	3,437.30
		GI/Bronchvideo Twr/ Endoscopes	-	171,642.53
		Cinemavision MRI Patient Video	-	18,291.65
		Bipolar System (Coagulator)	-	16,191.00
		Ortho Tourniquets	-	8,119.42

Sub-Total > **268,968.29**
(Total of this page)

Sheet 7 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		I.V. Stand Smart Stacks	-	798.52
		Mayfield Skull Retractor	-	6,755.64
		Ch Hosp Eq-Dell Laptops	-	0.00
		Neuro Basic Tray	-	324.47
		Budde Halo Retractor	-	8,119.32
		Intouch Critical Carebeds Zoom	-	25,651.10
		Audiometer/Typanometer Aud Dpt	-	10,813.07
		Scopes W 3 Trays	-	24.19
		Watchild/Navicure Licen	-	277.77
		3m Health Info Mgmt System	-	260.81
		Ch Hosp Equip - Muscle Stimula	-	9,941.92
		Ch Hosp Equip - End Tidal Mon	-	5,087.30
		Ch Hosp Equip - End Tidal Moni	-	5,087.30
		Ch Hosp Equip - End Tidal Moni	-	5,087.30
		Ch Hosp Equip - End Tidal Moni	-	5,087.30
		Ch Hosp Equip - End Tidal Moni	-	5,087.30
		Ch Hosp Equip - End Tidal Moni	-	5,087.30
		Ch Hosp Equip - End Tidal Moni	-	5,087.31
		Ch Hosp Equip - End Tidal Moni	-	5,087.31
		Ch Hosp Equip - Cataract Tray	-	5,100.70
		Ch Hosp Equip - Tray Strabismu	-	544.03
		Ch Hosp Equip - Tray Ontology	-	508.63
		Ch Hosp Equip - Medtronic Bend	-	211.16
		Ch Hosp Equip - Medtronic Bend	-	211.16

Sub-Total > **110,240.91**
(Total of this page)

Sheet 8 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Ch Hosp Equip - Retractor Sys	-	91.63
		Ch Hosp Equip - Tray Neuro Bac	-	67.08
		Ch Hosp Equip - Tray Gynecolog	-	24.16
		Ch Hosp Equip - Tray Pedi Gyn	-	8.41
		Ch Hosp Equip - Generator Forc	-	6,300.00
		Ch Hosp Equip - Microscope	-	8,448.29
		Ch Hosp Equip - Tray Byjohnson	-	51.60
		Ch Hosp Equip - Ultrasound	-	21,150.00
		Ch Hosp Equip - Ultrasound	-	21,150.00
		Ch Hosp Equip - Instruments Ro	-	166.00
		Ch Hosp Equip - Tray Osteotome	-	2,197.75
		Ch Hosp Equip - Pin Cutter	-	3,160.18
		Ch Hosp Equip - Tray Ortho Spi	-	551.56
		Ch Hosp Equip - Tray Bausch &	-	4.44
		Ch Hosp Equip - Retractor Sys	-	358.81
		Ch Hosp Equip - Tray Ortho Ear	-	31.48
		Ch Hosp Pedi Stirrups	-	3,666.34
		Ch Hosp Equip - Tray Neuro Bac	-	2.50
		Ch Hosp Equip - Cataract Tray	-	232.88
		Ch Hosp Equip - Tray Strabismu	-	29.71
		Ch Osteotome Instrument Tray	-	159.50
		Gynecology Instrument Tray	-	25.90
		Ch Orthopedic Tray	-	8,913.62
		Ch Sinus Endoscopy Tray	-	2,714.66

Sub-Total > **79,506.50**
(Total of this page)

Sheet 9 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Ch Stryker Stretcher Chair	-	4,368.43
		Ch Stryker Stretcher Chair	-	4,368.42
		Ch Strabismus Tray	-	75.50
		Neuro Max Face Support Drill	-	68,276.28
		Vents & Oscillators	-	5,544.22
		Vents & Oscillators	-	5,544.22
		Vents & Oscillators	-	3,334.68
		Vents & Oscillators	-	3,334.68
		Vents & Oscillators	-	3,334.68
		Vents & Oscillators	-	3,334.68
		Vents & Oscillators	-	3,334.68
		Vents & Oscillators	-	21,667.33
		Vents & Oscillators	-	21,667.33
		Vents & Oscillators	-	17,317.73
		Vents & Oscillators	-	17,317.72
		Vents & Oscillators	-	17,317.73
		Vents & Oscillators	-	17,317.72
		Vents & Oscillators	-	17,317.72
		Tray Rongeur Instruments	-	223.10
		Vapor Units and Accessories	-	1,866.65
		Vapotherm Units and Accessorie	-	510.59
		Vapor Units and Accessories	-	309.45
		Vapor Units and Accessories	-	3,304.79
		Vapor Units and Accessories	-	3,304.79

Sub-Total > **244,293.12**
(Total of this page)

Sheet 10 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Vapor Units and Accessories	-	3,304.79
		Vapor Units and Accessories	-	3,304.79
		Vapor Units and Accessories	-	3,304.80
		In Touch Critical Care Beds	-	7,388.58
		In Touch Critical Care Beds	-	7,388.58
		In Touch Critical Care Beds	-	7,388.58
		In Touch Critical Care Beds	-	7,388.58
		In Touch Critical Care Beds	-	7,388.58
		In Touch Critical Care Beds	-	7,388.59
		In Touch Critical Care Beds	-	7,388.59
		In Touch Critical Care Beds	-	7,388.59
		Eye Stretcher Unit	-	4,174.91
		Anesthesia Machine SW V4.30	-	43,559.15
		Ventilators Avea Carefusion	-	83,365.38
		IPV Machine (IPV-1C)	-	6,675.01
		Portable Tympanometer	-	7,431.51
		Artwork Creative Kids Canvas	-	2,674.90
		Artwork	-	4,325.16
		Waterless Milk Warmer Medela	-	4,357.48
		Forceps Castroviejo Corneo	-	195.07
		Monitors Anesthesia Carescape	-	7,314.15
		X-Ray System Nomad	-	7,050.17
		Urology Instruments	-	1,780.70
		Monitors Anesthesia Ohmeda Med	-	7,595.47

Sub-Total > **249,522.11**
(Total of this page)

Sheet 11 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Ch Hosp Equip - End Tidal Mon	-	10,773.10
		X-Ray System Nomad FP-0005	-	9,428.77
		Smith Medical PCA Pumps M2110	-	10,995.84
		Blanket System Blankentrol III	-	4,485.88
		Televisions 26" LCD	-	3,158.16
		Giraffe Omnibeds	-	55,388.45
		BV Pulsera C-Arm	-	84,821.43
		Ventilators Respironics V60	-	39,358.36
		Neutic Sampler Air #Nt5530	-	3,532.79
		Unicell DXH 800 Beckman Coulte	-	59,772.62
		Treadmill Gaitkeeper 1800t	-	3,272.00
		IV Infusion Pumps	-	26,199.98
		Nicview Camera	-	62,879.99
		ISTATS Analyzer	-	6,753.12
		Breathtracker	-	4,910.75
		Video Imaging Chair	-	4,815.75
		IV Poles	-	3,973.51
		Microscope Camera	-	2,810.73
		Litegait 100MX Large 27" Base	-	2,673.03
		Vectra Genisys Therapy System	-	3,442.39
		Slitlamp Microscope	-	2,598.73
		EEG/Brain Monitor Portable	-	25,866.91
		Glidescope AVL System	-	13,919.26
		Billisoft LED Phototherapy Syst	-	12,152.58

Sub-Total > **457,984.13**
(Total of this page)

Sheet 12 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Laser Indirect - Large Spot	-	7,377.79
		Macroduct Sweat Inducer - Wesc	-	3,293.34
		Blood Bank Refrigerator	-	4,376.27
		Slide Stainer Hermateck	-	5,199.70
		Perfusor Space - Braun	-	3,143.36
		Neonatal Bilirubinometer	-	7,295.57
		CADD Solis Pumps	-	12,778.32
		X-Series Monitor Defibrillator	-	20,357.09
		Urology Cystoscopy Trays	-	28,911.87
		Video Gastroscope	-	56,413.46
		Precision Flow Vapotherm	-	25,334.81
		ENVE Ventilator	-	16,963.53
		Freezer General Purpose	-	4,979.98
		Convento Office Furniture	-	6,610.10
		Bbraun IV Pumps	-	198,999.47
		IPV-2c	-	20,366.67
		Dash 400	-	9,942.70
		Rotem Hemostasis System	-	60,987.50
		Ferroguard Wall-Mounted	-	23,581.25
		FY13 Artwork	-	178,761.31
		OR Room Accesories	-	3,673.88
		Olympic Brainz Monitor (OBM)	-	20,463.75
		Medela Pump In Style Advanced	-	3,406.72
		Dose Edge	-	37,536.87

Sub-Total > **760,755.31**
(Total of this page)

Sheet 13 of 14 continuation sheets attached to the Schedule of Personal Property

In re El Paso Children's Hospital Corporation,

Case No. 15-30784

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON NE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Medela Waterless Milk Warmers	-	8,263.74
		Simulation Equipment	-	15,751.10
		Siemens Clinitek Advantus Anal	-	10,202.91
		Sweat-Chek Anlyzr for Cystic F	-	1,653.24
		PP&E Clearing (Unclassified, Non-Depreciated)	-	45,729.25
30. Inventory.		Material Management Inventory as of 4/30/2015	-	375,925.06
		Operating Room Implant Inventory as of 4/30/2015	-	95,024.41
		Carousel Inventory as of 4/30/2015	-	180,039.67
		Pharmacy Locations Inventory as of 4/30/2015	-	384,954.13
		Pyxis Units Inventory as of 4/30/2015	-	43,539.29
		Operating Room Tray Inventory as of 4/30/2015	-	459,393.78
		Forms Inventory as of 4/30/2015	-	29,497.45
31. Animals.			-	0.00
32. Crops - growing or harvested. Give particulars.			-	0.00
33. Farming equipment and implements.			-	0.00
34. Farm supplies, chemicals, and feed.			-	0.00
35. Other personal property of any kind not already listed. Itemize.		Prepaid Hospital Insurance	-	270,922.21
		Prepaid Workers Comp Insurance	-	4,415.44
		Prepaid Service Fees (Vermont Oxford, Truven Analytics, Health OS)	-	30,042.00
		Prepaid Other	-	199.85

Sub-Total > **1,955,553.53**
(Total of this page)
Total > **34,907,119.09**

Sheet 14 of 14 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **El Paso Children's Hospital Corporation**

Case No. **15-30784**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns).

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION,IF ANY
		H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			UCC-1					
AMERISOURCE BERGEN DRUG CORPORATION 1300 MORRIS DRIVE CHESTERBROOK, PA 19087			Personal property, accounts, inventory, chattel paper, commercial tort claims, deposit accounts, documents, equipment, general intangibles, goods, instruments, investment property, letter of credit rights, insurance on all of the foregoing and proceeds, money and other property of every kind and nature, cash proceeds, noncash proceeds and products of foregoing and proceeds of other proceeds	X	X	X		
			Value \$ Unknown				Unknown	Unknown
Account No.			UCC-1					
ASD SPECIALTY HEALTHCARE INC. 3101 GAYLORD PARKWAY FRISCO, TX 75034			Purchase money security interest in inventory, and lien upon all Personal property, accounts, inventory, chattel paper, commercial tort claims, deposit accounts, documents, equipment, general intangibles, goods, instruments, investment property, letter of credit rights, insurance on all of the foregoing and proceeds, money and other property of every kind and nature, cash proceeds, noncash proceeds and products of foregoing and proceeds of other proceeds	X	X	X		
			Value \$ Unknown				Unknown	Unknown
<u>1</u> continuation sheet attached			Subtotal				0.00	0.00
			(Total of this page)					

In re **El Paso Children's Hospital Corporation**

Case No. **15-30784**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION,IF ANY	
		H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No.			UCC-1						
CARDINAL HEALTH 7000 CARDINAL PLACE DUBLIN, OH 43017			Goods, equipment, inventory, accounts, accounts receivable, chattel paper, instruments, investment property, general intangibles, books and records, computer programs and records, prescription files, patient lists, signs, appliances, cash registers computers, computer software, shelving, check-out counters, compressors, freezers, coolers, display cases, customer records, sundries, tobacco products, prescription and other-the-counter pharmaceutical products, health and beauty aids, home healthcare products and general merchandise and supplies	X	X	X			
			Value \$ Unknown				Unknown	Unknown	
Account No.			UCC-1						
EL PASO COUNTY HOSPITAL DISTRICT dba UNIVERSITY MEDICAL CENTER OF EL PASO 4815 ALAMEDA AVE EL PASO, TX 79905			Goods, inventory, equipment, fixtures, instruments, documents, accounts, contract and contract rights, chattel paper, deposit accounts, money, cash and cash equivalents, letters-of-credit and letters-of-credit rights, commercial tort claims, securities accounts, security entitlements, securities, financial assets, investment property, general intangibles, farm products, books and records and information, supporting obligations and any and all cash and non-cash proceeds, products, accessions, and/or replacements of any of the foregoing.	X	X	X			
			Value \$ Unknown				Unknown	Unknown	
Sheet no. <u>1</u> of <u>1</u> sheet attached to Schedule of							Subtotal	0.00	0.00
Creditors Holding Secured Claims							(Total of this page)		
							Total	0.00	0.00
							(Report on Summary of Schedules)		

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re El Paso Children's Hospital Corporation, Debtor

Case No. 15-30784

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. INTERNAL REVENUE SERVICE OGDEN, UT 84201-0039			FEDERAL WITHHOLDING TAX			X X	0.00	Unknown
Account No. NEW MEXICO DEPART. WORKFORCE SOLUTIONS UNEMPLOYMENT INSURANCE TAX BUREAU P.O. BOX 2281 ALBUQUERQUE, NM 87103			UNEMPLOYMENT TAX			X X	0.00	Unknown
Account No. NEW MEXICO TAXATION AND REVENUE DEPART. P.O. BOX 630 SANTA FE, NM 87504-0630			STATE WITHHOLDING TAX			X X	0.00	Unknown
Account No. TEXAS COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 149354 AUSTIN, TX 78714-9354			FRANCHISE TAX			X X	0.00	Unknown
Account No. TEXAS WORKFORCE COMMISSION TEC BUILDING - BANKRUPTCY 101 EAST 15th STREET AUSTIN, TX 78778			UNEMPLOYMENT TAX			X X	0.00	Unknown

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

Total
(Report on Summary of Schedules)

0.00	Unknown
0.00	0.00
0.00	Unknown
0.00	0.00

B6F (Official Form 6F) (12/07)

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. ABBOTT LABS P.O. BOX 100997 ATLANTA, GA 30384			TRADE				5,243.98
Account No. ABBOTT NUTRITION 75 REMITTANCE DR., STE 1310 CHICAGO, IL 60675-1310			TRADE				5,050.64
Account No. ACCENT/CIGNA HEALTHCARE P.O. BOX 952336 ST LOUIS, MO 63195-2366			REFUND			X	8,577.92
Account No. ACCREDO HEALTH GROUP, INC. P.O. BOX 906027 CHARLOTTE, NC 28290-6027			TRADE				219,283.04
Subtotal (Total of this page)							238,155.58

40 continuation sheets attached

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. AESULAP, INC. P.O. BOX 536404 PITTSBURGH, PA 15253-5906			TRADE				568.61	
Account No. AETNA US HEALTHCARE P.O. BOX 14079 LEXINGTON, KY 40512			REFUND			X	15,853.47	
Account No. ALAMO SCIENTIFIC, INC. 7431 REINDEER TRAIL #2 SAN ANTONIO, TX 78238			TRADE				2,229.00	
Account No. ALLERGAN USA, INC. 12975 COLLECTIONS CENTER DR. CHICAGO, IL 60693-0129			TRADE				5,350.20	
Account No. AMERICAN IV PRODUCTS INC 7485 SHIPLEY AVE HARMANS, MD 21077			TRADE				423.19	
Sheet no. <u>1</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	24,424.47

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. AMERIGROUP 4425 CORPORATION LANE SUITE 100 VIRGINIA BEACH, VA 23462		-	REFUND			X	19.76	
Account No. ANDREW TEN EICK 5649 BUCKLEY EL PASO, TX 79912		-	EMP				18.37	
Account No. APPLIED MEDICAL P.O. BOX 0894854 LOS ANGELES, CA 90189-4854		-	TRADE				480.00	
Account No. APPLIED MEDICAL TECHNOLOGY 8006 KATHERINE BLVD. BRECKSVILLE, OH 44141		-	TRADE				1,782.77	
Account No. ARGON MEDICAL DEVICES P.O. BOX 677482 DALLAS, TX 75267-7482		-	TRADE				407.98	
Sheet no. <u>2</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,708.88

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. ARJOHUNTLEIGH, INC. P.O. BOX 644960 PITTSBURGH, PA 15264-4960			TRADE				983.40	
Account No. ARMSTRONG MED P.O. BOX 700 LINCOLNSHIRE, IL 60069			TRADE				120.00	
Account No. ARUP LABORATORIES INC P.O. BOX 27964 SALT LAKE CITY, UT 84127			TRADE				1,481.40	
Account No. ASD HEALTHCARE P.O. BOX 848104 DALLAS, TX 75284-8104			TRADE				533.95	
Account No. BACTERIN INTERNATIONAL, INC. DEPT CH 16872 PALATINE, IL 60055-6872			TRADE				460.00	
Sheet no. <u>3</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,578.75

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. BARBARA CAMP LAW 2101 DESERT GREENS DR. LAS CRUCES, NM 88011			TRADE				100.00	
Account No. BAUSCH & LOMB INCORPORATED ONE BAUSCH & LOMB PL. ROCHESTER, NY 14604			TRADE				1,062.66	
Account No. BAXTER HEALTHCARE CORP P.O. BOX 730531 DALLAS, TX 75373			TRADE				2,380.57	
Account No. BAYER HEALTHCARE P.O. BOX 360172 PITTSBURGH, PA 15251-6172			TRADE				1,022.38	
Account No. BCBS P.O. BOX 660044 REF: #1-4366747458 DALLAS, TX 75266			REFUND			X	12,640.47	
Sheet no. <u>4</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	17,206.08

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. BECKMAN COULTER, INC. DEPT CH 10164 PALATINE, IL 60055-0164			TRADE				417.44	
Account No. BIOMET MICROFIXATION 75 REMITTANCE DR. SUITE 3283 CHICAGO, IL 60675-3283			TRADE				15,661.00	
Account No. BLOOD CENTER OF WISCONSIN P.O. BOX 78961 MILWAUKEE, WI 53278-0961			TRADE				7,999.00	
Account No. BOSTON SCIENTIFIC MICROVASIVE DIVISION P.O. BOX 951653 DALLAS, TX 75395-1653			TRADE				320.76	
Account No. BOSTON SCIENTIFIC CORPORATION P.O. BOX 951653 DALLAS, TX 75395-1653			TRADE				1,705.32	
Sheet no. <u>5</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	26,103.52

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. BRASSELER MEDICAL/ KOMET MED ONE BRASSELER BLVD SAVANNAH, GA 31419			TRADE				14.52	
Account No. BRASSELER USA ONE BRASSLER BLVD SAVANNAH, GA 31419			TRADE				58.00	
Account No. BUNNELL INCORPORATED 436 SOUTH LAWNDALE DR. SALT LAKE CITY, UT 84115			TRADE				5,276.50	
Account No. C R BARD ACCESS INC P.O. BOX 75767 CHARLOTTE, NC 28275			TRADE				2,907.32	
Account No. C R BARD-PT CARE/RAD/PERIPH/VA P.O. BOX 75767 CHARLOTTE, NC 28275			TRADE				3,318.00	
Sheet no. <u>6</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	11,574.34

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. CARDINAL HEALTH 200, LLC P.O. BOX 730112 DALLAS, TX 75373			TRADE				2,016.28	
Account No. CARDINAL HLTH MED PROD & SVC P.O. BOX 730112 DALLAS, TX 75373-0112			TRADE				59,279.56	
Account No. CAREFUSION 211 88253 EXPEDITE WAY CHICAGO, IL 60695-0001			TRADE				1,482.45	
Account No. CAREFUSION 2200, INC. 25146 NETWORK PLACE CHICAGO, IL 60673-1250			TRADE				311.45	
Account No. CAREFUSION SOLUTIONS, LLC 25082 NETWORK PLACE CHICAGO, IL 60673-1250			TRADE				667.00	
Sheet no. <u>7</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	63,756.74

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. CENTURION MEDICAL PRODUCTS P.O. BOX 842816 BOSTON, MA 02281-2816			TRADE				8,410.57	
Account No. CHECKER YELLOW TAXI CAB OF EP 5800 DYER ST. EL PASO, TX 79904			TRADE				71.43	
Account No. CHILDREN'S HOSPITAL ASSOC. TX 823 CONGRESS AVE., SUITE 1500 AUSTIN, TX 78701-2405			TRADE				101,556.00	
Account No. CHILDREN'S MEDICAL CTR DALLAS 1935 MEDICAL DISTRICT DR. DALLAS, TX 75235			TRADE				1,800.00	
Account No. CINCINNATI CHILDREN'S HOSPITAL HEMATOLOGY/ONCOLOGY LABORATORY ATTN: JULIE BEACH CINCINNATI, OH 45229-3039			TRADE				602.00	
Sheet no. <u>8</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	112,440.00

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. COASTAL LIFE SYSTEMS, INC. 1803 GRANDSTAND DRIVE, #101 SAN ANTONIO, TX 78238		-	TRADE			190.40
Account No. COMMUNITY FIRST HEALTH P.O. BOX 853927 RICHARDSON, TX 75085		-	REFUND		X	425.97
Account No. CONFIDENTIAL DRUG TESTING 2727 WYOMING AVE., STE. D EL PASO, TX 79903		-	TRADE			50.00
Account No. COOK MEDICAL 22988 NETWORK PLACE CHICAGO, IL 60673-1229		-	TRADE			1,204.95
Account No. COOPER SURGICAL, INC. P.O. BOX 712280 CINCINNATI, OH 45271-2280		-	TRADE			195.18
Sheet no. <u>9</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	2,066.50

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. CORT FURNITURE RENTAL 1495 N. LEE TREVINO EL PASO, TX 79936			TRADE				1,246.34	
Account No. COVIDIEN/MALLINKRODT/ASPECT P.O. BOX 120823 DALLAS, TX 75312-0823			TRADE				7,884.91	
Account No. CYMETRIX CORPORATION DEPT LA 23774 PASADENA, CA 91185-3774			TRADE			X	2,887.71	
Account No. DAVIS ENTERPRISES P.O. BOX 20823 PHOENIX, AZ 85036			TRADE				364.87	
Account No. DE ROYAL INDUSTRIES MSC 30316 P.O. BOX 415000 NASHVILLE, TN 37241-0316			TRADE				336.53	
Sheet no. <u>10</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	12,720.36

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. DELIA SAENZ 190 W. REDD RD., APT. A6 EL PASO, TX 79932-1944		-	EMP				79.00	
Account No. DEPT OF HEALTH & HUMAN SERVICE P.O BOX 6021 ROCKVILLE, MD 20852		-	TRADE				73,404.00	
Account No. DISK O TAPE, INC. 23775 MERCANTILE RD CLEVELAND, OH 44122		-	TRADE				313.83	
Account No. DOMA TECHNOLOGIES 2875 SABRE STREET, SUITE 500 VIRGINIA BEACH, VA 23452-7328		-	TRADE				3,995.00	
Account No. DRUG ENFORCEMENT ADMIN. P.O. BOX 28083 WASHINGTON, DC, DC 20038-8083		-	TRADE				731.00	
Sheet no. <u>11</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	78,522.83

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. EL CONVENTO AT LORETTO 1400 HARDAWAY EL PASO, TX 79903			TRADE				1,741.96
Account No. EL PASO ELECTRIC COMPANY P.O. BOX 20982 EL PASO, TX 79960-0982			TRADE				128.08
Account No. EL PASO FIRST P.O. BOX 97110 EL PASO, TX 79997			REFUND			X	2,822.85
Account No. EL PASO KIDNEY SPECIALIST 1700 CURIE DR, STE. 4300 EL PASO, TX 79902			TRADE				2,200.00
Account No. ELITECHGROUP INC. 370 WEST 1700 SOUTH LOGAN, UT 84321-8212			TRADE				864.00
Subtotal (Total of this page)							7,756.89

Sheet no. 12 of 40 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. ELVIRA VALLES 1125 SUN SHADOW DR. EL PASO, TX 79912			EMP				15.00	
Account No. EPMN TRANS-CENTURY RESOURCES 8716 N. MOPAC AUSTIN, TX 78759			TRADE				3,888.00	
Account No. EVOQUA WATER TECHNOLOGIES P.O. BOX 360766 PITTSBURGH, PA 15251-6766			TRADE				383.09	
Account No. FARMER BROTHERS P.O. BOX 79705 CITY OF INDUSTRY, CA 91716-9705			TRADE				1,024.33	
Account No. FEDERAL EXPRESS P.O. BOX 94515 DEPT A PALATINE, IL 60094-4515			TRADE				391.24	
Sheet no. <u>13</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	5,701.66

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. FEDERAL REPUBLIC OF GERMANY OFFICE OF DEFENSE ADMIN. 11150 SUNRISE VALLEY DR. RESTON, VA 20191			TRADE				20,498.79	
Account No. FISHER & PAYKEL HEALTHCARE DEPT CH 16926 PALATINE, IL 60055-6926			TRADE				92.50	
Account No. FISHER HEALTHCARE P.O. BOX 404705 ATLANTA, GA 30384-4705			TRADE				9,262.07	
Account No. G & A LABEL, INC. 1601 WYOMING ST. EL PASO, TX 79902			TRADE				5,164.80	
Account No. GE MEDICAL SYSTEMS P.O. BOX 26084 SALT LAKE CITY, UT 84126			TRADE				124.80	
Sheet no. <u>14</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	35,142.96

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. GENEDX, INC. 207 PERRY PARKWAY GAITHERSBURG, MD 20877		-	TRADE				3,375.00	
Account No. GEORGE J. MARTIN, M.D. 1725 BROWN ST. EL PASO, TX 79902		-	TRADE				66,850.00	
Account No. GRAINGER DEPT. 850711748 P.O. BOX 419267 KANSAS CITY, MO 64141-6267		-	TRADE				2,437.20	
Account No. HALYARD SALES, LLC P.O. BOX 732583 DALLAS, TX 75373-2583		-	TRADE				364.00	
Account No. HANGER PROSTHETICS & ORTHOTICS 1302 N. STANTON ST. EL PASO, TX 79902		-	TRADE				167.70	
Sheet no. <u>15</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	73,193.90

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. HEALTH CARE LOGISTICS INC. P.O. BOX 400 CIRCLEVILLE, OH 43113-0400		TRADE				315.90
Account No. HEALTH CARE SERVICES CORP REFUND DEPT/CASH DISBURSEMENT P.O. BOX 731431 DALLAS, TX 75373-1431		REFUND			X	6,634.51
Account No. HEALTHMARK INDUSTRIES CO, INC. 3080 MOMENTUM PLACE CHICAGO, IL 60689-5330		TRADE				86.38
Account No. HIGHQ, INC. 60 EAST 42ND ST., SUITE 1810 NEW YORK, NY 10165		TRADE				11,633.00
Account No. HILL-ROM P.O. BOX 643592 PITTSBURGH, PA 15264-3592		TRADE				22,807.84
Sheet no. <u>16</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	41,477.63

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. IDEA REPS, LTD 1282 OLD SKOKIE RD HIGHLAND PARK, IL 60035			TRADE				3,220.19	
Account No. IHEARTMEDIA #110 ELP P.O BOX 847294 DALLAS, TX 75284			TRADE				600.00	
Account No. IMMUCOR P.O. BOX 102118 ATLANTA, GA 30368-2118			TRADE				2,593.49	
Account No. INFINITY MEDICAL EQUIPMENT 1313 SE MILITARY DR., STE. 106 SAN ANTONIO, TX 78214			TRADE				5,053.53	
Account No. INO THERAPEUTICS, LLC P.O. BOX 9001 53 FRONTAGE RD., 3RD FLOOR HAMPTON, NJ 08827-9001			TRADE				24,167.00	
Sheet no. <u>17</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	35,634.21

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. INTEGRA LIFESCIENCES SALES LLC P.O. BOX 404129 ATLANTA, GA 30384-4129			TRADE				28,084.40	
Account No. INTERAMERICAN INTERPRETING SVC 10164 RAIN CLOUD EL PASO, TX 79927			TRADE				1,967.50	
Account No. JESSICA VO 9353 VISCOUNT BLVD., APT.#2041 EL PASO, TX 79925			EMP				100.00	
Account No. JORGE G. SAINZ 5800 CORONADO RIDGE DR. EL PASO, TX 79912-4200			EMP				41.63	
Account No. KARL STORZ FILE 53514 LOS ANGELES, CA 90074			TRADE				6,219.55	
Sheet no. <u>18</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	36,413.08

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. KCI USA, INC. P.O. BOX 301557 DALLAS, TX 75303-1557			TRADE				591.23	
Account No. KFOX-TV 200 S. ALTO MESA EI PASO, TX 79912			TRADE				500.00	
Account No. KLS MARTIN L P P.O. BOX 204322 DALLAS, TX 75320-4322			TRADE				1,978.00	
Account No. LEGACY PRODUCTS, INC. 120 WEST MAIN ST. CAMBRIDGE CITY, IN 47327			TRADE				2,113.00	
Account No. LIZETH VILLAREAL 12212 DOS REYES EL PASO, TX 79936			EMP				23.50	
Sheet no. <u>19</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	5,205.73

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. LSU ORAL PATHOLOGY 1100 FLORIDA AVENUE BOX 131 NEW ORLEANS, LA 70119-2714		TRADE -				130.00
Account No. M & G EMBROIDERY 8701 WINCHESTER DR EL PASO, TX 79907		TRADE -				81.10
Account No. MAIL HANDLERS BENEFIT PLA P.O. BOX 8402 LONDON, KY 40742		REFUND -			X	4,376.62
Account No. MANEY & GORDON, P.A. 101 E. KENNEDY BLVD. SUITE 3170 TAMPA, FL 33602		TRADE -				500.00
Account No. MAQUET MEDICAL SYSTEMS USA 3615 SOLUTIONS CENTER CHICAGO, IL 60677-3006		TRADE -				1,045.37
Sheet no. <u>20</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	6,133.09

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. MARIAN MEDICAL INC 319 WESTPORT DRIVE LOUISVILLE, KY 40207			TRADE				823.36	
Account No. MASIMO 40 PARKER IRVINE, CA 92618			TRADE				260.75	
Account No. MCBAIN SYSTEMS 1650 VOYAGER AVE, STE B SIMI VALLEY, CA 93063-3392			TRADE				1,945.00	
Account No. MEAD JOHNSON NUTRITION P.O. BOX 55124 LOS ANGELES, CA 90074-5124			TRADE				266.52	
Account No. MEDASSETS, INC. P.O. BOX 405652 ATLANTA, GA 30384-5652			TRADE				774,612.93	
Sheet no. <u>21</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	777,908.56

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. MEDI-NUCLEAR, LLC 3365 MOMENTUM PLACE CHICAGO, IL 60689-5333		-	TRADE				362.00	
Account No. MEDICAL BILLING UNLIMITED, INC 5959 GATEWAY WEST, STE. 120 EL PASO, TX 79925		-	TRADE				7,503.30	
Account No. MEDICAL GRAPHICS CORPORATION NW 7110 P.O. BOX 1450 MINNEAPOLIS, MN 55485-7110		-	TRADE				100.94	
Account No. MEDIVATORS INC. N.W. 9841 P.O. BOX 1450 MINNEAPOLIS, MN 55485		-	TRADE				717.05	
Account No. MEDLINE INDUSTRIES, INC. DEPT. 1080 P.O. BOX 121080 DALLAS, TX 75312-1080		-	TRADE				7,955.84	
Sheet no. <u>22</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	16,639.13

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. MEGADYNE MEDICA P.O. BOX 1332 SANDY, UT 84091			TRADE				118.08	
Account No. MERRY X RAY CORPORATION 4444 VIEWRIDGE AVE STE A SAN DIEGO, CA 92123			TRADE				283.46	
Account No. MICROTEK MEDICAL FILE #4033P P.O. BOX 911633 DALLAS, TX 75391-1633			TRADE				1,161.99	
Account No. MOLINA NM MCAID HMO P.O. BOX 22801 LONG BEACH, CA 90801			REFUND			X	654.52	
Account No. MOLINA NM MCD P.O. BOX 27561 ALBUQUERQUE, NM 87190-9859			REFUND			X	434.36	
Sheet no. <u>23</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,652.41

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. MOORE WALLACE NORTH AMERICA P.O. BOX 730165 DEPT 4901 DALLAS, TX 75373-0165			TRADE				165.20	
Account No. MULTICARD, INC. 3370 N. SAN FERNANDO RD. SUITE 202 LOS ANGELES, CA 90065			TRADE				3,209.60	
Account No. MUSCULOSKELETAL TRANSPLANT P.O. BOX 415911 BOSTON, MA 02241			TRADE				1,045.00	
Account No. MVAP MEDICAL SUPPLY, INC. 1415 LAWRENCE DR., STE. A NEWBURY PARK, CA 91320			TRADE				124.30	
Account No. MVS INTERNATIONAL CORPORATION 5862 CROMO SUITE 151 EI PASO, TX 79912			TRADE				500.00	
Sheet no. <u>24</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	5,044.10

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. NESTLE USA, INC. P.O. BOX 841933 DALLAS, TX 75284-1933		TRADE				576.67
Account No. NM MEDICAID ACS P.O. BOX 2348 SANTA FE, NM 87504		REFUND			X	133.24
Account No. NOVA BIOMEDICAL CORP. P.O. BOX 983115 BOSTON, MA 02298-3115		TRADE				150.00
Account No. NUTRICIA NORTH AMERICA P.O. BOX 7247 PHILADELPHIA, PA 19170-7531		TRADE				198.50
Account No. OCCUPATIONAL HEALTH CENTERS SW P.O. BOX 9005 ADDISON, TX 75001-9005		TRADE				9,997.50
Sheet no. <u>25</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	11,055.91

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. OLIVIA BURROLA HERNANDEZ 11658 ANDRIENNE DR. EL PASO, TX 79936		EMP				31.84
Account No. OLYMPUS AMERICA INC DEPT. 0600 P.O. BOX 120600 DALLAS, TX 75312-0600		TRADE				530.00
Account No. OPTUM360 LLC P.O. BOX 88050 CHICAGO, IL 60680-1050		TRADE				458.33
Account No. PACIFIC INTERPRETERS, INC. 707 SW WASHINGTON, STE. 200 PORTLAND, OR 97205		TRADE				33.79
Account No. PASO DEL NORTE HIE 221 N. KANSAS ST., STE. 1900 EL PASO, TX 79901		TRADE				40,000.00
Sheet no. <u>26</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	41,053.96

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. PATHOLOGY PROFESSIONAL SERVICE 5959 GATEWAY WEST, STE. 120 EL PASO, TX 79925			TRADE				2,250.00	
Account No. PATTERSON DENTAL SUPPLY, INC. ALBUQUERQUE BRANCH 3820 COMMONS AVENUE NE ALBUQUERQUE, NM 87109-5831			TRADE				181.95	
Account No. PATTERSON MEDICAL SUPPLY, INC. 1000 REMINGTON BLVD., STE. 210 BOLINGBROOK, IL 60440			TRADE				1,719.91	
Account No. PERFUSION SERVICES OF EL PASO 6713 CRESTA BONITA DR. EL PASO, TX 79912			TRADE				500.00	
Account No. PHILIPS MEDICAL SYSTEMS P.O. BOX 100355 ATLANTA, GA 30384-0355			TRADE				524.74	
Sheet no. <u>27</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	5,176.60

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. PMIC 4727 WILSHIRE BOULEVARD LOS ANGELES, CA 90010			TRADE				137.43	
Account No. POSITIVE PROMOTIONS P.O. BOX 18021 HAUPPAUGE, NY 11788-8821			TRADE				367.44	
Account No. PRECHECK, INC P.O. BOX 840031 DALLAS, TX 75284-0031			TRADE				697.94	
Account No. PREFERRED ADMINISTRATORS P.O. BOX 690450 SAN ANTONIO, TX 78269			REFUND			X	425.00	
Account No. PRES SALUD NM MCD HMO P.O. BOX 92085 ALBUQUERQUE, NM 87199			REFUND			X	298.40	
Sheet no. <u>28</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,926.21

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. PRESBYTERIAN HEALTH PLAN ATTN: FINANCIAL RECOVERY P.O. BOX 27489 ALBUQUERQUE, NM 87125-7489	-	REFUND			X	3,881.65
Account No. PREVENTIONS GENETICS LLC 3700 DOWNWIND DRIVE MARSHFIELD, WI 54449	-	TRADE				2,240.00
Account No. PRO SELECT INSURANCE COMPANY P.O. BOX 55178 BOSTON, MA 02205-5178	-	TRADE				30.00
Account No. PROLACTA BIOSCIENCE, INC. 757 BALDWIN PARK BLVD. ATTN: ACCOUNTS RECEIVABLE CITY OF INDUSTRY, CA 91746	-	TRADE				49,406.25
Account No. PROMETHEUS LABORATORIES, INC. 9410 CARROLL PARK DR. SAN DIEGO, CA 92121	-	TRADE				1,300.00
Sheet no. <u>29</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	56,857.90

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. QUEST DIAGNOSTICS NICHOLS INST 12436 COLLECTION CENTER DR. CHICAGO, IL 60693-2436			TRADE				8,259.34	
Account No. REGENCY PRINTING INC. 2313 N. PIEDRAS ST. EL PASO, TX 79930			TRADE				44.00	
Account No. RENEE SIRMAY-DORA 6636 STAR OF INDIA EL PASO, TX 79924			EMP				34.95	
Account No. ROCKY SPRINGS WATER CO. 910 E. REDD RD. SUITE K #322 EL PASO, TX 79912			TRADE				2,713.00	
Account No. SECRETARY OF STATE OF TEXAS ACCOUNTS RECEIVABLE P.O. BOX 12887 AUSTIN, TX 78711-2887			TRADE				10.00	
Sheet no. <u>30</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	11,061.29

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. SMILE MAKERS P.O. BOX 2543 SPARTANBURG, SC 29304			TRADE				112.83	
Account No. SMITH NEPHEW ENDOSCOPY P.O. BOX 60333 CHARLOTTE, NC 28260-0333			TRADE				2,733.80	
Account No. SMITHS MEDICAL/SIMS PORTEX P.O. BOX 7247-7784 PHILADELPHIA, PA 19170-7784			TRADE				642.31	
Account No. SPECTRUM PAPER CO., INC. 27 CONCORD ST. EL PASO, TX 79906			TRADE				190.50	
Account No. SSWLHC TEXAS CHAPTER ATTN: KATHY GIOVAS 3800 N. MESA ST., STE A2, #124 EL PASO, TX 79902			TRADE				25.00	
Sheet no. <u>31</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,704.44

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. STAPLES ADVANTAGE DEPT DAL P.O. BOX 83689 CHICAGO, IL 60696-3689			TRADE				12,505.60	
Account No. STATE OF NM BOARD OF NURSING 6301 INDIAN SCHOOL NE SUITE 710 ALBUQUERQUE, NM 87110			TRADE				50.00	
Account No. STATE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242			TRADE				3,000.00	
Account No. STATPACKS 3884 SOUTH RIVER RD, BLDG. B ST. GEORGE, UT 84790			TRADE				206.17	
Account No. STEPHANIE ALVAREZ 1480 PLAZA VERDE DR. EL PASO, TX 79912			EMP				250.00	
Sheet no. <u>32</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	16,011.77

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. STERIS P.O. BOX 676548 DALLAS, TX 75267-6548		TRADE				1,155.36	
Account No. STRYKER CRANIOMAXILLOFACIAL 21343 NETWORK PLACE CHICAGO, IL 60673		TRADE				1,111.40	
Account No. STRYKER ENDOSCOPY P.O. BOX 93276 CHICAGO, IL 60673-3276		TRADE				311.20	
Account No. STRYKER INSTRUMENTS P.O. BOX 93308 CHICAGO, IL 60673		TRADE				668.13	
Account No. STRYKER ORTHOPAEDICS P.O. BOX 93213 CHICAGO, IL 60673		TRADE				2,473.90	
Sheet no. <u>33</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	5,719.99

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. SUN CITY RECORDS MANAGEMENT 9230 BILLY THE KID EL PASO, TX 79907			TRADE				3,295.41	
Account No. SUNDANCE ENTERPRISES INC. 79 PRIMROSE ST. WHITE PLAINS, NY 10606			TRADE				2,123.82	
Account No. SUPERIOR HEALTH P.O. BOX 3000 FARMINGTON, MO 63640			REFUND			X	16,278.09	
Account No. SUSAN HASS HATCH CRIME VICTIMS PROGRAM 105 E. CLOUD SONG SANTA TERESA, NM 88008			TRADE				330.00	
Account No. SUTURE EXPRESS P.O. BOX 842806 KANSAS CITY, MO 64184-2806			TRADE				14,369.91	
Sheet no. <u>34</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	36,397.23

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. SYNTHESE P.O. BOX 8538-662 PHILADELPHIA, PA 19171-0662			TRADE				1,254.24	
Account No. SYSMEX AMERICA 39923 TREASURY CENTER CHICAGO, IL 60694-9900			TRADE				2,007.22	
Account No. TATUM P.O. BOX 847872 DALLAS, TX 75284-7872			TRADE				19,000.00	
Account No. TAYLOR JONES MANKIN 320 RIDGEMONT DR EI PASO, TX 79912			TRADE				70.20	
Account No. TELEFLEX/ARROW Medical P.O. BOX 601608 CHARLOTTE, NC 28260-1608			TRADE				15.62	
Sheet no. <u>35</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	22,347.28

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. TELEMUNDO EL PASO 10033 CARNEGIE EI PASO, TX 79925			TRADE				512.00	
Account No. TERUMO MEDICAL CORPORATION P.O. BOX 841733 DALLAS, TX 75284-1733			TRADE				660.00	
Account No. TEXAS MEDICAL LIABILITY TRUST P.O. BOX 847512 DALLAS, TX 75284-7512			TRADE				5,747.55	
Account No. TEXAS TECH UNIVERSITY 4800 ALBERTA EL PASO, TX 79905			TRADE				9,852,137.35	
Account No. THE ANSPACH EFFORT, INC. P.O. BOX 32639 PALM BEACH GARDENS, FL 33420-2639			TRADE				1,090.00	
Sheet no. <u>36</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	9,860,146.90

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. TMHP FINANCIAL DEPARTMENT 12357-B RIATA TRACE PKWY SUITE 100 AUSTIN, TX 78727		-	REFUND			X	25,303.76
Account No. TOTAL RENAL CARE INC. P.O. BOX 403008 ATLANTA, GA 30384-4517		-	TRADE				853.24
Account No. TRI-ANIM HEALTH SERVICES 25197 NETWORK PLACE CHICAGO, IL 60673-1251		-	TRADE				3,789.95
Account No. TRICARE WESTERN P.O. BOX 77030 MADISON, WI 53707		-	REFUND			X	390.71
Account No. TRIWEST P.O. BOX 77028 MADISON, WI 53707		-	REFUND			X	246.50
Subtotal (Total of this page)							30,584.16

Sheet no. 37 of 40 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. TRUVEN HEALTH ANALYTICS, INC. 39353 TREASURY CENTER CHICAGO, IL 60694-9300		-	TRADE			3,875.00
Account No. UHC OPTIONS PPO ATTN: RECOVERY SERVICES P.O. BOX 740804 ATLANTA, GA 30374-0804		-	REFUND		X	365.60
Account No. UHC SAN ANTONIO SERVICE CTR. P.O. BOX 740809 ATLANTA, GA 30374-0809		-	REFUND		X	55.81
Account No. UHS SURGICAL DEVICES 10939 PENDLETON ST. SUN VALLEY, CA 91352		-	TRADE			520.00
Account No. UMC FOUNDATION OF EL PASO 1400 HARDAWAY, STE. 220 EL PASO, TX 79903		-	TRADE			1,419.06
Sheet no. <u>38</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	6,235.47

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. UMC OF EL PASO 4815 ALAMEDA AVE. EL PASO, TX 79905		-	TRADE				88,763.00	
Account No. UNITED HEALTHCARE P.O. BOX 740800 ATLANTA, GA 30374-0800		-	REFUND			X	1,572.43	
Account No. UNIVERSITY OF WASHINGTON MEDICAL CENTER P.O. BOX 24366 SEATTLE, WA 98124		-	TRADE				2,802.20	
Account No. US ENDOSCOPY C/O STERIS CORPORATION P.O. BOX 676548 DALLAS, TX 75267-6548		-	TRADE				420.00	
Account No. UTAH MED PRODU 7043 SOUTH 300 WEST MIDVALE, UT 84047		-	TRADE				905.05	
Sheet no. <u>39</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	94,462.68

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-1 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. UW MEDICINE - UW PHYSICIANS P.O. BOX 50095 SEATTLE, WA 98145-5095			TRADE				240.00	
Account No. VAPOTHERM, INC. 22 INDUSTRIAL DRIVE EXETER, NH 03833			TRADE				3,864.89	
Account No. WPS CUSTOMER SERVICE P.O. BOX 77029 MADISON, WI 53707-7029			REFUND			X	236.71	
Account No. ZEROWET INC P.O. BOX 4375 PALOS VERDES PENIN, CA 90274			TRADE				2.24	
Account No. ZOLL MEDICAL CORP. GPO P.O. BOX 27028 NEW YORK, NY 10087-7028			TRADE				386.90	
Sheet no. <u>40</u> of <u>40</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	4,730.74
							Total (Report on Summary of Schedules)	11,849,633.93

B6F (Official Form 6F) (12/07)

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	Husband, Wife, Joint, or Community		CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
	C O D E B T O R	H W J C				
Account No. 898-PRAXAIR DISTRIBUTION, INC 39 OLD RIDGEBURY RD. DANBURY, CT 06810	-	TRADE			X	9,590.00
Account No. AABB ATTN: ACCOUNTING MEMBERSHIP 8101 GLENBROOK RD. BETHESDA, MD 20814	-	TRADE			X	246.00
Account No. ABBOTT LABS P.O. BOX 100997 ATLANTA, GA 30384	-	TRADE			X	73,052.50
Account No. ABBOTT NUTRITION 75 REMITTANCE DR., STE 1310 CHICAGO, IL 60675-1310	-	TRADE			X	12,204.16
Subtotal (Total of this page)						95,092.66

28 continuation sheets attached

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. ACCLARENT, INC. DEPT. CH 17955 PALATINE, IL 60055-7955		TRADE			X	695.00
Account No. AESFULAP, INC. P.O. BOX 536404 PITTSBURGH, PA 15253-5906		TRADE			X	2,133.49
Account No. AESYNT INC. P.O. BOX 200357 PITTSBURGH, PA 15251-0357		TRADE			X	5,885.50
Account No. AJ'S UNIFORMS 900 N. MESA EL PASO, TX 79902		TRADE			X	2,242.90
Account No. ALARIS MEDICAL SYSTEMS 3698 COLLECTIONS CENTER CHICAGO, IL 60693		TRADE			X	848.00
Sheet no. <u>1</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	11,804.89

In re El Paso Children's Hospital Corporation Case No. 15-30784
Debtor

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. ALIMED INC P.O. BOX 9135 DEDHAM, MA 02027-9135		TRADE			X	153.24
Account No. AMERISOURCE BERGEN DRUG CORP. P.O. BOX 100741 PASADENA, CA 91189-0741		TRADE			X	9,942.13
Account No. ANGIODYNAMICS, INC. P.O. BOX 1549 ALBANY, NY 12201-1549		TRADE			X	1,684.00
Account No. APPLIED MEDICAL P.O. BOX 0894854 LOS ANGELES, CA 90189-4854		TRADE			X	960.00
Account No. APPLIED MEDICAL TECHNOLOGY 8006 KATHERINE BLVD. BRECKSVILLE, OH 44141		TRADE			X	824.00
Sheet no. <u>2</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	13,563.37

In re El Paso Children's Hospital Corporation Case No. 15-30784
Debtor

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. ARGON MEDICAL DEVICES P.O. BOX 677482 DALLAS, TX 75267-7482		TRADE			X	185.00
Account No. ARIBEX, INC. 744 SOUTH 400 EAST OREM, UT 84097		TRADE			X	0.01
Account No. ARNA 2201 COOPERATIVE WAY, STE. 600 HERNDON, VA 20171		TRADE			X	240.00
Account No. ARTHREX P.O. BOX 403511 ATLANTA, GA 30384-3511		TRADE			X	3,092.00
Account No. ASD HEALTHCARE P.O. BOX 848104 DALLAS, TX 75284-8104		TRADE			X	650.00
Sheet no. <u>3</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	4,167.01

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. AXOGEN CORPORATION 13631 PROGRESS BLVD. STE. 400 ALACHUA, FL 32615		-	TRADE		X	9,200.00
Account No. BACTERIN INTERNATIONAL, INC. DEPT CH 16872 PALATINE, IL 60055-6872		-	TRADE		X	760.00
Account No. BARNES AND NOBLE ATTN: PAT BERRY P.O. BOX 930455 ATLANTA, GA 31193-0455		-	TRADE		X	264.02
Account No. BAUSCH AND LOMB SURGICAL 4395 COLLECTIONS CRT DR CHICAGO, IL 60693		-	TRADE		X	88.80
Account No. BAXTER HEALTHCARE CORP P.O. BOX 730531 DALLAS, TX 75373		-	TRADE		X	10,957.58
Sheet no. <u>4</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	21,270.40

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. BAYER HEALTHCARE P.O. BOX 360172 PITTSBURGH, PA 15251-6172						X	375.00
Account No. BECKMAN COULTER, INC. DEPT CH 10164 PALATINE, IL 60055-0164						X	22,451.50
Account No. BELIMED, INC. P.O. BOX 602447 CHARLOTTE, NC 28260-2447						X	3.21
Account No. BIOMET ORTHOPEDICS, LLC 56 E. BELL P.O. BOX 587 WARSAW, IN 46581						X	1,496.00
Account No. BONANZA IN MARKETING 432 FREDERICK ROAD EL PASO, TX 79905						X	2,313.36
Subtotal (Total of this page)							26,639.07

Sheet no. 5 of 28 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. BOSTON SCIENTIFIC-MEDITECH DI P.O. BOX 951653 DALLAS, TX 75395-1653						X	377.00
Account No. BRASSELER MEDICAL/ KOMET MED ONE BRASSELER BLVD SAVANNAH, GA 31419						X	145.20
Account No. BUNNELL INCORPORATED 436 SOUTH LAWNDALE DR. SALT LAKE CITY, UT 84115						X	35,724.00
Account No. C R BARD ACCESS INC P.O. BOX 75767 CHARLOTTE, NC 28275						X	1,107.92
Account No. C R BARD-PT CARE/RAD/PERIPH/V P.O. BOX 75767 CHARLOTTE, NC 28275						X	100.00
Subtotal (Total of this page)							37,454.12

Sheet no. 6 of 28 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. CARDINAL HLTH MED PROD & SVC P.O. BOX 730112 DALLAS, TX 75373-0112	-	TRADE			X	246,514.59
Account No. CAREFUSION 211 88253 EXPEDITE WAY CHICAGO, IL 60695-0001	-	TRADE			X	2,108.12
Account No. CAREFUSION 2200, INC. 25146 NETWORK PLACE CHICAGO, IL 60673-1250	-	TRADE			X	13,008.34
Account No. CAREFUSION SOLUTIONS, LLC 25082 NETWORK PLACE CHICAGO, IL 60673-1250	-	TRADE			X	10,481.00
Account No. CDW HEALTHCARE 75 REMITTANCE DRIVE STE 1515 CHICAGO, IL 60675	-	TRADE			X	778.11
Sheet no. <u>7</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	272,890.16

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. CENTURION MEDICAL PRODUCTS P.O. BOX 842816 BOSTON, MA 02281-2816		TRADE			X	3,477.01
Account No. CERNER CORPORATION P.O. BOX 412702 KANSAS CITY, MO 64141-2702		TRADE			X	45,324.00
Account No. COMMERCIAL PRINT & LABEL, INC P.O. BOX 971401 EL PASO, TX 79997-1401		TRADE			X	804.88
Account No. CONMED CORP CHURCH STREET STATION P.O. BOX 6814 NEW YORK, NY 10249		TRADE			X	281.38
Account No. COOK MEDICAL 22988 NETWORK PLACE CHICAGO, IL 60673-1229		TRADE			X	9,041.80
Sheet no. <u>8</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	58,929.07

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. COVIDIEN/MALLINKRODT/ASPECT P.O. BOX 120823 DALLAS, TX 75312-0823			TRADE			X	0.01
Account No. CUSTOM ORTHOTICS & PROSTHETIC 3901 MONTANA AVE., STE. C EL PASO, TX 79903			TRADE			X	10,797.62
Account No. DAVIS ENTERPRISES P.O. BOX 20823 PHOENIX, AZ 85036			TRADE			X	310.95
Account No. DE ROYAL INDUSTRIES MSC 30316 P.O. BOX 415000 NASHVILLE, TN 37241-0316			TRADE			X	77.63
Account No. DECISION TREE INC. 306 THUNDERBIRD DR. EL PASO, TX 79912			TRADE			X	524.00
Sheet no. <u>9</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	11,710.21

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. DEL SOL MEDICAL CENTER 10301 GATEWAY WEST EL PASO, TX 79925			TRADE			X	555.94
Account No. DEPUY MITEK J&J HCS 5972 COLLECTIONS CENTER DR. CHICAGO, IL 60693		-	TRADE			X	630.00
Account No. DRAEGER MEDICAL, INC. P.O. BOX 347482 PITTSBURG, PA 15251-4480		-	TRADE			X	810.11
Account No. ELITECHGROUP INC. 370 WEST 1700 SOUTH LOGAN, UT 84321-8212		-	TRADE			X	372.30
Account No. ENV SERVICES, INC. P.O. BOX 510862 PHILADELPHIA, PA 19175-0862		-	TRADE			X	4,465.00
Sheet no. <u>10</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	6,833.35

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. FAGRON INC. NW 6213 P.O. BOX 1450 MINNEAPOLIS, MN 55485-6213	-		TRADE			X	136.02
Account No. FARMER BROTHERS P.O. BOX 79705 CITY OF INDUSTRY, CA 91716-9705	-		TRADE			X	262.17
Account No. FAST SIGNS 1201 AIRWAY SUITE D 3 EL PASO, TX 79925	-		TRADE			X	55.75
Account No. FELIX STORCH, INC. 770 GARRISON AVE. BRONX, NY 10474	-		TRADE			X	193.00
Account No. FISHER HEALTHCARE P.O. BOX 404705 ATLANTA, GA 30384-4705	-		TRADE			X	798.47
Sheet no. <u>11</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,445.41

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		D I S P U T E D	A M O U N T O F C L A I M	
		H W J C	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.			
Account No. FUN EXPRESS P.O. BOX 14463 DES MOINES, IA 50306			TRADE		X	85.73
Account No. G & A LABEL, INC. 1601 WYOMING ST. EL PASO, TX 79902			TRADE		X	1,651.28
Account No. GE MEDICAL SYSTEMS P.O. BOX 26084 SALT LAKE CITY, UT 84126			TRADE		X	216.00
Account No. GIVEN IMAGING P.O. BOX 932928 ATLANTA, GA 31193-2928			TRADE		X	400.00
Account No. GUERBET LLC DEPT. 30655 P.O. BOX 790126 ST. LOUIS, MO 63179-0126			TRADE		X	564.00
Sheet no. <u>12</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	2,917.01

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. GULF COAST PHARMACEUTICAL PLU P.O. BOX 6704 GREENVILLE, SC 29606	-	TRADE			X	15,604.73
Account No. HALYARD SALES, LLC P.O. BOX 732583 DALLAS, TX 75373-2583	-	TRADE			X	5,587.19
Account No. HEALTH CARE LOGISTICS INC. P.O. BOX 400 CIRCLEVILLE, OH 43113-0400	-	TRADE			X	96.27
Account No. HEALTHCARE COMPLIANCE ASSOC. 6500 BARRIE RD. MINNEAPOLIS, MA 55435	-	TRADE			X	447.01
Account No. HEALTHMARK INDUSTRIES CO, INC 3080 MOMENTUM PLACE CHICAGO, IL 60689-5330	-	TRADE			X	59.25
Sheet no. <u>13</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	21,794.45

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		D I S P U T E D	A M O U N T O F C L A I M
		H W J C	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.		
Account No. HELMER, INC. P.O. BOX 1937, DEPT. 30 INDIANAPOLIS, IN 46206	-			X	2,772.08
Account No. IDEA REPS, LTD 1282 OLD SKOKIE RD HIGHLAND PARK, IL 60035	-			X	2,925.00
Account No. IMMUCOR P.O. BOX 102118 ATLANTA, GA 30368-2118	-			X	3,099.56
Account No. INX PRESIDIO NETWORKED SOLUTI P.O. BOX 677638 DALLAS, TX 75267-7638	-			X	2,364.57
Account No. IRIDEX CORPORATION 1212 TERRA BELLA AVE. MOUNTAIN VIEW, CA 94043	-			X	225.00
Subtotal (Total of this page)					11,386.21

Sheet no. 14 of 28 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. JOHNSON & JOHNSON/ETHICON 5972 COLLECTIONS CENTER CHICAGO, IL 60693		TRADE -			X	33,339.66
Account No. KIMBERLY-CLARK, INC. P.O. Box 9615003 DALLAS, TX 75391-5003		TRADE -			X	813.60
Account No. KLS MARTIN L P P.O. BOX 204322 DALLAS, TX 75320-4322		TRADE -			X	17,472.00
Account No. KMART CORP 6375 MONTANA BLVD EL PASO, TX 79925		TRADE -			X	32.00
Account No. LEXISNEXIS 16578 COLLECTIONS CENTER DR. CHICAGO, IL 60693		TRADE -			X	106.71
Sheet no. <u>15</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	51,763.97

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. MARCH OF DIMES P.O. BOX 932852 ATLANTA, GA 31193-2852	-		TRADE			X	54.00	
Account No. MARIAN MEDICAL INC 319 WESTPORT DRIVE LOUISVILLE, KY 40207	-		TRADE			X	1,064.00	
Account No. MASIMO 40 PARKER IRVINE, CA 92618	-		TRADE			X	2,529.20	
Account No. MCKESSON PLASMA & BIOLOGICS 16578 COLLECTIONS CENTER DR. CHICAGO, IL 60693	-		TRADE			X	13.21	
Account No. MCKESSON SPECIALTY ARIZONA,IN 13796 COLLECTIONS CENTER DR CHICAGO, IL 60693	-		TRADE			X	682.45	
Sheet no. <u>16</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	4,342.86

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. MEAD JOHNSON NUTRITION P.O. BOX 55124 LOS ANGELES, CA 90074-5124			TRADE			X	325.95
Account No. MEDELA INC. 1101 CORPORATE DR. MCHENRY, IL 60050			TRADE			X	1,855.72
Account No. MEDICAL DEVICE TECHNOLOGIES P.O. BOX 677482 DALLAS, TX 75267			TRADE			X	350.00
Account No. MEDIVATORS INC. N.W. 9841 P.O. BOX 1450 MINNEAPOLIS, MN 55485			TRADE			X	27.90
Account No. MEDLINE INDUSTRIES, INC. DEPT. 1080 P.O. BOX 121080 DALLAS, TX 75312-1080			TRADE			X	3,249.31
Sheet no. <u>17</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	5,808.88

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. MEDRAD INC P.O. BOX 360172 PITTSBURGH, PA 15251-6172	-	TRADE			X	673.50
Account No. MEDVANTAGE, INC. 230 WEST PASSAIC ST. MAYWOOD, NJ 07607	-	TRADE			X	0.10
Account No. MILLENNIUM SURGICAL CORP. 822 MONTGOMERY AVE., STE. 205 NARBERTH, PA 19072	-	TRADE			X	1.00
Account No. MOBILE INSTRUMENT SERVICE 333 WATER AVENUE BELLEFONTAINE, OH 43311-1777	-	TRADE			X	1,382.69
Account No. MOORE WALLACE NORTH AMERICA P.O. BOX 730165 DEPT 4901 DALLAS, TX 75373-0165	-	TRADE			X	713.74
Sheet no. <u>18</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	2,771.03

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. MOTHER'S MILK BANK AT AUSTIN 2911 MEDICAL ARTS ST., #12 AUSTIN, TX 78705			TRADE			X	1,927.50
Account No. MVAP MEDICAL SUPPLY, INC. 1415 LAWRENCE DR., STE. A NEWBURY PARK, CA 91320			TRADE			X	79.00
Account No. NATIONAL HOSPITAL PACKAGING 710 STIMSON CITY OF INDUSTRY, CA 91745			TRADE			X	172.48
Account No. NATUS MEDICAL INCORPORATED DEPT. 33768 P.O. BOX 39000 SAN FRANCISCO, CA 94139			TRADE			X	1,154.00
Account No. NESTLE USA, INC. P.O. BOX 841933 DALLAS, TX 75284-1933			TRADE			X	194.92
Sheet no. <u>19</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,527.90

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. NOVA BIOMEDICAL CORP. P.O. BOX 983115 BOSTON, MA 02298-3115	-		TRADE			X	60,078.50
Account No. O'DONNELL BATTERIES 71 S.E SUNRISE DR SHELTON, WA 98584	-		TRADE			X	0.30
Account No. OLYMPUS AMERICA INC DEPT. 0600 P.O. BOX 120600 DALLAS, TX 75312-0600	-		TRADE			X	4,535.39
Account No. OSTEOMED CORP - ADDISON 2241 COLLECTION CENTER DR CHICAGO, IL 60693	-		TRADE			X	810.00
Account No. PATTERSON DENTAL SUPPLY, INC. ALBUQUERQUE BRANCH 3820 COMMONS AVENUE NE ALBUQUERQUE, NM 87109-5831	-		TRADE			X	65.85
Subtotal (Total of this page)							65,490.04

Sheet no. 20 of 28 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. PERFUSION SERVICES OF EL PASO 6713 CRESTA BONITA DR. EL PASO, TX 79912	-	TRADE			X	505.00
Account No. PHILIPS MEDICAL SYSTEMS P.O. BOX 100355 ATLANTA, GA 30384-0355	-	TRADE			X	103.00
Account No. POSITIVE PROMOTIONS P.O. BOX 18021 HAUPPAUGE, NY 11788-8821	-	TRADE			X	23.62
Account No. PRECISION DYNAMICS CORPORATIO P.O. BOX 71549 CHICAGO, IL 60694-1995	-	TRADE			X	252.68
Account No. PROLACTA BIOSCIENCE, INC. ATTN: ACCOUNTS RECEIVABLE 757 BALDWIN PARK BLVD. CITY OF INDUSTRY, CA 91746	-	TRADE			X	40,656.25
Sheet no. <u>21</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	41,540.55

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PROVIDENCE MEMORIAL HOSPITAL ATTEN: DEBBIE OWEN ACCOUNTING DEPARTMENT 2001 N OREGON ST. EL PASO, TX 79902	-		TRADE			X	159.04
Account No. QA SYSTEMS 3267 BEE CAVES RD. SUITE 107-514 AUSTIN, TX 78746-6773	-		TRADE			X	460.25
Account No. RADIOMETER AMERICA, INC. 13217 COLLECTIONS CENTER DR CHICAGO, IL 60693	-		TRADE			X	2,706.38
Account No. RICHARD WOLF MEDICAL 2573 MOMENTUM PLACE CHICAGO, IL 60689-5325	-		TRADE			X	2,594.40
Account No. SHARN ANESTHESIA INC. 3204 MOMENTUM PLACE CHICAGO, IL 60689-5332	-		TRADE			X	451.00
Sheet no. <u>22</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	6,371.07

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. SIERRA SPRINGS ATTENTION: POLO ORTEGA 4751 DURAZNO EL PASO, TX 79905		TRADE -			X	54.00
Account No. SMILE MAKERS P.O. BOX 2543 SPARTANBURG, SC 29304		TRADE -			X	360.89
Account No. SMITH AND NEPHEW, INC. P.O. BOX 951605 DALLAS, TX 75395-1605		TRADE -			X	23,705.33
Account No. SMITH NEPHEW ENDOSCOPY P.O. BOX 60333 CHARLOTTE, NC 28260-0333		TRADE -			X	284.00
Account No. SMITHS MEDICAL ASD, INC. P.O. BOX 7247-7784 PHILADELPHIA, PA 19170-7784		TRADE -			X	52.56
Sheet no. <u>23</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	24,456.78

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. ST. JUDE MEDICAL 22400 NETWORK PLACE CHICAGO, IL 60673-1224			TRADE			X	80.00
Account No. STATLAB MEDICAL PRODUCTS 404 INTERCHANGE ST. MCKINNEY, TX 75071			TRADE			X	172.75
Account No. STERIS P.O. BOX 676548 DALLAS, TX 75267-6548			TRADE			X	732.85
Account No. STRYKER CRANIOMAXILLOFACIAL 21343 NETWORK PLACE CHICAGO, IL 60673			TRADE			X	5,472.14
Account No. STRYKER ENDOSCOPY P.O. BOX 93276 CHICAGO, IL 60673-3276			TRADE			X	1,685.42
Sheet no. <u>24</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	8,143.16

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. STRYKER INSTRUMENTS P.O. BOX 93308 CHICAGO, IL 60673			TRADE			X	1,339.90
Account No. STRYKER MEDICAL CORPORATION P.O. BOX 93308 CHICAGO, IL 60673-3308			TRADE			X	1,007.92
Account No. SUTURE EXPRESS P.O. BOX 842806 KANSAS CITY, MO 64184-2806			TRADE			X	7,814.19
Account No. SYMMETRY SURGICAL SSI COLLECTIONS P.O. BOX 759159 BALTIMORE, MD 21275-9159			TRADE			X	378.00
Account No. SYNTHESE P.O. BOX 8538-662 PHILADELPHIA, PA 19171-0662			TRADE			X	6,518.17
Sheet no. <u>25</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	17,058.18

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C						
Account No. SYSMEX AMERICA 39923 TREASURY CENTER CHICAGO, IL 60694-9900						X	690.89	
Account No. TELEFLEX/ARROW Medical P.O. BOX 601608 CHARLOTTE, NC 28260-1608						X	286.62	
Account No. TMJ CONCEPTS 2233 KNOLL DR. VENTURA, CA 93003						X	0.06	
Account No. TRI-ANIM HEALTH SERVICES 25197 NETWORK PLACE CHICAGO, IL 60673-1251						X	566.91	
Account No. UMC FOUNDATION OF EL PASO 1400 HARDAWAY, STE. 220 EL PASO, TX 79903						X	1,688.00	
Sheet no. <u>26</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,232.48

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation Case No. 15-30784
Debtor

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. UNITED BLOOD SERVICES P.O. BOX 53022 PHOENIX, AZ 85072		TRADE			X	9,688.86
Account No. VAPOTHERM, INC. ATTN: ACCOUNTS RECEIVABLE 165 LOG CANOE CIRCLE, SUITE B STEVENSVILLE, MD 21666		TRADE			X	19,450.05
Account No. VERIZON WIRELESS P.O. BOX 4001 INGLEWOOD, CA 90313		TRADE			X	0.00
Account No. VIDACARE CORPORATION DEPT 2474 P.O. BOX 122474 DALLAS, TX 75312-2474		TRADE			X	2,300.00
Account No. VITAL SIGNS A CAREFUSION COMPANY P.O. BOX 402431 ATLANTA, GA 30384-2431		TRADE			X	1,303.54
					Subtotal (Total of this page)	32,742.45

Sheet no. 27 of 28 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-2 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
ACCOUNTS PAYABLE - PURCHASE ORDER RECEIVED-NO INVOICE
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No.			TRADE					
WESTERN PAPER DISTRIBUTORS NETWORK SERVICES LOCKBOX 231805 CHICAGO, IL 60689-5318	-					X	278.02	
Account No.			TRADE					
WRIGHT MEDICAL TECHNOLOGY P.O. BOX 503482 ST. LOUIS, MO 63150-3482	-					X	4,506.00	
Account No.			TRADE					
ZEROWET INC P.O. BOX 4375 PALOS VERDES PENIN, CA 90274	-					X	130.00	
Account No.								
Account No.								
Sheet no. <u>28</u> of <u>28</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	4,914.02
							Total (Report on Summary of Schedules)	870,060.76

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
PATIENT REFUNDS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding unsecured claims without priority against the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns).

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 1 Name and address redacted			REFUND				300.00
Account No. PATIENT 2 Name and address redacted			REFUND				277.00
Account No. PATIENT 3 Name and address redacted			REFUND				35.00
Account No. PATIENT 4 Name and address redacted			REFUND				50.00
Subtotal (Total of this page)							662.00

83 continuation sheets attached

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 5 Name and address redacted			REFUND				68.16
Account No. PATIENT 6 Name and address redacted			REFUND				10.00
Account No. PATIENT 7 Name and address redacted			REFUND				37.00
Account No. PATIENT 8 Name and address redacted			REFUND				38.00
Account No. PATIENT 9 Name and address redacted			REFUND				263.91
Subtotal (Total of this page)							417.07

Sheet no. 1 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 10 Name and address redacted			REFUND				43.46
Account No.							
PATIENT 11 Name and address redacted			REFUND				596.14
Account No.							
PATIENT 12 Name and address redacted			REFUND				150.00
Account No.							
PATIENT 13 Name and address redacted			REFUND				25.00
Account No.							
PATIENT 14 Name and address redacted			REFUND				37.00
Sheet no. <u>2</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	851.60

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 15 Name and address redacted			REFUND				100.00
Account No. PATIENT 16 Name and address redacted			REFUND				292.24
Account No. PATIENT 17 Name and address redacted			REFUND				10.00
Account No. PATIENT 18 Name and address redacted			REFUND				25.00
Account No. PATIENT 19 Name and address redacted			REFUND				264.60
Sheet no. <u>3</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	691.84

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 20 Name and address redacted			REFUND				200.00
Account No. PATIENT 21 Name and address redacted			REFUND				219.42
Account No. PATIENT 22 Name and address redacted			REFUND				10.00
Account No. PATIENT 23 Name and address redacted			REFUND				10.00
Account No. PATIENT 24 Name and address redacted			REFUND				75.00
Sheet no. <u>4</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	514.42

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 25 Name and address redacted							120.00
Account No.							
PATIENT 26 Name and address redacted							4.20
Account No.							
PATIENT 27 Name and address redacted							20.00
Account No.							
PATIENT 28 Name and address redacted							5.00
Account No.							
PATIENT 29 Name and address redacted							20.00
Sheet no. <u>5</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	169.20

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 30 Name and address redacted			REFUND				25.00
Account No.							
PATIENT 31 Name and address redacted			REFUND				907.72
Account No.							
PATIENT 32 Name and address redacted			REFUND				47.34
Account No.							
PATIENT 33 Name and address redacted			REFUND				455.54
Account No.							
PATIENT 34 Name and address redacted			REFUND				25.00
Sheet no. <u>6</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,460.60

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 35 Name and address redacted							100.00
Account No.							
PATIENT 36 Name and address redacted							60.00
Account No.							
PATIENT 37 Name and address redacted							35.43
Account No.							
PATIENT 38 Name and address redacted							38.11
Account No.							
PATIENT 39 Name and address redacted							100.00
Sheet no. <u>7</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	333.54

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 40 Name and address redacted							10.00
Account No.							
PATIENT 41 Name and address redacted							242.10
Account No.							
PATIENT 42 Name and address redacted							250.00
Account No.							
PATIENT 43 Name and address redacted							118.74
Account No.							
PATIENT 44 Name and address redacted							13.76
Sheet no. <u>8</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	634.00

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			REFUND				
PATIENT 45 Name and address redacted							
Account No.			REFUND				
PATIENT 46 Name and address redacted							
Account No.			REFUND				
PATIENT 47 Name and address redacted							
Account No.			REFUND				
PATIENT 48 Name and address redacted							
Account No.			REFUND				
PATIENT 49 Name and address redacted							
Sheet no. <u>9</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	381.41

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 50 Name and address redacted			REFUND				37.00
Account No. PATIENT 51 Name and address redacted			REFUND				21.48
Account No. PATIENT 52 Name and address redacted			REFUND				464.82
Account No. PATIENT 53 Name and address redacted			REFUND				51.14
Account No. PATIENT 54 Name and address redacted			REFUND				40.00
Sheet no. <u>100</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	614.44

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			REFUND				
PATIENT 55 Name and address redacted							
Account No.			REFUND				
PATIENT 56 Name and address redacted							
Account No.			REFUND				
PATIENT 57 Name and address redacted							
Account No.			REFUND				
PATIENT 58 Name and address redacted							
Account No.			REFUND				
PATIENT 59 Name and address redacted							
Sheet no. <u>111</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	271.46

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			REFUND				
PATIENT 60 Name and address redacted							
Account No.			REFUND				
PATIENT 61 Name and address redacted							
Account No.			REFUND				
PATIENT 62 Name and address redacted							
Account No.			REFUND				
PATIENT 63 Name and address redacted							
Account No.			REFUND				
PATIENT 64 Name and address redacted							
Sheet no. <u>122</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	281.07

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 65 Name and address redacted			REFUND				68.73
Account No. PATIENT 66 Name and address redacted			REFUND				50.00
Account No. PATIENT 67 Name and address redacted			REFUND				25.00
Account No. PATIENT 68 Name and address redacted			REFUND				10.00
Account No. PATIENT 69 Name and address redacted			REFUND				4,754.01
Sheet no. <u>133</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	4,907.74

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			REFUND				50.00
PATIENT 70 Name and address redacted							
Account No.			REFUND				39.51
PATIENT 71 Name and address redacted							
Account No.			REFUND				50.00
PATIENT 72 Name and address redacted							
Account No.			REFUND				27.86
PATIENT 73 Name and address redacted							
Account No.			REFUND				25.00
PATIENT 74 Name and address redacted							
Sheet no. <u>144</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	192.37

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 75 Name and address redacted			REFUND				150.08
Account No. PATIENT 76 Name and address redacted			REFUND				58.26
Account No. PATIENT 77 Name and address redacted			REFUND				59.83
Account No. PATIENT 78 Name and address redacted			REFUND				35.00
Account No. PATIENT 79 Name and address redacted			REFUND				125.00
Sheet no. <u>155</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	428.17

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 80 Name and address redacted			REFUND				13.49
Account No. PATIENT 81 Name and address redacted			REFUND				81.40
Account No. PATIENT 82 Name and address redacted			REFUND				237.84
Account No. PATIENT 83 Name and address redacted			REFUND				77.75
Account No. PATIENT 84 Name and address redacted			REFUND				60.00
Sheet no. <u>166</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	470.48

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 85 Name and address redacted							50.00
Account No.							
PATIENT 86 Name and address redacted							484.82
Account No.							
PATIENT 87 Name and address redacted							77.00
Account No.							
PATIENT 88 Name and address redacted							100.00
Account No.							
PATIENT 89 Name and address redacted							75.00
Sheet no. <u>177</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	786.82

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 90 Name and address redacted			REFUND				25.00
Account No. PATIENT 91 Name and address redacted			REFUND				50.00
Account No. PATIENT 92 Name and address redacted			REFUND				100.00
Account No. PATIENT 93 Name and address redacted			REFUND				100.00
ACCOUNT NO. PATIENT 94 Name and address redacted			REFUND				31.20
						Subtotal (Total of this page)	306.20

Sheet no. 188 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 95 Name and address redacted			REFUND				35.00
Account No. PATIENT 96 Name and address redacted			REFUND				38.11
Account No. PATIENT 97 Name and address redacted			REFUND				10.00
Account No. PATIENT 98 Name and address redacted			REFUND				18.00
Account No. PATIENT 99 Name and address redacted			REFUND				23.80
Sheet no. <u>199</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	124.91

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 100 Name and address redacted			REFUND				10.00
Account No. PATIENT 101 Name and address redacted			REFUND				186.00
Account No. PATIENT 102 Name and address redacted			REFUND				20.00
Account No. PATIENT 103 Name and address redacted			REFUND				3,000.00
Account No. PATIENT 104 Name and address redacted			REFUND				103.00
Subtotal (Total of this page)							3,319.00

Sheet no. 20 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 105 Name and address redacted			REFUND				225.00
Account No. PATIENT 106 Name and address redacted			REFUND				75.00
Account No. PATIENT 107 Name and address redacted			REFUND				100.00
Account No. PATIENT 108 Name and address redacted			REFUND				100.00
Account No. PATIENT 109 Name and address redacted			REFUND				40.57
						Subtotal (Total of this page)	540.57

Sheet no. 21 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 110 Name and address redacted							158.18
Account No.							
PATIENT 111 Name and address redacted							125.20
Account No.							
PATIENT 112 Name and address redacted							75.00
Account No.							
PATIENT 113 Name and address redacted							75.00
Account No.							
PATIENT 114 Name and address redacted							5.00
Sheet no. <u>22</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	438.38

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 115 Name and address redacted			REFUND				85.11
Account No. PATIENT 116 Name and address redacted			REFUND				10.00
Account No. PATIENT 117 Name and address redacted			REFUND				143.32
Account No. PATIENT 118 Name and address redacted			REFUND				300.49
Account No. PATIENT 119 Name and address redacted			REFUND				100.00
Sheet no. <u>23</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	638.92

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 120 Name and address redacted							24.88
Account No.							
PATIENT 121 Name and address redacted							81.76
Account No.							
PATIENT 122 Name and address redacted							250.00
Account No.							
PATIENT 123 Name and address redacted							50.00
Account No.							
PATIENT 124 Name and address redacted							30.92
Subtotal							437.56
Sheet no. <u>24</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							(Total of this page)

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 125 Name and address redacted							26.88
Account No.							
PATIENT 126 Name and address redacted							24.80
Account No.							
PATIENT 127 Name and address redacted							37.00
Account No.							
PATIENT 128 Name and address redacted							300.00
Account No.							
PATIENT 129 Name and address redacted							365.85
Sheet no. <u>25</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	754.53

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 130 Name and address redacted			REFUND				60.00
Account No. PATIENT 131 Name and address redacted			REFUND				250.00
Account No. PATIENT 132 Name and address redacted			REFUND				100.00
Account No. PATIENT 133 Name and address redacted			REFUND				50.00
Account No. PATIENT 134 Name and address redacted			REFUND				37.00
Sheet no. <u>26</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	497.00

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 135 Name and address redacted			REFUND				47.00
Account No. PATIENT 0136 Name and address redacted			REFUND				424.44
Account No. PATIENT 137 Name and address redacted			REFUND				13.00
Account No. PATIENT 138 Name and address redacted			REFUND				1,135.72
Account No. PATIENT 139 Name and address redacted			REFUND				35.24
Sheet no. <u>27</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,655.40

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 140 Name and address redacted							10.06
Account No.							
PATIENT 141 Name and address redacted							144.60
Account No.							
PATIENT 142 Name and address redacted							19.25
Account No.							
PATIENT 143 Name and address redacted							139.50
Account No.							
PATIENT 144 Name and address redacted							37.00
Sheet no. <u>28</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	350.41

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 145 Name and address redacted							300.00
Account No.							
PATIENT 146 Name and address redacted							12.00
Account No.							
PATIENT 147 Name and address redacted							4.99
Account No.							
PATIENT 148 Name and address redacted							4.09
Account No.							
PATIENT 149 Name and address redacted							37.00
Sheet no. <u>29</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	358.08

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 150 Name and address redacted							41.00
Account No.							
PATIENT 151 Name and address redacted							43.31
Account No.							
PATIENT 152 Name and address redacted							56.00
Account No.							
PATIENT 153 Name and address redacted							50.00
Account No.							
PATIENT 154 Name and address redacted							10.00
Sheet no. <u>30</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	200.31

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			REFUND				
PATIENT 155 Name and address redacted							41.05
Account No.			REFUND				
PATIENT 156 Name and address redacted							37.00
Account No.			REFUND				
PATIENT 157 Name and address redacted							250.00
Account No.			REFUND				
PATIENT 158 Name and address redacted							50.00
Account No.			REFUND				
PATIENT 159 Name and address redacted							32.38
Sheet no. <u>31</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	410.43

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 160 Name and address redacted							257.78
Account No.							
PATIENT 161 Name and address redacted							35.00
Account No.							
PATIENT 162 Name and address redacted							34.35
Account No.							
PATIENT 163 Name and address redacted							27.75
Account No.							
PATIENT 164 Name and address redacted							100.00
Sheet no. <u>32</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	454.88

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 165 Name and address redacted							10.00
Account No. PATIENT 166 Name and address redacted							165.00
Account No. PATIENT 167 Name and address redacted							10.00
Account No. PATIENT 168 Name and address redacted							14.13
Account No. PATIENT 169 Name and address redacted							6.00
Sheet no. <u>33</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	205.13

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.								
PATIENT 170 Name and address redacted							400.51	
Account No.								
PATIENT 171 Name and address redacted							59.89	
Account No.								
PATIENT 172 Name and address redacted							20.00	
Account No.								
PATIENT 173 Name and address redacted							35.00	
Account No.								
PATIENT 174 Name and address redacted							20.00	
Sheet no. <u>34</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	535.40

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 175 Name and address redacted							21.52
Account No.							
PATIENT 176 Name and address redacted							100.00
Account No.							
PATIENT 177 Name and address redacted							37.00
Account No.							
PATIENT 178 Name and address redacted							496.42
Account No.							
PATIENT 179 Name and address redacted							37.90
Sheet no. <u>35</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	692.84

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 180 Name and address redacted							51.50
Account No.							
PATIENT 181 Name and address redacted							21.93
Account No.							
PATIENT 182 Name and address redacted							10.00
Account No.							
PATIENT 183 Name and address redacted							10.00
Account No.							
PATIENT 184 Name and address redacted							10.00
Sheet no. <u>36</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	103.43

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.								
PATIENT 185 Name and address redacted							10.00	
Account No.								
PATIENT 186 Name and address redacted							137.48	
Account No.								
PATIENT 187 Name and address redacted							10.00	
Account No.								
PATIENT 188 Name and address redacted							115.84	
Account No.								
PATIENT 189 Name and address redacted							95.12	
Sheet no. <u>37</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	368.44

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 190 Name and address redacted			REFUND				250.00
Account No.							
PATIENT 191 Name and address redacted			REFUND				35.00
Account No.							
PATIENT 192 Name and address redacted			REFUND				25.00
Account No.							
PATIENT 193 Name and address redacted			REFUND				10.00
Account No.							
PATIENT 194 Name and address redacted			REFUND				258.97
Sheet no. <u>38</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	578.97

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 195 Name and address redacted			REFUND				250.00
Account No. PATIENT 196 Name and address redacted			REFUND				2,499.00
Account No. PATIENT 197 Name and address redacted			REFUND				6.00
Account No. PATIENT 198 Name and address redacted			REFUND				153.50
Account No. PATIENT 199 Name and address redacted			REFUND				41.76
Sheet no. <u>39</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,950.26

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 200 Name and address redacted			REFUND				857.60
Account No. PATIENT 201 Name and address redacted			REFUND				50.00
Account No. PATIENT 202 Name and address redacted			REFUND				200.00
Account No. PATIENT 203 Name and address redacted			REFUND				700.00
Account No. PATIENT 204 Name and address redacted			REFUND				20.00
Sheet no. <u>40</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,827.60

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 205 Name and address redacted			REFUND				120.00
Account No. PATIENT 206 Name and address redacted			REFUND				34.00
Account No. PATIENT 207 Name and address redacted			REFUND				15.79
Account No. PATIENT 208 Name and address redacted			REFUND				100.00
Account No. PATIENT 209 Name and address redacted			REFUND				68.53
Sheet no. <u>41</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	338.32

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 210 Name and address redacted			REFUND				348.30
Account No. PATIENT 211 Name and address redacted			REFUND				87.18
Account No. PATIENT 212 Name and address redacted			REFUND				50.00
Account No. PATIENT 213 Name and address redacted			REFUND				15.00
Account No. PATIENT 214 Name and address redacted			REFUND				9.58
Sheet no. <u>42</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	510.06

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 215 Name and address redacted							2.80
Account No.							
PATIENT 216 Name and address redacted							10.00
Account No.							
PATIENT 217 Name and address redacted							350.00
Account No.							
PATIENT 218 Name and address redacted							140.00
Account No.							
PATIENT 219 Name and address redacted							12.94
Sheet no. <u>43</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	515.74

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 220 Name and address redacted							50.00
Account No.							
PATIENT 221 Name and address redacted							8.73
Account No.							
PATIENT 222 Name and address redacted							10.00
Account No.							
PATIENT 223 Name and address redacted							10.00
Account No.							
PATIENT 224 Name and address redacted							37.00
Sheet no. <u>44</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	115.73

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 225 Name and address redacted			REFUND				10.00
Account No. PATIENT 226 Name and address redacted			REFUND				100.00
Account No. PATIENT 227 Name and address redacted			REFUND				37.00
Account No. PATIENT 228 Name and address redacted			REFUND				50.00
Account No. PATIENT 229 Name and address redacted			REFUND				2.00
Sheet no. <u>45</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	199.00

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 230 Name and address redacted							550.00
Account No. PATIENT 231 Name and address redacted							2.01
Account No. PATIENT 232 Name and address redacted							10.00
Account No. PATIENT 233 Name and address redacted							180.00
Account No. PATIENT 234 Name and address redacted							100.00
Sheet no. <u>46</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	842.01

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 235 Name and address redacted			REFUND				50.00
Account No. PATIENT 236 Name and address redacted			REFUND				33.00
Account No. PATIENT 237 Name and address redacted			REFUND				10.00
Account No. PATIENT 238 Name and address redacted			REFUND				100.00
Account No. PATIENT 239 Name and address redacted			REFUND				100.00
Sheet no. <u>47</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	293.00

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 240 Name and address redacted							89.85
Account No.							
PATIENT 241 Name and address redacted							10.00
Account No.							
PATIENT 242 Name and address redacted							50.00
Account No.							
PATIENT 243 Name and address redacted							10.00
Account No.							
PATIENT 244 Name and address redacted							212.16
Sheet no. <u>48</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	372.01

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 245 Name and address redacted							34.40
Account No. PATIENT 246 Name and address redacted							10.34
Account No. PATIENT 247 Name and address redacted							300.00
Account No. PATIENT 248 Name and address redacted							100.00
Account No. PATIENT 249 Name and address redacted							100.00
Sheet no. <u>49</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	544.74

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 250 Name and address redacted			REFUND				100.00
Account No. PATIENT 251 Name and address redacted			REFUND				18.96
Account No. PATIENT 252 Name and address redacted			REFUND				20.00
Account No. PATIENT 253 Name and address redacted			REFUND				15.63
Account No. PATIENT 254 Name and address redacted			REFUND				11,418.00
Sheet no. <u>50</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	11,572.59

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 255 Name and address redacted							12.80
Account No. PATIENT 256 Name and address redacted							5.00
Account No. PATIENT 257 Name and address redacted							50.00
Account No. PATIENT 258 Name and address redacted							182.90
Account No. PATIENT 259 Name and address redacted							40.00
Sheet no. <u>51</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	290.70

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 260 Name and address redacted							50.00
Account No.							
PATIENT 261 Name and address redacted							125.00
Account No.							
PATIENT 262 Name and address redacted							875.00
Account No.							
PATIENT 263 Name and address redacted							34.00
Account No.							
PATIENT 264 Name and address redacted							37.00
Sheet no. <u>52</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,121.00

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 265 Name and address redacted							10.00
Account No. PATIENT 266 Name and address redacted							20.00
Account No. PATIENT 267 Name and address redacted							200.00
Account No. PATIENT 268 Name and address redacted							121.51
Account No. PATIENT 269 Name and address redacted							100.00
Sheet no. <u>53</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	451.51

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 270 Name and address redacted			REFUND				61.89
Account No. PATIENT 271 Name and address redacted			REFUND				88.72
Account No. PATIENT 272 Name and address redacted			REFUND				1,775.18
Account No. PATIENT 273 Name and address redacted			REFUND				36.38
Account No. PATIENT 274 Name and address redacted			REFUND				1,000.00
Sheet no. <u>54</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,962.17

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 275 Name and address redacted							37.00
Account No. PATIENT 276 Name and address redacted							37.50
Account No. PATIENT 277 Name and address redacted							10.97
Account No. PATIENT 278 Name and address redacted							240.77
Account No. PATIENT 279 Name and address redacted							10.00
Sheet no. <u>55</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	336.24

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 280 Name and address redacted			REFUND				12.00
Account No. PATIENT 281 Name and address redacted			REFUND				20.37
Account No. PATIENT 282 Name and address redacted			REFUND				34.92
Account No. PATIENT 283 Name and address redacted			REFUND				235.60
Account No. PATIENT 284 Name and address redacted			REFUND				125.00
Sheet no. <u>56</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	427.89

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 285 Name and address redacted							54.00
Account No. PATIENT 286 Name and address redacted							50.00
Account No. PATIENT 287 Name and address redacted							125.00
Account No. PATIENT 288 Name and address redacted							140.70
Account No. PATIENT 289 Name and address redacted							100.00
Sheet no. <u>57</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	469.70

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 290 Name and address redacted			REFUND				200.00
Account No. PATIENT 291 Name and address redacted			REFUND				37.00
Account No. PATIENT 292 Name and address redacted			REFUND				782.36
Account No. PATIENT 293 Name and address redacted			REFUND				34.54
Account No. PATIENT 294 Name and address redacted			REFUND				5.00
Sheet no. <u>58</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,058.90

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 295 Name and address redacted							43.31
Account No.							
PATIENT 296 Name and address redacted							167.00
Account No.							
PATIENT 297 Name and address redacted							37.00
Account No.							
PATIENT 298 Name and address redacted							50.00
Account No.							
PATIENT 299 Name and address redacted							10.00
Sheet no. <u>59</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	307.31

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 300 Name and address redacted			REFUND				100.00
Account No. PATIENT 301 Name and address redacted			REFUND				35.00
Account No. PATIENT 302 Name and address redacted			REFUND				10.00
Account No. PATIENT 303 Name and address redacted			REFUND				268.93
Account No. PATIENT 304 Name and address redacted			REFUND				215.00
Sheet no. <u>60</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	628.93

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 305 Name and address redacted			REFUND				350.00
Account No. PATIENT 306 Name and address redacted			REFUND				20.00
Account No. PATIENT 307 Name and address redacted			REFUND				377.89
Account No. PATIENT 308 Name and address redacted			REFUND				12.70
Account No. PATIENT 309 Name and address redacted			REFUND				5.00
Sheet no. <u>61</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	765.59

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 310 Name and address redacted			REFUND				10.00
Account No.							
PATIENT 311 Name and address redacted			REFUND				22.58
Account No.							
PATIENT 312 Name and address redacted			REFUND				3,000.00
Account No.							
PATIENT 313 Name and address redacted			REFUND				12.00
Account No.							
PATIENT 314 Name and address redacted			REFUND				10.67
Sheet no. <u>62</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,055.25

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PATIENT 315 Name and address redacted							44.58
Account No.							
PATIENT 316 Name and address redacted							10.00
Account No.							
PATIENT 317 Name and address redacted							75.00
Account No.							
PATIENT 318 Name and address redacted							54.20
Account No.							
PATIENT 319 Name and address redacted							25.00
Sheet no. <u>63</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	208.78

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 320 Name and address redacted			REFUND				42.94
Account No. PATIENT 321 Name and address redacted			REFUND				250.00
Account No. PATIENT 322 Name and address redacted			REFUND				100.00
Account No. PATIENT 323 Name and address redacted			REFUND				332.00
Account No. PATIENT 324 Name and address redacted			REFUND				10.00
Sheet no. <u>64</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	734.94

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 325 Name and address redacted			REFUND				37.00
Account No. PATIENT 326 Name and address redacted			REFUND				50.00
Account No. PATIENT 327 Name and address redacted			REFUND				71.89
Account No. PATIENT 328 Name and address redacted			REFUND				74.00
Account No. PATIENT 329 Name and address redacted			REFUND				10.00
Sheet no. <u>65</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	242.89

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 330 Name and address redacted			REFUND				137.16
Account No. PATIENT 331 Name and address redacted			REFUND				10.00
Account No. PATIENT 332 Name and address redacted			REFUND				16.98
Account No. PATIENT 333 Name and address redacted			REFUND				75.00
Account No. PATIENT 334 Name and address redacted			REFUND				38.11
Sheet no. <u>66</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	277.25

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. PATIENT 335 Name and address redacted			REFUND				36.85	
Account No. PATIENT 336 Name and address redacted			REFUND				0.93	
Account No. PATIENT 337 Name and address redacted			REFUND				10.00	
Account No.								
Account No.								
Sheet no. <u>67</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	47.78

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
PATIENT REFUNDS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 338 Name and address redacted			REFUND				285.00
Account No. PATIENT 339 Name and address redacted			REFUND				60.00
Account No. PATIENT 340 Name and address redacted			REFUND				48.00
Account No. PATIENT 341 Name and address redacted			REFUND				100.00
Sheet no. <u>68</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	493.00

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 342 Name and address redacted			REFUND				60.02
Account No. PATIENT 343 Name and address redacted			REFUND				1,890.24
Account No. PATIENT 344 Name and address redacted			REFUND				167.84
Account No. PATIENT 345 Name and address redacted			REFUND				24.00
Account No. PATIENT 346 Name and address redacted			REFUND				341.72
Sheet no. <u>69</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,483.82

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 347 Name and address redacted			REFUND				300.00
Account No. PATIENT 348 Name and address redacted			REFUND				30.00
Account No. PATIENT 349 Name and address redacted			REFUND				100.00
Account No. PATIENT 350 Name and address redacted			REFUND				250.00
Account No. PATIENT 351 Name and address redacted			REFUND				50.00
						Subtotal (Total of this page)	730.00

Sheet no. 70 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 352 Name and address redacted			REFUND				250.00
Account No. PATIENT 353 Name and address redacted			REFUND				50.00
Account No. PATIENT 354 Name and address redacted			REFUND				134.95
Account No. PATIENT 355 Name and address redacted			REFUND				25.20
Account No. PATIENT 356 Name and address redacted			REFUND				100.00
Subtotal (Total of this page)							560.15

Sheet no. 71 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 357 Name and address redacted			REFUND				50.00
Account No. PATIENT 358 Name and address redacted			REFUND				90.00
Account No. PATIENT 359 Name and address redacted			REFUND				100.00
Account No. PATIENT 360 Name and address redacted			REFUND				50.00
Account No. PATIENT 361 Name and address redacted			REFUND				100.00
						Subtotal (Total of this page)	390.00

Sheet no. 72 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. PATIENT 362 Name and address redacted			REFUND				60.00	
Account No. PATIENT 363 Name and address redacted			REFUND				50.00	
Account No. PATIENT 364 Name and address redacted			REFUND				45.47	
Account No. PATIENT 365 Name and address redacted			REFUND				76.23	
Account No. PATIENT 366 Name and address redacted			REFUND				95.42	
Sheet no. <u>73</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	327.12

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 367 Name and address redacted			REFUND				100.00
Account No. PATIENT 368 Name and address redacted			REFUND				23.08
Account No. PATIENT 369 Name and address redacted			REFUND				25.00
Account No. PATIENT 370 Name and address redacted			REFUND				30.00
Account No. PATIENT 371 Name and address redacted			REFUND				200.00
						Subtotal (Total of this page)	378.08

Sheet no. 74 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 372 Name and address redacted			REFUND				100.00
Account No. PATIENT 373 Name and address redacted			REFUND				14.13
Account No. PATIENT 374 Name and address redacted			REFUND				200.00
Account No. PATIENT 375 Name and address redacted			REFUND				50.00
Account No. PATIENT 376 Name and address redacted			REFUND				25.00
Sheet no. <u>75</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	389.13

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 377 Name and address redacted			REFUND				75.00
Account No. PATIENT 378 Name and address redacted			REFUND				47.20
Account No. PATIENT 379 Name and address redacted			REFUND				104.47
Account No. PATIENT 380 Name and address redacted			REFUND				289.00
Account No. PATIENT 381 Name and address redacted			REFUND				56.88
Subtotal (Total of this page)							572.55

Sheet no. 76 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. PATIENT 382 Name and address redacted			REFUND				40.00	
Account No. PATIENT 383 Name and address redacted			REFUND				25.00	
Account No. PATIENT 384 Name and address redacted			REFUND				40.04	
Account No. PATIENT 385 Name and address redacted			REFUND				86.00	
Account No. PATIENT 386 Name and address redacted			REFUND				75.00	
Sheet no. <u>77</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	266.04

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 387 Name and address redacted			REFUND				250.00
Account No. PATIENT 388 Name and address redacted			REFUND				70.41
Account No. PATIENT 389 Name and address redacted			REFUND				350.00
Account No. PATIENT 390 Name and address redacted			REFUND				3,000.00
Account No. PATIENT 391 Name and address redacted			REFUND				48.90
						Subtotal (Total of this page)	3,719.31

Sheet no. 78 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 392 Name and address redacted			REFUND				38.57
Account No. PATIENT 393 Name and address redacted			REFUND				30.64
Account No. PATIENT 394 Name and address redacted			REFUND				100.00
Account No. PATIENT 395 Name and address redacted			REFUND				30.56
Account No. PATIENT 396 Name and address redacted			REFUND				125.00
						Subtotal (Total of this page)	324.77

Sheet no. 79 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B E T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 397 Name and address redacted			REFUND				100.00
Account No. PATIENT 398 Name and address redacted			REFUND				100.00
Account No. PATIENT 399 Name and address redacted			REFUND				50.00
Account No. PATIENT 400 Name and address redacted			REFUND				25.00
Account No. PATIENT 401 Name and address redacted			REFUND				91.82
Sheet no. <u>80</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	366.82

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B E T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 402 Name and address redacted			REFUND				235.60
Account No. PATIENT 403 Name and address redacted			REFUND				64.00
Account No. PATIENT 404 Name and address redacted			REFUND				50.00
Account No. PATIENT 405 Name and address redacted			REFUND				155.00
Account No. PATIENT 406 Name and address redacted			REFUND				25.00
Sheet no. <u>81</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	529.60

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. PATIENT 407 Name and address redacted			REFUND				250.00	
Account No. PATIENT 408 Name and address redacted			REFUND				14.13	
Account No. PATIENT 409 Name and address redacted			REFUND				57.54	
Account No. PATIENT 410 Name and address redacted			REFUND				250.00	
Account No. PATIENT 411 Name and address redacted			REFUND				1,508.02	
Sheet no. <u>82</u> of <u>83</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,079.69

In re El Paso Children's Hospital Corporation Case No 15-30784
Debtor

SCHEDULE F-3 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

PATIENT REFUNDS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. PATIENT 412 Name and address redacted			REFUND				51.64
Account No. PATIENT 413 Name and address redacted			REFUND				25.00
Account No. PATIENT 414 Name and address redacted			REFUND				27.10
Account No. PATIENT 415 Name and address redacted			REFUND				19.12
Account No. PATIENT 416 Name and address redacted			REFUND				30.95

Sheet no. 83 of 83 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	153.81
Total (Report on Summary of Schedules)	74,553.40

B6F (Official Form 6F) (12/07)

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

**SCHEDULE F-4 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
OTHER LIABILITIES**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J				
Account No. El Paso Children's Physician Group 4845 Alameda Ave El Paso, TX 79905-2705	-	Intercompany (Due to/Due from)			X	X	X	2,065,570.53
Account No. Hae H Kim 14069 Peter Noyes Dr Horizon City, TX 79928	-	Pending and potential litigation			X	X	X	Unknown
Account No. Navigant Healthcare Cymetrix Corporation c/o Darrell W. Cook & Associates, PC One Meadows Building 5005 Greenville Ave., Suite 200 Dallas, TX 75206	-	Pending and potential litigation			X	X	X	Unknown
Account No. Texas Medicaid & Healthcare Partnership ATTN: Medicaid Audit PO Box 200345 Austin, TX 78720-0345	-	TMHP - 2012-2013 Medicaid Cost Report Audit			X	X	X	Unknown
Subtotal (Total of this page)								2,065,570.53

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-4 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
OTHER LIABILITIES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. TMHP 12357 Riata Trace Parkway Austin, TX 78727		-	Compliance issue	X	X	X	Unknown	
Account No.								
Account No.								
Account No.								
Account No.								
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00
							Total (Report on Summary of Schedules)	2,065,570.53

B6F (Official Form 6F) (12/07)

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

**SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community				C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J	C				
Account No.		CREDIT BALANCE							
PATIENT 417 Name and address redacted	-					X	X		71.86
Account No.		CREDIT BALANCE							
PATIENT 418 Name and address redacted	-					X	X		52.14
Account No.		CREDIT BALANCE							
PATIENT 419 Name and address redacted	-					X	X		60.00
Account No.		CREDIT BALANCE							
PATIENT 420 Name and address redacted	-					X	X		100.00
Subtotal (Total of this page)									284.00

109 continuation sheets attached

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.			CREDIT BALANCE				
PATIENT 421 Name and address redacted	-			X	X		40.09
Account No.			CREDIT BALANCE				
PATIENT 422 Name and address redacted	-			X	X		1.08
Account No.			CREDIT BALANCE				
PATIENT 423 Name and address redacted	-			X	X		63.47
Account No.			CREDIT BALANCE				
PATIENT 424 Name and address redacted	-			X	X		121.95
Account No.			CREDIT BALANCE				
PATIENT 425 Name and address redacted	-			X	X		72.00
Sheet no. <u>1</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	298.59

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 426 Name and address redacted	-		X	X		78.68	
Account No.							
PATIENT 427 Name and address redacted	-		X	X		60.00	
Account No.							
PATIENT 428 Name and address redacted	-		X	X		37.00	
Account No.							
PATIENT 429 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 430 Name and address redacted	-		X	X		125.00	
Sheet no. <u>2</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	500.68

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 431 Name and address redacted	-			X	X		75.00	
Account No.			CREDIT BALANCE					
PATIENT 432 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 433 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 434 Name and address redacted	-			X	X		60.00	
Account No.			CREDIT BALANCE					
PATIENT 435 Name and address redacted	-			X	X		37.05	
Sheet no. <u>3</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	372.05

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No.		CREDIT BALANCE					
PATIENT 436 Name and address redacted	-		X	X		369.20	
Account No.		CREDIT BALANCE					
PATIENT 437 Name and address redacted	-		X	X		65.07	
Account No.		CREDIT BALANCE					
PATIENT 438 Name and address redacted	-		X	X		61.45	
Account No.		CREDIT BALANCE					
PATIENT 439 Name and address redacted	-		X	X		15.00	
Account No.		CREDIT BALANCE					
PATIENT 440 Name and address redacted	-		X	X		88.00	
Sheet no. <u>4</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	598.72

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 441 Name and address redacted	-		X	X		250.00	
Account No.							
PATIENT 442 Name and address redacted	-		X	X		33.02	
Account No.							
PATIENT 443 Name and address redacted	-		X	X		46.21	
Account No.							
PATIENT 444 Name and address redacted	-		X	X		27.53	
Account No.							
PATIENT 445 Name and address redacted	-		X	X		18.67	
Sheet no. <u>5</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	375.43

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 446 Name and address redacted	-			X	X		51.64	
Account No.			CREDIT BALANCE					
PATIENT 447 Name and address redacted	-			X	X		189.15	
Account No.			CREDIT BALANCE					
PATIENT 448 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 449 Name and address redacted	-			X	X		125.00	
Account No.			CREDIT BALANCE					
PATIENT 450 Name and address redacted	-			X	X		64.86	
Sheet no. <u>6</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	530.65

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 451 Name and address redacted	-		X	X		40.00	
Account No.							
PATIENT 452 Name and address redacted	-		X	X		300.00	
Account No.							
PATIENT 453 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 454 Name and address redacted	-		X	X		56.76	
Account No.							
PATIENT 455 Name and address redacted	-		X	X		250.00	
Sheet no. <u>7</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	746.76

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 456 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 457 Name and address redacted	-		X	X		116.31	
Account No.							
PATIENT 458 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 459 Name and address redacted	-		X	X		265.71	
Account No.							
PATIENT 460 Name and address redacted	-		X	X		125.00	
Sheet no. <u>8</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	907.02

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 461 Name and address redacted	-		X	X		60.00	
Account No.							
PATIENT 462 Name and address redacted	-		X	X		500.00	
Account No.							
PATIENT 463 Name and address redacted	-		X	X		19.72	
Account No.							
PATIENT 464 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 465 Name and address redacted	-		X	X		56.00	
Sheet no. <u>9</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	735.72

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 466 Name and address redacted	-		X	X		30.56	
Account No.							
PATIENT 467 Name and address redacted	-		X	X		59.43	
Account No.							
PATIENT 468 Name and address redacted	-		X	X		60.00	
Account No.							
PATIENT 469 Name and address redacted	-		X	X		33.40	
Account No.							
PATIENT 470 Name and address redacted	-		X	X		25.00	
Sheet no. <u>10</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	208.39

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 471 Name and address redacted	-		X	X		7.43	
Account No.							
PATIENT 472 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 473 Name and address redacted	-		X	X		425.00	
Account No.							
PATIENT 474 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 475 Name and address redacted	-		X	X		83.49	
Sheet no. <u>11</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	715.92

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 476 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 477 Name and address redacted	-		X	X		30.00	
Account No.							
PATIENT 478 Name and address redacted	-		X	X		20.00	
Account No.							
PATIENT 479 Name and address redacted	-		X	X		41.11	
Account No.							
PATIENT 480 Name and address redacted	-		X	X		198.00	
Sheet no. <u>12</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	339.11

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 481 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 482 Name and address redacted	-			X	X		83.55	
Account No.			CREDIT BALANCE					
PATIENT 483 Name and address redacted	-			X	X		146.96	
Account No.			CREDIT BALANCE					
PATIENT 484 Name and address redacted	-			X	X		64.00	
Account No.			CREDIT BALANCE					
PATIENT 485 Name and address redacted	-			X	X		100.00	
Sheet no. <u>13</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	444.51

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 486 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 487 Name and address redacted	-			X	X		285.00	
Account No.			CREDIT BALANCE					
PATIENT 488 Name and address redacted	-			X	X		61.44	
Account No.			CREDIT BALANCE					
PATIENT 489 Name and address redacted	-			X	X		75.00	
Account No.			CREDIT BALANCE					
PATIENT 490 Name and address redacted	-			X	X		50.00	
Sheet no. <u>14</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	521.44

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 491 Name and address redacted	-		X	X		40.00	
Account No.							
PATIENT 492 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 493 Name and address redacted	-		X	X		73.66	
Account No.							
PATIENT 494 Name and address redacted	-		X	X		152.28	
Account No.							
PATIENT 495 Name and address redacted	-		X	X		107.42	
Sheet no. <u>15</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	473.36

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No.		CREDIT BALANCE					
PATIENT 496 Name and address redacted	-		X	X		75.00	
Account No.		CREDIT BALANCE					
PATIENT 497 Name and address redacted	-		X	X		54.22	
Account No.		CREDIT BALANCE					
PATIENT 498 Name and address redacted	-		X	X		341.72	
Account No.		CREDIT BALANCE					
PATIENT 499 Name and address redacted	-		X	X		250.00	
Account No.		CREDIT BALANCE					
PATIENT 500 Name and address redacted	-		X	X		75.00	
Sheet no. <u>16</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	795.94

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 501 Name and address redacted	-			X	X		125.00	
Account No.			CREDIT BALANCE					
PATIENT 502 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 503 Name and address redacted	-			X	X		49.45	
Account No.			CREDIT BALANCE					
PATIENT 504 Name and address redacted	-			X	X		30.00	
Account No.			CREDIT BALANCE					
PATIENT 505 Name and address redacted	-			X	X		100.00	
Sheet no. <u>17</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	404.45

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 506 Name and address redacted	-		X	X		10.00	
Account No.							
PATIENT 507 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 508 Name and address redacted	-		X	X		60.02	
Account No.							
PATIENT 509 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 510 Name and address redacted	-		X	X		250.00	
Sheet no. <u>18</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	570.02

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 511 Name and address redacted	-		X	X		226.00
Account No.						
PATIENT 512 Name and address redacted	-		X	X		147.39
Account No.						
PATIENT 513 Name and address redacted	-		X	X		25.20
Account No.						
PATIENT 514 Name and address redacted	-		X	X		69.46
Account No.						
PATIENT 515 Name and address redacted	-		X	X		100.00
Sheet no. <u>19</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						568.05

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 516 Name and address redacted	-		X	X		25.42
Account No.						
PATIENT 517 Name and address redacted	-		X	X		360.00
Account No.						
PATIENT 518 Name and address redacted	-		X	X		150.00
Account No.						
PATIENT 519 Name and address redacted	-		X	X		10.00
Account No.						
PATIENT 520 Name and address redacted	-		X	X		100.00
Subtotal (Total of this page)						645.42

Sheet no. 20 of 109 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 521 Name and address redacted	-		X	X		110.00	
Account No.							
PATIENT 522 Name and address redacted	-		X	X		250.00	
Account No.							
PATIENT 523 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 524 Name and address redacted	-		X	X		32.00	
Account No.							
PATIENT 524 Name and address redacted	-		X	X		27.71	
Sheet no. <u>21</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	469.71

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 526 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 527 Name and address redacted	-		X	X		26.73	
Account No.							
PATIENT 528 Name and address redacted	-		X	X		1,095.83	
Account No.							
PATIENT 529 Name and address redacted	-		X	X		250.00	
Account No.							
PATIENT 530 Name and address redacted	-		X	X		74.62	
Sheet no. <u>22</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,547.18

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 531 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 532 Name and address redacted	-		X	X		38.89	
Account No.							
PATIENT 533 Name and address redacted	-		X	X		155.00	
Account No.							
PATIENT 534 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 535 Name and address redacted	-		X	X		600.00	
Sheet no. <u>23</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	868.89

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 536 Name and address redacted	-		X	X		44.07	
Account No.							
PATIENT 537 Name and address redacted	-		X	X		16.52	
Account No.							
PATIENT 538 Name and address redacted	-		X	X		71.27	
Account No.							
PATIENT 539 Name and address redacted	-		X	X		69.61	
Account No.							
PATIENT 540 Name and address redacted	-		X	X		25.00	
Sheet no. <u>24</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	226.47

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 541 Name and address redacted	-			X	X		70.74	
Account No.			CREDIT BALANCE					
PATIENT 542 Name and address redacted	-			X	X		44.31	
Account No.			CREDIT BALANCE					
PATIENT 543 Name and address redacted	-			X	X		122.13	
Account No.			CREDIT BALANCE					
PATIENT 544 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 545 Name and address redacted	-			X	X		30.00	
Sheet no. <u>25</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	367.18

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 546 Name and address redacted	-			X	X		38.57	
Account No.			CREDIT BALANCE					
PATIENT 547 Name and address redacted	-			X	X		65.85	
Account No.			CREDIT BALANCE					
PATIENT 548 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 549 Name and address redacted	-			X	X		45.00	
Account No.			CREDIT BALANCE					
PATIENT 550 Name and address redacted	-			X	X		96.54	
Sheet no. <u>26</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	345.96

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 551 Name and address redacted	-		X	X		36.48	
Account No.							
PATIENT 552 Name and address redacted	-		X	X		250.00	
Account No.							
PATIENT 553 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 554 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 555 Name and address redacted	-		X	X		40.00	
Sheet no. <u>27</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	426.48

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 556 Name and address redacted	-			X	X		250.00	
Account No.			CREDIT BALANCE					
PATIENT 557 Name and address redacted	-			X	X		35.00	
Account No.			CREDIT BALANCE					
PATIENT 558 Name and address redacted	-			X	X		10.00	
Account No.			CREDIT BALANCE					
PATIENT 559 Name and address redacted	-			X	X		1,074.21	
Account No.			CREDIT BALANCE					
PATIENT 560 Name and address redacted	-			X	X		50.00	
Sheet no. <u>28</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,419.21

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No.		CREDIT BALANCE					
PATIENT 561 Name and address redacted	-		X	X		178.88	
Account No.		CREDIT BALANCE					
PATIENT 562 Name and address redacted	-		X	X		201.50	
Account No.		CREDIT BALANCE					
PATIENT 563 Name and address redacted	-		X	X		150.00	
Account No.		CREDIT BALANCE					
PATIENT 564 Name and address redacted	-		X	X		56.00	
Account No.		CREDIT BALANCE					
PATIENT 565 Name and address redacted	-		X	X		300.00	
Sheet no. <u>29</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	886.38

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 566 Name and address redacted	-		X	X		300.00	
Account No.							
PATIENT 567 Name and address redacted	-		X	X		78.65	
Account No.							
PATIENT 568 Name and address redacted	-		X	X		250.00	
Account No.							
PATIENT 569 Name and address redacted	-		X	X		48.90	
Account No.							
PATIENT 570 Name and address redacted	-		X	X		30.00	
Sheet no. <u>30</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	707.55

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 571 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 572 Name and address redacted	-		X	X		125.00	
Account No.							
PATIENT 573 Name and address redacted	-		X	X		75.00	
Account No.							
PATIENT 574 Name and address redacted	-		X	X		1,104.53	
Account No.							
PATIENT 575 Name and address redacted	-		X	X		30.00	
Sheet no. <u>31</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,359.53

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 576 Name and address redacted	-			X	X		48.39	
Account No.			CREDIT BALANCE					
PATIENT 577 Name and address redacted	-			X	X		38.11	
Account No.			CREDIT BALANCE					
PATIENT 578 Name and address redacted	-			X	X		20.00	
Account No.			CREDIT BALANCE					
PATIENT 579 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 580 Name and address redacted	-			X	X		20.00	
Sheet no. <u>32</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	226.50

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 581 Name and address redacted	-			X	X		45.84	
Account No.			CREDIT BALANCE					
PATIENT 582 Name and address redacted	-			X	X		21.53	
Account No.			CREDIT BALANCE					
PATIENT 583 Name and address redacted	-			X	X		40.00	
Account No.			CREDIT BALANCE					
PATIENT 584 Name and address redacted	-			X	X		37.43	
Account No.			CREDIT BALANCE					
PATIENT 585 Name and address redacted	-			X	X		200.00	
Sheet no. <u>33</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	344.80

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 586 Name and address redacted	-			X	X		65.14	
Account No.			CREDIT BALANCE					
PATIENT 587 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 588 Name and address redacted	-			X	X		40.00	
Account No.			CREDIT BALANCE					
PATIENT 589 Name and address redacted	-			X	X		124.84	
Account No.			CREDIT BALANCE					
PATIENT 590 Name and address redacted	-			X	X		66.82	
Sheet no. <u>34</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	346.80

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 591 Name and address redacted	-		X	X		176.93	
Account No.							
PATIENT 592 Name and address redacted	-		X	X		30.00	
Account No.							
PATIENT 593 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 594 Name and address redacted	-		X	X		19.42	
Account No.							
PATIENT 595 Name and address redacted	-		X	X		25.00	
Sheet no. <u>35</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	351.35

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 596 Name and address redacted	-		X	X		12.00	
Account No.							
PATIENT 597 Name and address redacted	-		X	X		10.00	
Account No.							
PATIENT 598 Name and address redacted	-		X	X		23.11	
Account No.							
PATIENT 599 Name and address redacted	-		X	X		400.00	
Account No.							
PATIENT 600 Name and address redacted	-		X	X		100.00	
Sheet no. <u>36</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	545.11

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 601 Name and address redacted	-		X	X		171.79	
Account No.							
PATIENT 602 Name and address redacted	-		X	X		150.00	
Account No.							
PATIENT 603 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 604 Name and address redacted	-		X	X		350.00	
Account No.							
PATIENT 605 Name and address redacted	-		X	X		128.25	
Sheet no. <u>37</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,000.04

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 606 Name and address redacted	-		X	X		16.50	
Account No.							
PATIENT 607 Name and address redacted	-		X	X		104.47	
Account No.							
PATIENT 608 Name and address redacted	-		X	X		100.01	
Account No.							
PATIENT 609 Name and address redacted	-		X	X		69.74	
Account No.							
PATIENT 610 Name and address redacted	-		X	X		180.40	
Sheet no. <u>38</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	471.12

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 611 Name and address redacted	-			X	X		67.67	
Account No.			CREDIT BALANCE					
PATIENT 612 Name and address redacted	-			X	X		10.00	
Account No.			CREDIT BALANCE					
PATIENT 613 Name and address redacted	-			X	X		75.00	
Account No.			CREDIT BALANCE					
PATIENT 614 Name and address redacted	-			X	X		19.42	
Account No.			CREDIT BALANCE					
PATIENT 615 Name and address redacted	-			X	X		250.00	
Sheet no. <u>39</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	422.09

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 616 Name and address redacted	-			X	X		55.00	
Account No.			CREDIT BALANCE					
PATIENT 617 Name and address redacted	-			X	X		42.74	
Account No.			CREDIT BALANCE					
PATIENT 618 Name and address redacted	-			X	X		26.71	
Account No.			CREDIT BALANCE					
PATIENT 619 Name and address redacted	-			X	X		109.56	
Account No.			CREDIT BALANCE					
PATIENT 620 Name and address redacted	-			X	X		145.86	
Sheet no. <u>40</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	379.87

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 621 Name and address redacted	-			X	X		350.00	
Account No.			CREDIT BALANCE					
PATIENT 622 Name and address redacted	-			X	X		57.68	
Account No.			CREDIT BALANCE					
PATIENT 623 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 624 Name and address redacted	-			X	X		32.70	
Account No.			CREDIT BALANCE					
PATIENT 625 Name and address redacted	-			X	X		59.46	
Sheet no. <u>41</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	599.84

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 626 Name and address redacted	-		X	X		53.60	
Account No.							
PATIENT 627 Name and address redacted	-		X	X		100.01	
Account No.							
PATIENT 628 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 629 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 630 Name and address redacted	-		X	X		199.41	
Sheet no. <u>42</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	503.02

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 631 Name and address redacted	-		X	X		34.86	
Account No.							
PATIENT 632 Name and address redacted	-		X	X		60.00	
Account No.							
PATIENT 633 Name and address redacted	-		X	X		101.75	
Account No.							
PATIENT 634 Name and address redacted	-		X	X		265.00	
Account No.							
PATIENT 635 Name and address redacted	-		X	X		88.58	
Sheet no. <u>43</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	550.19

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 636 Name and address redacted	-		X	X		180.00	
Account No.							
PATIENT 637 Name and address redacted	-		X	X		76.23	
Account No.							
PATIENT 638 Name and address redacted	-		X	X		16.00	
Account No.							
PATIENT 639 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 640 Name and address redacted	-		X	X		50.00	
Sheet no. <u>44</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	372.23

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 641 Name and address redacted	-		X	X		400.00
Account No.						
PATIENT 642 Name and address redacted	-		X	X		25.00
Account No.						
PATIENT 643 Name and address redacted	-		X	X		26.20
Account No.						
PATIENT 644 Name and address redacted	-		X	X		100.00
Account No.						
PATIENT 645 Name and address redacted	-		X	X		250.00
Sheet no. <u>45</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						801.20

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 646 Name and address redacted	-			X	X		75.00	
Account No.			CREDIT BALANCE					
PATIENT 647 Name and address redacted	-			X	X		38.11	
Account No.			CREDIT BALANCE					
PATIENT 648 Name and address redacted	-			X	X		106.10	
Account No.			CREDIT BALANCE					
PATIENT 649 Name and address redacted	-			X	X		100.00	
Account No.			CREDIT BALANCE					
PATIENT 650 Name and address redacted	-			X	X		1,420.28	
Sheet no. <u>46</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,739.49

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 651 Name and address redacted	-		X	X		87.74	
Account No.							
PATIENT 652 Name and address redacted	-		X	X		75.00	
Account No.							
PATIENT 653 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 654 Name and address redacted	-		X	X		38.11	
Account No.							
PATIENT 655 Name and address redacted	-		X	X		123.79	
Sheet no. <u>47</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	424.64

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 656 Name and address redacted	-		X	X		16.22	
Account No.							
PATIENT 657 Name and address redacted	-		X	X		10.64	
Account No.							
PATIENT 658 Name and address redacted	-		X	X		13.00	
Account No.							
PATIENT 659 Name and address redacted	-		X	X		350.00	
Account No.							
PATIENT 660 Name and address redacted	-		X	X		75.00	
Sheet no. <u>48</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	464.86

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 661 Name and address redacted	-		X	X		64.48	
Account No.							
PATIENT 662 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 663 Name and address redacted	-		X	X		166.82	
Account No.							
PATIENT 664 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 665 Name and address redacted	-		X	X		100.00	
Sheet no. <u>49</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	631.30

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 666 Name and address redacted	-		X	X		126.00	
Account No.							
PATIENT 667 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 668 Name and address redacted	-		X	X		769.93	
Account No.							
PATIENT 669 Name and address redacted	-		X	X		175.00	
Account No.							
PATIENT 670 Name and address redacted	-		X	X		60.00	
Sheet no. <u>50</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,180.93

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 671 Name and address redacted	-		X	X		836.99
Account No.						
PATIENT 672 Name and address redacted	-		X	X		1,890.24
Account No.						
PATIENT 673 Name and address redacted	-		X	X		25.00
Account No.						
PATIENT 674 Name and address redacted	-		X	X		46.93
Account No.						
PATIENT 675 Name and address redacted	-		X	X		28.70
Sheet no. <u>51</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,827.86

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 676 Name and address redacted	-		X	X		21.93	
Account No.							
PATIENT 677 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 678 Name and address redacted	-		X	X		70.00	
Account No.							
PATIENT 679 Name and address redacted	-		X	X		141.27	
Account No.							
PATIENT 680 Name and address redacted	-		X	X		59.51	
Sheet no. <u>52</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	392.71

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 681 Name and address redacted	-		X	X		20.00	
Account No.							
PATIENT 682 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 683 Name and address redacted	-		X	X		199.40	
Account No.							
PATIENT 684 Name and address redacted	-		X	X		150.00	
Account No.							
PATIENT 685 Name and address redacted	-		X	X		900.00	
Sheet no. <u>53</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,319.40

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 686 Name and address redacted	-			X	X		500.33	
Account No.			CREDIT BALANCE					
PATIENT 687 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 688 Name and address redacted	-			X	X		72.00	
Account No.			CREDIT BALANCE					
PATIENT 689 Name and address redacted	-			X	X		25.48	
Account No.			CREDIT BALANCE					
PATIENT 690 Name and address redacted	-			X	X		59.57	
Sheet no. <u>54</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	707.38

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 691 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 692 Name and address redacted	-		X	X		36.41	
Account No.							
PATIENT 693 Name and address redacted	-		X	X		30.85	
Account No.							
PATIENT 694 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 695 Name and address redacted	-		X	X		17.65	
Sheet no. <u>55</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	234.91

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No.		CREDIT BALANCE					
PATIENT 696 Name and address redacted	-		X	X		86.98	
Account No.		CREDIT BALANCE					
PATIENT 697 Name and address redacted	-		X	X		1,068.08	
Account No.		CREDIT BALANCE					
PATIENT 698 Name and address redacted	-		X	X		25.00	
Account No.		CREDIT BALANCE					
PATIENT 699 Name and address redacted	-		X	X		65.00	
Account No.		CREDIT BALANCE					
PATIENT 700 Name and address redacted	-		X	X		38.11	
Sheet no. <u>56</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,283.17

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 701 Name and address redacted	-		X	X		71.16	
Account No.							
PATIENT 702 Name and address redacted	-		X	X		500.00	
Account No.							
PATIENT 703 Name and address redacted	-		X	X		75.17	
Account No.							
PATIENT 704 Name and address redacted	-		X	X		44.10	
Account No.							
PATIENT 705 Name and address redacted	-		X	X		38.62	
Sheet no. <u>57</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	729.05

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 706 Name and address redacted	-		X	X		75.50	
Account No.							
PATIENT 707 Name and address redacted	-		X	X		150.00	
Account No.							
PATIENT 708 Name and address redacted	-		X	X		60.00	
Account No.							
PATIENT 709 Name and address redacted	-		X	X		20.00	
Account No.							
PATIENT 710 Name and address redacted	-		X	X		125.00	
Sheet no. <u>58</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	430.50

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 711 Name and address redacted	-		X	X		22.98	
Account No.							
PATIENT 712 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 713 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 714 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 715 Name and address redacted	-		X	X		125.00	
Sheet no. <u>59</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	222.98

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 716 Name and address redacted	-		X	X		300.00	
Account No.							
PATIENT 717 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 718 Name and address redacted	-		X	X		217.28	
Account No.							
PATIENT 719 Name and address redacted	-		X	X		95.42	
Account No.							
PATIENT 720 Name and address redacted	-		X	X		50.00	
Sheet no. <u>60</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	762.70

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 721 Name and address redacted	-			X	X		199.41	
Account No.			CREDIT BALANCE					
PATIENT 722 Name and address redacted	-			X	X		33.60	
Account No.			CREDIT BALANCE					
PATIENT 723 Name and address redacted	-			X	X		26.06	
Account No.			CREDIT BALANCE					
PATIENT 724 Name and address redacted	-			X	X		625.00	
Account No.			CREDIT BALANCE					
PATIENT 725 Name and address redacted	-			X	X		100.00	
Sheet no. <u>61</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	984.07

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 726 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 727 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 728 Name and address redacted	-		X	X		40.00	
Account No.							
PATIENT 729 Name and address redacted	-		X	X		84.94	
Account No.							
PATIENT 730 Name and address redacted	-		X	X		50.00	
Sheet no. <u>62</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	324.94

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 731 Name and address redacted	-		X	X		70.60	
Account No.							
PATIENT 732 Name and address redacted	-		X	X		15.95	
Account No.							
PATIENT 733 Name and address redacted	-		X	X		82.48	
Account No.							
PATIENT 734 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 735 Name and address redacted	-		X	X		70.00	
Sheet no. <u>63</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	339.03

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No.		CREDIT BALANCE					
PATIENT 736 Name and address redacted	-		X	X		25.00	
Account No.		CREDIT BALANCE					
PATIENT 737 Name and address redacted	-		X	X		30.00	
Account No.		CREDIT BALANCE					
PATIENT 738 Name and address redacted	-		X	X		20.00	
Account No.		CREDIT BALANCE					
PATIENT 739 Name and address redacted	-		X	X		20.00	
Account No.		CREDIT BALANCE					
PATIENT 740 Name and address redacted	-		X	X		88.33	
Sheet no. <u>64</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	183.33

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.							
PATIENT 741 Name and address redacted	-			X	X		500.35
Account No.							
PATIENT 742 Name and address redacted	-			X	X		90.00
Account No.							
PATIENT 743 Name and address redacted	-			X	X		57.54
Account No.							
PATIENT 744 Name and address redacted	-			X	X		16.00
Account No.							
PATIENT 745 Name and address redacted	-			X	X		50.00
Subtotal (Total of this page)							713.89

Sheet no. 65 of 109 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 746 Name and address redacted	-		X	X		90.00
Account No.						
PATIENT 747 Name and address redacted	-		X	X		38.11
Account No.						
PATIENT 748 Name and address redacted	-		X	X		258.70
Account No.						
PATIENT 749 Name and address redacted	-		X	X		290.00
Account No.						
PATIENT 750 Name and address redacted	-		X	X		75.00
Subtotal (Total of this page)						751.81

Sheet no. 66 of 109 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 751 Name and address redacted	-			X	X		25.00	
Account No.			CREDIT BALANCE					
PATIENT 752 Name and address redacted	-			X	X		200.00	
Account No.			CREDIT BALANCE					
PATIENT 753 Name and address redacted	-			X	X		200.00	
Account No.			CREDIT BALANCE					
PATIENT 754 Name and address redacted	-			X	X		35.00	
Account No.			CREDIT BALANCE					
PATIENT 755 Name and address redacted	-			X	X		33.28	
Sheet no. <u>67</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	493.28

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 756 Name and address redacted	-		X	X		56.85
Account No.						
PATIENT 757 Name and address redacted	-		X	X		75.00
Account No.						
PATIENT 758 Name and address redacted	-		X	X		25.00
Account No.						
PATIENT 759 Name and address redacted	-		X	X		45.47
Account No.						
PATIENT 760 Name and address redacted	-		X	X		196.83
Sheet no. <u>68</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						399.15

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 761 Name and address redacted	-		X	X		86.72	
Account No.							
PATIENT 762 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 763 Name and address redacted	-		X	X		160.00	
Account No.							
PATIENT 764 Name and address redacted	-		X	X		28.65	
Account No.							
PATIENT 765 Name and address redacted	-		X	X		10.00	
Sheet no. <u>69</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	335.37

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.			CREDIT BALANCE				
PATIENT 766 Name and address redacted	-			X	X		140.92
Account No.			CREDIT BALANCE				
PATIENT 767 Name and address redacted	-			X	X		97.87
Account No.			CREDIT BALANCE				
PATIENT 768 Name and address redacted	-			X	X		60.00
Account No.			CREDIT BALANCE				
PATIENT 769 Name and address redacted	-			X	X		200.00
Account No.			CREDIT BALANCE				
PATIENT 770 Name and address redacted	-			X	X		91.82
Sheet no. <u>70</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	590.61

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 771 Name and address redacted	-		X	X		307.00	
Account No.							
PATIENT 772 Name and address redacted	-		X	X		37.56	
Account No.							
PATIENT 773 Name and address redacted	-		X	X		14.15	
Account No.							
PATIENT 774 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 775 Name and address redacted	-		X	X		100.00	
Sheet no. <u>71</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	483.71

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 776 Name and address redacted	-		X	X		0.08	
Account No.							
PATIENT 777 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 778 Name and address redacted	-		X	X		104.23	
Account No.							
PATIENT 779 Name and address redacted	-		X	X		23.20	
Account No.							
PATIENT 780 Name and address redacted	-		X	X		16.22	
Sheet no. <u>72</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	243.73

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 781 Name and address redacted	-			X	X		40.00	
Account No.			CREDIT BALANCE					
PATIENT 782 Name and address redacted	-			X	X		300.00	
Account No.			CREDIT BALANCE					
PATIENT 783 Name and address redacted	-			X	X		167.68	
Account No.			CREDIT BALANCE					
PATIENT 784 Name and address redacted	-			X	X		250.00	
Account No.			CREDIT BALANCE					
PATIENT 785 Name and address redacted	-			X	X		75.00	
Sheet no. <u>73</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	832.68

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 786 Name and address redacted	-		X	X		250.00	
Account No.							
PATIENT 787 Name and address redacted	-		X	X		56.88	
Account No.							
PATIENT 788 Name and address redacted	-		X	X		125.00	
Account No.							
PATIENT 789 Name and address redacted	-		X	X		34.68	
Account No.							
PATIENT 790 Name and address redacted	-		X	X		40.04	
Sheet no. <u>74</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	506.60

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 791 Name and address redacted	-		X	X		125.00	
Account No.							
PATIENT 792 Name and address redacted	-		X	X		89.53	
Account No.							
PATIENT 793 Name and address redacted	-		X	X		350.00	
Account No.							
PATIENT 794 Name and address redacted	-		X	X		27.20	
Account No.							
PATIENT 795 Name and address redacted	-		X	X		50.00	
Sheet no. <u>75</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	641.73

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 796 Name and address redacted	-		X	X		31.21	
Account No.							
PATIENT 797 Name and address redacted	-		X	X		20.00	
Account No.							
PATIENT 798 Name and address redacted	-		X	X		2,100.00	
Account No.							
PATIENT 799 Name and address redacted	-		X	X		215.58	
Account No.							
PATIENT 800 Name and address redacted	-		X	X		83.67	
Sheet no. <u>76</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,450.46

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 801 Name and address redacted	-		X	X		359.76	
Account No.							
PATIENT 802 Name and address redacted	-		X	X		35.00	
Account No.							
PATIENT 803 Name and address redacted	-		X	X		56.68	
Account No.							
PATIENT 804 Name and address redacted	-		X	X		109.56	
Account No.							
PATIENT 805 Name and address redacted	-		X	X		60.00	
Sheet no. <u>77</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	621.00

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 806 Name and address redacted	-		X	X		348.35	
Account No.							
PATIENT 807 Name and address redacted	-		X	X		30.00	
Account No.							
PATIENT 808 Name and address redacted	-		X	X		32.10	
Account No.							
PATIENT 809 Name and address redacted	-		X	X		66.15	
Account No.							
PATIENT 810 Name and address redacted	-		X	X		38.11	
Sheet no. <u>78</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	514.71

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 811 Name and address redacted	-		X	X		30.00	
Account No.							
PATIENT 812 Name and address redacted	-		X	X		40.25	
Account No.							
PATIENT 813 Name and address redacted	-		X	X		27.91	
Account No.							
PATIENT 814 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 815 Name and address redacted	-		X	X		37.00	
Sheet no. <u>79</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	185.16

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 816 Name and address redacted	-			X	X		275.00	
Account No.			CREDIT BALANCE					
PATIENT 817 Name and address redacted	-			X	X		55.21	
Account No.			CREDIT BALANCE					
PATIENT 818 Name and address redacted	-			X	X		60.00	
Account No.			CREDIT BALANCE					
PATIENT 819 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 820 Name and address redacted	-			X	X		112.89	
Sheet no. <u>80</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	553.10

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 821 Name and address redacted	-		X	X		75.00	
Account No.							
PATIENT 822 Name and address redacted	-		X	X		60.00	
Account No.							
PATIENT 823 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 824 Name and address redacted	-		X	X		27.75	
Account No.							
PATIENT 825 Name and address redacted	-		X	X		30.00	
Sheet no. <u>81</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	392.75

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 826 Name and address redacted	-			X	X		145.72	
Account No.			CREDIT BALANCE					
PATIENT 827 Name and address redacted	-			X	X		73.00	
Account No.			CREDIT BALANCE					
PATIENT 828 Name and address redacted	-			X	X		53.76	
Account No.			CREDIT BALANCE					
PATIENT 829 Name and address redacted	-			X	X		48.11	
Account No.			CREDIT BALANCE					
PATIENT 830 Name and address redacted	-			X	X		200.00	
Sheet no. <u>82</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	520.59

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 831 Name and address redacted	-		X	X		62.03	
Account No.							
PATIENT 832 Name and address redacted	-		X	X		30.90	
Account No.							
PATIENT 833 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 834 Name and address redacted	-		X	X		19.44	
Account No.							
PATIENT 835 Name and address redacted	-		X	X		60.00	
Sheet no. <u>83</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	272.37

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 836 Name and address redacted	-		X	X		64.76	
Account No.							
PATIENT 837 Name and address redacted	-		X	X		18.50	
Account No.							
PATIENT 838 Name and address redacted	-		X	X		48.00	
Account No.							
PATIENT 839 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 840 Name and address redacted	-		X	X		200.00	
Sheet no. <u>84</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	531.26

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 841 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 842 Name and address redacted	-		X	X		150.00	
Account No.							
PATIENT 843 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 844 Name and address redacted	-		X	X		34.16	
Account No.							
PATIENT 845 Name and address redacted	-		X	X		105.95	
Sheet no. <u>85</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	590.11

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 846 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 847 Name and address redacted	-		X	X		101.49	
Account No.							
PATIENT 848 Name and address redacted	-		X	X		97.24	
Account No.							
PATIENT 849 Name and address redacted	-		X	X		39.32	
Account No.							
PATIENT 850 Name and address redacted	-		X	X		20.00	
Sheet no. <u>86</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	308.05

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 851 Name and address redacted	-			X	X		40.86	
Account No.			CREDIT BALANCE					
PATIENT 852 Name and address redacted	-			X	X		300.00	
Account No.			CREDIT BALANCE					
PATIENT 853 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 854 Name and address redacted	-			X	X		50.00	
Account No.			CREDIT BALANCE					
PATIENT 855 Name and address redacted	-			X	X		6.00	
Sheet no. <u>87</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	446.86

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 856 Name and address redacted	-		X	X		185.26	
Account No.							
PATIENT 857 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 858 Name and address redacted	-		X	X		38.11	
Account No.							
PATIENT 859 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 860 Name and address redacted	-		X	X		62.20	
Sheet no. <u>88</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	385.57

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor
Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 861 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 862 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 863 Name and address redacted	-		X	X		43.33	
Account No.							
PATIENT 864 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 865 Name and address redacted	-		X	X		59.00	
Sheet no. <u>89</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	402.33

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 866 Name and address redacted	-		X	X		100.00
Account No.						
PATIENT 867 Name and address redacted	-		X	X		289.00
Account No.						
PATIENT 868 Name and address redacted	-		X	X		75.00
Account No.						
PATIENT 869 Name and address redacted	-		X	X		26.37
Account No.						
PATIENT 870 Name and address redacted	-		X	X		3,655.00
Sheet no. <u>90</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,145.37

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 871 Name and address redacted	-		X	X		550.00	
Account No.							
PATIENT 872 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 873 Name and address redacted	-		X	X		140.00	
Account No.							
PATIENT 874 Name and address redacted	-		X	X		28.35	
Account No.							
PATIENT 875 Name and address redacted	-		X	X		875.00	
Sheet no. <u>91</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,643.35

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.			CREDIT BALANCE				
PATIENT 876 Name and address redacted	-			X	X		30.64
Account No.			CREDIT BALANCE				
PATIENT 877 Name and address redacted	-			X	X		67.24
Account No.			CREDIT BALANCE				
PATIENT 878 Name and address redacted	-			X	X		64.23
Account No.			CREDIT BALANCE				
PATIENT 879 Name and address redacted	-			X	X		20.00
Account No.			CREDIT BALANCE				
PATIENT 880 Name and address redacted	-			X	X		100.00
Sheet no. <u>92</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	282.11

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 881 Name and address redacted	-		X	X		31.72	
Account No.							
PATIENT 882 Name and address redacted	-		X	X		90.00	
Account No.							
PATIENT 883 Name and address redacted	-		X	X		29.10	
Account No.							
PATIENT 884 Name and address redacted	-		X	X		13.00	
Account No.							
PATIENT 885 Name and address redacted	-		X	X		100.00	
Sheet no. <u>93</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	263.82

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 886 Name and address redacted	-		X	X		131.98	
Account No.							
PATIENT 887 Name and address redacted	-		X	X		34.48	
Account No.							
PATIENT 888 Name and address redacted	-		X	X		167.00	
Account No.							
PATIENT 889 Name and address redacted	-		X	X		99.00	
Account No.							
PATIENT 890 Name and address redacted	-		X	X		19.87	
Sheet no. <u>94</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	452.33

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 891 Name and address redacted	-		X	X		300.00	
Account No.							
PATIENT 892 Name and address redacted	-		X	X		221.62	
Account No.							
PATIENT 893 Name and address redacted	-		X	X		70.41	
Account No.							
PATIENT 894 Name and address redacted	-		X	X		240.98	
Account No.							
PATIENT 895 Name and address redacted	-		X	X		3.00	
Sheet no. <u>95</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	836.01

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 896 Name and address redacted	-		X	X		44.64
Account No.						
PATIENT 897 Name and address redacted	-		X	X		50.00
Account No.						
PATIENT 898 Name and address redacted	-		X	X		60.00
Account No.						
PATIENT 899 Name and address redacted	-		X	X		20.00
Account No.						
PATIENT 900 Name and address redacted	-		X	X		20.00
Subtotal (Total of this page)						194.64

Sheet no. 96 of 109 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 901 Name and address redacted	-		X	X		134.95	
Account No.							
PATIENT 902 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 903 Name and address redacted	-		X	X		18.26	
Account No.							
PATIENT 904 Name and address redacted	-		X	X		48.91	
Account No.							
PATIENT 905 Name and address redacted	-		X	X		200.00	
Sheet no. <u>97</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	452.12

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 906 Name and address redacted	-		X	X		23.36	
Account No.							
PATIENT 907 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 908 Name and address redacted	-		X	X		500.00	
Account No.							
PATIENT 909 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 910 Name and address redacted	-		X	X		159.26	
Sheet no. <u>98</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	832.62

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 911 Name and address redacted	-		X	X		35.00
Account No.						
PATIENT 912 Name and address redacted	-		X	X		10.00
Account No.						
PATIENT 913 Name and address redacted	-		X	X		123.52
Account No.						
PATIENT 914 Name and address redacted	-		X	X		40.00
Account No.						
PATIENT 915 Name and address redacted	-		X	X		50.00
Sheet no. <u>99</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						258.52

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.			CREDIT BALANCE				
PATIENT 916 Name and address redacted	-			X	X		86.00
Account No.			CREDIT BALANCE				
PATIENT 917 Name and address redacted	-			X	X		75.00
Account No.			CREDIT BALANCE				
PATIENT 918 Name and address redacted	-			X	X		16.53
Account No.			CREDIT BALANCE				
PATIENT 919 Name and address redacted	-			X	X		50.00
Account No.			CREDIT BALANCE				
PATIENT 920 Name and address redacted	-			X	X		250.00
Sheet no. <u>100</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	477.53

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 921 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 922 Name and address redacted	-		X	X		25.00	
Account No.							
PATIENT 923 Name and address redacted	-		X	X		200.00	
Account No.							
PATIENT 924 Name and address redacted	-		X	X		22.16	
Account No.							
PATIENT 925 Name and address redacted	-		X	X		150.00	
Sheet no. <u>101</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	497.16

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					
Account No.		CREDIT BALANCE					
PATIENT 926 Name and address redacted	-		X	X		15.75	
Account No.		CREDIT BALANCE					
PATIENT 927 Name and address redacted	-		X	X		21.61	
Account No.		CREDIT BALANCE					
PATIENT 928 Name and address redacted	-		X	X		64.45	
Account No.		CREDIT BALANCE					
PATIENT 929 Name and address redacted	-		X	X		81.12	
Account No.		CREDIT BALANCE					
PATIENT 930 Name and address redacted	-		X	X		35.00	
Sheet no. <u>102</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	217.93

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 931 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 932 Name and address redacted	-		X	X		2,281.29	
Account No.							
PATIENT 933 Name and address redacted	-		X	X		46.63	
Account No.							
PATIENT 934 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 935 Name and address redacted	-		X	X		30.00	
Sheet no. <u>103</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,507.92

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 936 Name and address redacted	-		X	X		40.00	
Account No.							
PATIENT 937 Name and address redacted	-		X	X		1,464.94	
Account No.							
PATIENT 938 Name and address redacted	-		X	X		50.00	
Account No.							
PATIENT 939 Name and address redacted	-		X	X		407.24	
Account No.							
PATIENT 940 Name and address redacted	-		X	X		100.00	
Sheet no. <u>104</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,062.18

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.			CREDIT BALANCE				
PATIENT 941 Name and address redacted	-			X	X		35.00
Account No.			CREDIT BALANCE				
PATIENT 942 Name and address redacted	-			X	X		100.00
Account No.			CREDIT BALANCE				
PATIENT 943 Name and address redacted	-			X	X		16.22
Account No.			CREDIT BALANCE				
PATIENT 944 Name and address redacted	-			X	X		366.53
Account No.			CREDIT BALANCE				
PATIENT 945 Name and address redacted	-			X	X		25.00
Sheet no. <u>105</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	542.75

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PATIENT 946 Name and address redacted	-		X	X		100.00
Account No.						
PATIENT 947 Name and address redacted	-		X	X		60.35
Account No.						
PATIENT 948 Name and address redacted	-		X	X		144.00
Account No.						
PATIENT 949 Name and address redacted	-		X	X		55.97
Account No.						
PATIENT 950 Name and address redacted	-		X	X		30.95
Subtotal (Total of this page)						391.27

Sheet no. 106 of 109 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 951 Name and address redacted	-		X	X		10.00	
Account No.							
PATIENT 952 Name and address redacted	-		X	X		15.00	
Account No.							
PATIENT 953 Name and address redacted	-		X	X		100.00	
Account No.							
PATIENT 954 Name and address redacted	-		X	X		31.17	
Account No.							
PATIENT 955 Name and address redacted	-		X	X		110.62	
Sheet no. <u>107</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	266.79

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.			CREDIT BALANCE					
PATIENT 956 Name and address redacted	-			X	X		1,000.00	
Account No.			CREDIT BALANCE					
PATIENT 957 Name and address redacted	-			X	X		400.00	
Account No.			CREDIT BALANCE					
PATIENT 958 Name and address redacted	-			X	X		118.66	
Account No.			CREDIT BALANCE					
PATIENT 959 Name and address redacted	-			X	X		129.28	
Account No.			CREDIT BALANCE					
PATIENT 960 Name and address redacted	-			X	X		115.00	
Sheet no. <u>108</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,762.94

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDIT BALANCES

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PATIENT 961 Name and address redacted	-		X	X		207.44	
Account No.							
PATIENT 962 Name and address redacted	-		X	X		25.41	
Account No.							
PATIENT 963 Name and address redacted	-		X	X		354.24	
Account No.							
PATIENT 964 Name and address redacted	-		X	X		75.62	
Account No.							
PATIENT 965 Name and address redacted	-		X	X		85.00	
Sheet no. <u>109</u> of <u>109</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	747.71
						Total (Report on Summary of Schedules)	74,760.13

B6F (Official Form 6F) (12/07)

In re El Paso Children's Hospital Corporation, Case No. 15-30784
Debtor

**SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community				C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J	C				
Account No. AETNA PO BOX 14079 LEXINGTON, KY 40512	-					X	X		Unknown
Account No. AMERIGROUP PO BOX 971100 EL PASO, TX 79997	-					X	X		Unknown
Account No. BLUE CROSS BLUE SHIELD OF TX P.O. BOX 660044 DALLAS, TX 75266	-					X	X		Unknown
Account No. CIGNA HEALTHCARE PO BOX 182223 CHATTANOOGA, TN 37422	-					X	X		Unknown
Subtotal (Total of this page)									0.00

3 continuation sheets attached

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G U E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. EL PASO FIRST HEALTH NETWORK P.O. BOX 971100 EL PASO, TX 79997	-		X	X		Unknown
Account No. GEHA PO BOX 4665 INDEPENDENCE, MO 64051	-		X	X		Unknown
Account No. HUMANA PO BOX 14601 LEXINGTON, KY 40512	-		X	X		Unknown
Account No. MEDICAID PO BOX 200555 AUSTIN, TX 78720	-		X	X		Unknown
Account No. MEDICAID HMO P.O. BOX 27838 SANTA FE, NM 87125	-		X	X		Unknown
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re El Paso Children's Hospital Corporation, Debtor Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C						
Account No. MEDICAID OF TEXAS PO BOX 200555 AUSTIN, TX 78720	-			X	X		Unknown	
Account No. MOLINA HEALTH PLAN PO BOX 971100 EL PASO, TX 79997	-			X	X		Unknown	
Account No. MOLINA HEALTHCARE OF NM P.O. BOX 22801 LONG BEACH, CA 90801	-			X	X		Unknown	
Account No. NM MEDICAID PO BOX 2348 SANTA FE, NM 87504	-			X	X		Unknown	
Account No. PREFERRED ADMINISTRATORS PO BOX 690450 SAN ANTONIO, TX 78269	-			X	X		Unknown	
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00

In re El Paso Children's Hospital Corporation, Debtor
Case No. 15-30784

SCHEDULE F-5 - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
CREDIT BALANCES
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. PRESBYTERIAN HEALTH PLAN PO BOX 27489 ALBUQUERQUE, NM 87125	-		X	X		Unknown	
Account No. SUPERIOR HEALTH PLAN PO BOX 3003 FARMINGTON, MO 63640	-		X	X		Unknown	
Account No. TRICARE P.O. BOX 7064 CAMDEN, SC 29020-7064	-		X	X		Unknown	
Account No. UNITED HEALTHCARE PO BOX 740800 ATLANTA, GA 30374-0800	-		X	X		Unknown	
Account No. 							
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00
						Total (Report on Summary of Schedules)	0.00

In re El Paso Children's Hospital Corporation

Case No. 15-30784

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

See Schedules G-1 through G-7 attached.

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_____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

**Schedule G-1 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
SERVICE AGREEMENTS**

Name	Address1	Address2	Address3	City	St	Zip
University Medical Center of El Paso	4815 Alameda Ave			El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Douglas M. Stocco, PhD	Ex. VP for Research	3601 4th St.	Lubbock	TX	79430-6252
Texas Tech Univ. Health Sciences Center	School of Medicine	4800 Alberta Avenue		El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept of Pediatrics	4800 Alberta Avenue		El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Anesthesiology Residency Prog Dir	4800 Alberta Avenue		El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept of Child & Adolsecent Psych.	4615 Alameda		El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept of Emergency Medicine	Paul L. Foster School of Medicine	4800 Alberta Avenue	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept Family & Comm. Medicine	Residency Prog. Director	9849 Kenworthy St.	El Paso	TX	79924
Texas Tech Univ. Health Sciences Center	Internal Medicine Dept.	Residency Prog. Director	4800 Alberta	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Medical Toxicology Fellowship Program	Paul L. Foster School of Medicine	4800 Alberta Avenue	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept of Obstetrics and Gynecology	Paul L. Foster School of Medicine	4800 Alberta Avenue	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Pediatrics	Residency Prog. Director	4800 Alberta	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept of General Surgery	Paul L. Foster School of Medicine	4800 Alberta Avenue	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept. of Psychiatry	4800 Alberta Avenue		El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Radiology Residency Prog.	Residency Prog. Director	5001 El Paso Dr.	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dept. of Surgery	Paul L. Foster School of Medicine	4800 Alberta Avenue	El Paso	TX	79905

**SCHEDULE G-2 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
PROFESSIONAL SERVICES**

Name	Address1	Address2	Address3	City	St	Zip
Alan Bleibert, M.D.	c/o Vista Staffing Solutions, Inc.	275 East 200 South		Salt Lake City	UT	84111
Amanda Dizzine, N.P.	P.O. Box 910			Fabens	TX	79838
Bert Emil Johansson, Ph.D., M.D.	4812 Vista Del Monte			El Paso	TX	79922-2126
Bruce Storrs, MD	138 Diamond Trail Rd.			Placitas	NM	87043
Catherine F. Baston, M.D.	11405 Patricia Ave			El Paso	TX	79936
Clarence Pediatric Medicine	Attn: Dr. Jayson Luma, MD	2560 W. Erie St.		Chandler	AZ	85224
Clinton Woosley, M.D.	4815 Alameda Ave.			El Paso	TX	79905
Daniel G. Blumenfeld, M.D.	817 River Oaks			El Paso	TX	79912
Daniel S. Washburn, M.D.	6313 Brisa del Mar			El Paso	TX	79912
Deborah Callanan, M.D.	241 West Mulberry			San Antonio	TX	78212
Dennis Reiter, D.O.	400 Executive Center Blvd			El Paso	TX	79902
El Paso Imaging Consultants, PLLC	104 Camino Penasco			El Paso	TX	79912
El Paso Imaging Consultants, PLLC	104 Camino Penasco			El Paso	TX	79912
El Paso Kidney Specialists	1700 Curie Dr.	Ste 4300		El Paso	TX	79902
El Paso Physician Network	3800 N. Mesa St.	Ste A2-321		El Paso	TX	79902-1512
El Paso Southwestern Cardiovascular Associates	1600 Medical Center Drive	Suite 212		El Paso	TX	79902
Enrique Calderon, M.D.	1717 North Brown Street	Building 3		El Paso	TX	79902
Eric Gross, M.D.	11163 LaQuinta Place	Ste B200		El Paso	TX	79936
George Martin, M.D.	1725 Brown Street			El Paso	TX	79902
Geremie Palombaro, D.O.	400 Executive Center Blvd			El Paso	TX	79902
Hector Granados, M.D.	Texas Tech Univ. Health Science Center at El Paso	4800 Alberta Avenue		El Paso	TX	79905
Javier De La Torre, M.D.	1236 Calle Del Sur			El Paso	TX	79912
Jorge Sainz, M.D.	5800 Coronado Ridge			El Paso	TX	79912
Lawrence Tremper, M.D.	1201 E. Schuster Ave, #5B			El Paso	TX	79902
Llewellyn VanOrden Lee, M.D.	6357 Cougar Ridge			El Paso	TX	79912
LocumTenens.com LLC	2655 Northwinds Pkwy			Alpharetta	GA	30009
Louise Reza, RDCS	12159 Frank Cordova			El Paso	TX	79936
Luis A. Santos, M.D.	125 W. Hague	Suite 180		El Paso	TX	79902
Mark J. Gallardo, M.D.	4755 Vista Del Monte			El Paso	TX	79922
Melhem Raymond Ghaleb, M.D.	1437 Belvidere Street			El Paso	TX	79912
Michael Foote, M.D.	4755 Vista Del Monte			El Paso	TX	79922
Miguel Moreno, M.D.	1900 North Oregon			El Paso	TX	79902
Pediatrix Medical Services Inc	3001 E. George Bush Trnpg	Ste 250		Richardson	TX	75082
Questcare Medical Services P.A.	Attn: Legal Department	12221 Merit Dr.	Ste 1610	Dallas	TX	75251
Rio Grande Urology, P.A.	7420 Remcon Circle	Bldg A		El Paso	TX	79912
Rio Grande Urology, P.A.	7420 Remcon Circle	Bldg A		El Paso	TX	79912
Robert C. Woody, M.D., MPH	Adult and Child Neurology	2900 Hillrise Ave.		Las Cruces	NM	88011
Rodolfo Fierro-Stevens, M.D.	1400 North El Paso Street	Suite B		El Paso	TX	79902
Ruben Ramirez, M.D.	1300 Murchison #140			El Paso	TX	79902
Tam Quang Dang, M.D.	918 Bellacumbre			El Paso	TX	79912

**SCHEDULE G-2 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
PROFESSIONAL SERVICES**

Name	Address1	Address2	Address3	City	St	Zip
Texas Tech Univ. Health Sciences Center	Alicia L. Gacharna, Administrator	Department of Pediatrics	4800 Alberta	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Alicia L. Gacharna, Administrator	Department of Pediatrics	4800 Alberta	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Paul Foster School of Medicine	Dept. of General Surgery	4800 Alberta	El Paso	TX	79905
Texas Tech Univ. Health Sciences Center	Dean - Paul Foster School of Medicine	4800 Alberta Avenue		El Paso	TX	79905
Violeta Radenovich, M.D.	d/b/a Children's Ey Center of El Paso	1250 E. Cliff Dr.	Suite 4-D	El Paso	TX	79902
AlixPartners, LLP	Attn: General Counsel	2000 Town Center	Ste 2400	Southfield	MI	48075
BKD, LLP	14241 Dallas Pkwy #1100			Dallas	TX	75254
Brown & Fortunato, PC	Attn: Richard F Brown	905 S. Fillmore, Ste 400	PO Box 9418	Amarillo	TX	79105
Discovery Healthcare Consulting Grp LLC	2950 50th St.			Lubbock	TX	79413
HighQ Inc.	60 East 42nd St.			New York	NY	10165
Jackson Walker LLP	901 Main St.	Ste 6000		Dallas	TX	75202
Joint Commission Resources Inc.	Attn: Marwa Zohdy	1515 W. 22nd St.	Ste 1300 W	Oakbrook	IL	60523
Joseph V. Gibson, IV	10330 Lake Road	Bldg V		Houston	TX	77070
Maney & Gordon, P.A.	1535 Hawkins Blvd.	Ste A		El Paso	TX	79925
Moss Adams LLP	6565 Americas Pkwy NE	#600		Albuquerque	NM	87110
Scherr Legate PLLC	1 Texas Tower	109 N. Oregon St.	12th Floor	El Paso	TX	79901
The Graham Law Firm PLLC	9440 Visount	Ste. 113		El Paso	TX	79925
Watts Law Firm LLP	Four Dominion Dr.	Bldg Three, Ste 100		San Antonio	TX	78257

**SCHEDULE G-3 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
EMPLOYMENT**

Name	Address1	Address2	City	St	Zip
America's 401k, Inc.	9696 Skillman St	Ste 380	Dallas	TX	75243
Advanced Bottom-Line Mgmt Inc	8505 Russell Dr.		Rowlett	TX	75089
Jesus Gonzalez	6954 Canyon Ridge Way		El Paso	TX	79912
Susan Hass Hatch	105 E. Cloud Song		Santa Teresa	NM	88008

**SCHEDULE G-4 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
PURCHASE AGREEMENTS**

Name	Address1	Address2	Address3	City	St	Zip
Advanced AB, LLC	28515 Westinghouse Place	Attn: Customer Service, Loan Equip		Valencia	CA	91355
American Recruiters	6400 N. Andrews Ave	Ste 510		Fort Lauderdale	FL	33309
Amplify Revenue Solutions LLC	Attn: President & CEO	3267 Bee Cave Rd	Ste 107-511	Austin	TX	78746
Aureus Radiology LLC	Attn: Contracts Dept	13609 California St		Omaha	NE	68154-5260
Baxa Corporation	Contracts Dept	Attn: Contracts Manager	9540 S. Maroon Cir, Ste 400	Englewood	CO	80112
Baxa Pharmaceuticals	c/o Kemp Smith LLP	221 N. Kansas	Ste 1700	El Paso	TX	79901
Beckman Coulter Inc.	PO Box 169015	11800 SW 147th Ave		Miami	FL	33116-9015
Burnett Specialists	9800 Richmond Ave			Houston	TX	77042
Children's Medical Center of Dallas	Attn: Christopher J. Durovich	President and CEO	1935 Medical District Dr	Dallas	TX	75235
MRA Search	Cross Country Staffing	40 Eastern Ave		Malden	MA	02148
Cymatrix Corporation	Attn: Michael Halberda	2875 Michelle Dr.		Irvine	CA	92606
Doma Technologies	2875 Sabre St	Ste 500		Virginia Beach	VA	23452
Ghostlight Creative LLC	300 Florence Ste 14			El Paso	TX	79901
HealthSmart	Attn: Legal Department	222 W. Las Colinas Blvd	Ste 600 N	Irving	TX	75039
HQI Partners	A Division of Registry Partners, Inc.	2966 S. Church St. - #247		Burlington	NC	27215
Omniflight Helicopters, Inc.	Attn: CEO	16415 Addison Rd.	Ste 400	Addison	TX	75001-3263
On Assignment Staffing Services	26745 Malibu Hills Road			Calabasas	CA	91301
Retirement Advisors of the Southwest	7505 Lockheed Dr.			El Paso	TX	79925
RMP Temps	4707 Montana			El Paso	TX	79903
Siemens Water Technologies LLC	Attn: Darren Jaramillo	3800 Rutledge NE	Ste A	Albuquerque	NM	87109
Sierra Staffing	5 Division St.			East Greenwich	RI	02818
Southwest Transplant Alliance	7618 Boeing Dr, #B			El Paso	TX	79925
Stryker Medical	3800 E. Centre Ave.			Portage	MI	49002
Sun City Records Management Inc	9230 Billy the Kit			El Paso	TX	79907
System America Inc.	577 Aptakisic Rd.			Lincolnshire	IL	60069
Tiburon Financial LLC	11510 Blondo	Ste 200		Omaha	NE	68164
Vital Diagnostics	27 Wellington Road			Lincoln	RI	02865

**SCHEDULE G-5 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
MANAGED CARE**

Name	Address1	Address2	Address3	City	St	Zip
Aetna Health Behavioral Health	1425 Union Meeting Rd	PO Box 5		Blue Bell	PA	19422
Aetna Health Inc.	Provider Cont. Mgmt-MidAmerica	One S. Wacker Dr, Ste 1200		Chicago	IL	60606
Aetna Health Inc.	Provider Cont. Mgmt-MidAmerica	2777 N. Stemmons Fwy	Ste 1450	Dallas	TX	75207
Aetna Health Inc.	Provider Cont. Mgmt-MidAmerica	Network Operations	PO Box 569440	Dallas	TX	75356-9440
Aetna Health Inc.	Provider Cont. Mgmt-MidAmerica	Network Operations	2777 Stemmons Fwy, #300	Dallas	TX	75207
Blue Cross Blue Shield of Texas	Div of Health Care Serv. Corp	118 Mesa Park Dr		El Paso	TX	79912
Blue Cross Blue Shield of Texas	Div of Health Care Serv. Corp	118 Mesa Park Dr		El Paso	TX	79912
Children's Medical Services	State of New Mexico	2040 South Pacheco		Santa Fe	NM	87505
Cigna HealthCare of Texas	Attn: AVP of Provider Contracting	1640 Dallas Pkwy		Plano	TX	75093
Cigna HealthCare of Texas	Attn: AVP of Provider Contracting	1640 Dallas Pkwy		Plano	TX	75093
Clinical Coding Solutions, Inc.	1700 Swift Ave.	Ste 200		North Kansas City	MO	64116
Coventry Health Care Inc.	Attn: VP, Network Mgmt	100 E. Royal Ln	Ste 105	Irving	TX	75039
Coventry Health Care Nat'l Network	Attn: VP, Network Mgmt	2800 N. Dallas Pkwy	Ste 300	Plano	TX	75093
Dept. of State Health Services	Director, Client Services	Contracting Unit	1100 W. 49th St.	Austin	TX	78756
El Paso First Health Plans, Inc.	1145 Westmoreland Dr.			El Paso	TX	79925
Fortified Provider Network, Inc.	Attn: Legal Department	8096 N. 85th Way	Ste. #105	Scottsdale	AZ	85258
HealthSmart	Attn: Legal Department	222 W. Las Colinas Blvd	Ste 600 N	Irving	TX	75039
Lovelace Health Plan	4101 Indian School Rd NE #110			Albuquerque	NM	87110
Mississippi Div of Medicaid	Office of the Governor	Walter Sillers Bldg	550 High St, Ste 1000	Jackson	MS	39201
Molina Healthcare of Texas	Attn: Provider Contracting	84 NE Loop 410	Ste 200	San Antonio	TX	78216
MultiPlan Inc.	Attn: Office of President & CEO	115 Fifth Ave.		New York	NY	10003-1004
Praxair Healthcare Services	39 Old Ridgebury Rd.			Danbury	CT	06810
Rx Pro Health Inc.	Attn: Sr VP Client Sales	12400 High Bluff Dr		San Diego	CA	92130
Sierra Providence Health Network	Attn: CEO	2001 N. Oregon St.		El Paso	TX	79902
Superior HealthPlan	2100 IH 35 South	Ste 202		Austin	TX	78704
Tenet Hospitals Limited	Corporate Headquarters	Attn: Sr Counsel/Law Dept.	1445 Ross Ave., Ste 1400	Dallas	TX	75240
TMF Health Quality Institute	Review & Compliance	Bridgepoint Plza I, Ste 300	5918 W. Courtyard Dr.	Austin	TX	78730-5036
TriWest Healthcare Alliance Corp	PO Box 42049			Phoenix	AZ	85053
TriWest Healthcare Alliance Corp	PO Box 42049			Phoenix	AZ	85053
TriWest Healthcare Alliance Corp	PO Box 42049			Phoenix	AZ	85053
T-System Inc	1700 Swift Ave.	Ste 200		N Kansas City	MO	64116
TX Dept. of State Health Svcs	Director, Client Services	1100 W. 49th St.		Austin	TX	78756
TX Dept. of State Health Svcs	Director, Client Services	1100 W. 49th St.		Austin	TX	78756
UnitedHealth Military & Veterans Serv.	2222 W. Dunlap Ave.			Phoenix	AZ	85021
UnitedHealthcare Insurance Co.	Network Contract Support	1311 W. President George Bush Hwy	Ste 100, Mail Rt:TX023-1000	Richardson	TX	75080-9870
UnitedHealthcare Insurance Co.	5800 Granite Pkwy	Ste 900		Plano	TX	75024

**SCHEDULE G-6 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
AFFILIATION AGREEMENTS**

Name	Address1	Address2	Address3	City	St	Zip
American College of Radiology	1891 Preston White Dr			Reston	VA	20191
Angelo State University	2601 W. Avenue N			San Angelo	TX	76909
B. Braun Medical Inc.	1601 Wallace Dr.			Carrollton	TX	75006
Bacterin International, Inc.	600 Cruiser Lane			Belgrade	MT	59714
Baylor College of Medicine	Attn: Chief Compliance Officer	One Baylor Plaza	MS BCM265	Houston	TX	77030
Biomedical Inst of the Americas	201 E. Main Street	Ste 1514		El Paso	TX	79901
BorderRAC	(Far West TX & Southern NM Trauma)	200 N. Kansas		El Paso	TX	79901
Cardinal Health	MedAssets Supply Chain Sys.	280 S. Mount Auburn Rd.		Cape Girardeau	MO	63703
CareFusion Solutions LLC	3750 Torrey View court			San Diego	CA	92130
Cellco Partnership	d/b/a Verizon Wireless	Attn: RJ Fenolio	8350 E. Crescent Kkwy	Greenwood Village	CO	80111
Clark and Company	510 S Grande Ave	Ste 302		Glendora	CA	91741
Del Sol Medical Center	10301 Gateway West			El Paso	TX	79925
Discovery Medical Network, Inc.	Attn: CEO	2950 50th St.		Lubbock	TX	79413
EAN Services, LLC	Attn: Business Rental Sales Dept.	600 Corporate Park Drive		St. Louis	MO	63105
El Paso Community College	PO Box 20500			El Paso	TX	79998
El Paso Community College	PO Box 20500			El Paso	TX	79998
El Paso County Clinical Svs. PLLC	10301 W. Gateway			El Paso	TX	79938
El Paso County JPD	Chief Juvenile Probation Officer	Enrique H. Pena Juvenile JC	6400 Delta Dr.	El Paso	TX	79905
El Paso First Health Plans, Inc.	1145 Westmoreland Dr.			El Paso	TX	79925
El Paso Symphony Orchestra Assn.	4150 Rio Bravo St.			El Paso	TX	79902
Elite Medical Transport of Texas, LLC	Attn: Chief Executive Officer	1000 Texas Ave.		El Paso	TX	79901
Enterprise Holdings, Inc.	Attn: General Counsel	600 Corporate Park Drive		St. Louis	MO	63105
Federalwide Assurance (FWA)	U.S. Dept. of Health & Human Services	200 Independence Avenue, S.W.		Washington	D.C.	20201
FedMed, Inc.	Provider Contracting	800 King Farm Blvd.		Rockville	MD	20850
George Westfall and Associates, Inc.	1195 Dickinson Dr.			Yardley	PA	19067
Greenpark Compounding Pharmacy	4061-F Bellaire Blvd.			Houston	TX	77025
Health Information Management	Attn: Contracts Services Manager	26745 Malibu Hills Rd.		Calabasas	CA	91301
Healthcare Observation Systems, LLC	445 Baxter Ave.			Louisville	KY	40204
Human Capital International LLC	d/b/a Integrated Human Capital	7300 Viscount Blvd.	Ste. 103	El Paso	TX	79925
Independence University	Attn: Kenneth Wyka	Director of Clinical Education	4021 S. 700 East, Ste 400	Salt Lake City	UT	84107
Interactivation Health Network	331 W. 57th St. #733			New York	NY	10019
Iowa State University	of Science and Technology	224 MacKay		Ames	IA	50011
Jeremy A. Ross, Ph.D.	Dept. of Biological Sciences	Univ. of Texas at El Paso	500 W. University Ave.	El Paso	TX	79968
Junior League of El Paso Inc	Attn: President	520 Thunderbird Dr.		El Paso	TX	79912
Legacy Mortuary Service LLC	Attn: Jaime Gutierrez, Jr.	1000 Wyoming St.		El Paso	TX	79902
Lonestar Athletic Injury Network	1250 S. Capital of Texas Hwy	Bldg 3, Ste 500		Austin	TX	78746
March of Dimes Foundation	Attn: Susan Clifford	Director, NICU Initiatives	1275 Mamaroneck Ave.	White Plains	NY	10605
March of Dimes Foundation	Attn: General Counsel	1275 Mamaroneck Ave.		White Plains	NY	10605
Medical Billing Unlimited, Inc.	5959 Gateway West	Ste 120		El Paso	TX	79925
Medical Care Referral Group	4855 N. Mesa	Ste 130		El Paso	TX	79912
Medical Center of the Americas Found.	201 E. Main Street	Ste 1514		El Paso	TX	79901
MedQuist Transcriptions Ltd	Attn: President & CEO	9009 Carothers Pkwy	Ste C-2	Franklin	TN	37067
National Disaster Medical System	U.S. Dept. of Health & Human Services	200 Independence Avenue, S.W.		Washington	D.C.	20201

**SCHEDULE G-6 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
AFFILIATION AGREEMENTS**

Name	Address1	Address2	Address3	City	St	Zip
NDMS	U.S. Dept. of Health & Human Services	200 Independence Avenue, S.W.		Washington	D.C.	20201
Neuronetex Venture El Paso LLC	d/b/a Complete Emergency Care El Paso East	1890 George Dieter Dr		El Paso	TX	79902
Neuronetex Venture El Paso LLC	d/b/a Complete Emergency Care El Paso East	1890 George Dieter Dr		El Paso	TX	79902
New Mexico State University	College of Health & Social Services	PO Box 30001 MSC OGC		Las Cruces	NM	88003-8001
Pathology Professional Services	Attn: Dr. J. Bilbao	1301 E. River Av		El Paso	TX	79902
PreCheck Inc.	1287 N. Post Oak Rd.			Houston	TX	77055
Preferred Medical Claim Solutions	9060 E. Via Linda	Ste 250		Scottsdale	AZ	85258
Presbyterian Network Inc	Presbyterian Health Plan	PO Box 27489		Albuquerque	NM	87155-7489
Radiation Machine Source Grp	Radiation Control Program	TX Dept of State Health Svs.	PO Box 149347	Austin	TX	78714-9347
Salvadorini Consulting LLC	111 Linden Lane			Lexington	KY	27292
Soto Enterprises Inc	d/b/a Miracle Delivery Armored Ser.	515 S. Kansas St.		El Paso	TX	79901
Southerland Partners	Attn: President/CEO	3824 Cedar Springs Rd	#801-4909	Dallas	TX	75219
Southwest Immunodiagnosics	Attn: Cathi Murphey Ph.D	8122 Data Point Dr.	Ste 912	San Antonio	TX	78229
St. Jude Medical Inc.	One St. Jude Medical Dr.			St Paul	MN	55117
Texas Health & Human Serv.	4900 N. Lamar			Austin	TX	78751
Texas Rio Grande Legal Aid	300 S. Texas Blvd.			Weslaco	TX	78596
Texas Tech Univ. Health Sciences Center	Contracting Office	3601 4th St. STOP 6217		Lubbock	TX	79430-6217
The Paso Del Norte HIE	Attn: Executive Director	221 N. Kansas	Ste 1900	El Paso	TX	79901
The Univ. of Texas SW Medical Ctr	5323 Harry Hines Blvd.			Dallas	TX	75390
TX Dept. of Public Safety	Controlled Substances	Box 15888		Austin	TX	78761-5888
Univ. Medical Center Foundation	of El Paso	Attn: Executive Director	1400 Hardaway, Ste 220	El Paso	TX	79903
Univ. Medical Center Foundation	of El Paso: Legal Officer	c/o El Paso First Health	1145 Westmoreland	El Paso	TX	79925
Univ. of Notre Dame	Center for Social Concerns	146 Geddes Hall		Notre Dame	IN	46556
Univ. of Texas at El Paso	VP of Research	500 W. University Ave.	Admin Bldg, Rm 209	El Paso	TX	79998-0587
Vapotherm	22 Industrial Dr.	Ste 1		Exeter	NH	03833
Virtual PICU Systems	d/b/a VPS LLC	Attn: Contract Admin.	4470 W. Sunset Blvd #440	Los Angeles	CA	90027
Vista College	7731 North Loop Ave.			El Paso	TX	79915
Visual Innovations Co. Inc	4717 Osborne	Ste #100		El Paso	TX	79922
Walden University LLC	100 Washington Ave. South	Ste 900		Minneapolis	MN	55401
Weatherby Healthcare	Attn: CEO	6451 N. Federal Highway	Ste 800	Fort Lauderdale	FL	33308
Westminster College of Nursing & HS	School of Nursing & Health Sciences	1840 South 1300 East		Salt Lake City	UT	84105
William Beaumont Army Med Ctr	5005 N. Piedras St.			El Paso	TX	79920-5001

SCHEDULE G-7 - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
OTHER

Name	Address1	Address2	City	St	Zip
El Paso County Hospital District	Attn: President & CEO	4815 Alameda Ave.	El Paso	TX	79905
First Financial Corp. Services	711 Kimberly Ave.	Ste 160	Placentia	CA	92870
Matrix Group Benefits LLC	190 US Route One	PMB 365	Falmouth	ME	04105
Maxim Healthcare Services Inc	d/b/a Maxim Staffing Solutions	7227 Lee DeForest Dr.	Columbia	MD	21046

B6H (Official Form 6H) (12/07)

In re El Paso Children's Hospital Corporation
Debtor

Case No. 15-30784

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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0 continuation sheets attached to Schedule of Codebtors

**United States Bankruptcy Court
Western District of Texas**

In re El Paso Children's Hospital Corporation
Debtor(s)

Case No. 15-30784
Chapter 11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, Mark Herbers, the CEO and CRO of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 312 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 16, 2015

Signature /s/ Mark Herbers
Mark Herbers
CEO and CRO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.

18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

United States Bankruptcy Court
Western District of Texas

In re El Paso Children's Hospital Corporation Debtor(s)

Case No. 15-30784 Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None []

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Table with 2 columns: AMOUNT and SOURCE. Rows include \$46,322,782.00, \$62,184,922.00, and \$85,795,109.00, all from Operating Revenue for various periods.

B7 (Official Form 7) (04/13)

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT \$ 4,895.00 \$10,440.00 \$ 5,634.00	SOURCE Non-Operating Revenue – October 1, 2014 through April 2015 Non-Operating Revenue – October 1, 2013 through September 30, 2014 Non-Operating Revenue – October 1, 2012 through September 30, 2013
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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

See attachment to Statement of Financial Affairs 3.b.

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

See attachment to Statement of Financial Affairs 3.c.

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Martha Lemus v. El Paso Children's Hospital EEOC Charge No. 453-2013-01324	Disability discrimination	EEOC El Paso, Texas	Closed
Hae Kim v. El Paso Children's Hospital EEOC Charge No. 453-2015-00408	Discrimination - gender, race and national origin	EEOC El Paso, Texas	Pending
El Paso Children's Hospital Corporation vs. El Paso County Hospital District d/b/a University Medical Center of El Paso Adversary Proceeding No. 15-03005	11 U.S.C. §§ 547, 548(a), 550, 502(d), injunctive relief, declaratory judgment	U.S. Bankruptcy Court, Western District of Texas, El Paso Division	Pending
El Paso Children's Hospital Corporation vs. El Paso First Health Plans, Inc. Adversary Proceeding No. 15-03006	11 U.S.C. §§ 548(a), 550, unjust enrichment; quantum meruit	U.S. Bankruptcy Court, Western District of Texas, El Paso Division	Pending
El Paso Children's Hospital Corporation vs. Navigant Healthcare Cymetrix Corporation fka Cymetrix Corporation Adversary Proceeding No. 15-03007	11 U.S.C. §§ 547, 550, 551, 502(d)	U.S. Bankruptcy Court, Western District of Texas, El Paso Division	Pending
Navigant Healthcare Cymetrix Corporation vs. El Paso Children's Hospital Cause No. 15-01492-362	Garnishment	362nd Judicial District Court, Denton County, Texas	Closed

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Navigant Healthcare Cymetrix Corporation 2875 Michelle Drive, Suite 250 Irvine, CA 92606	Date of filing: 2/26/2015	Garnished cash from Wells Fargo Bank Account in the amount of \$988,687.00

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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B7 (Official Form 7) (04/13)

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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
AP Services, LLC 2000 Town Center, Suite 2400 Southfield, MI 48075	01/29/2015 -- \$	50,000.00
	03/04/2015 -- \$	3,185.13
	03/04/2015 -- \$	150,000.00
	03/20/2015 -- \$	54,000.00
	03/31/2015 -- \$	743.05
	03/31/2015 -- \$	71,924.78
	04/09/2015 -- \$	68,319.75
	04/27/2015 -- \$	69,181.50
	05/11/2015 -- \$	67,639.46
	05/13/2015 -- \$	67,614.54
		\$602,608.21

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NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Jackson Walker L.L.P. 901 Main St., Suite 6000 Dallas, TX 75202	12/23/2014 -- \$	8,809.20
	02/05/2015 -- \$	16,477.65
	02/12/2015 -- \$	1,762.81
	02/19/2015 -- \$	9,228.28
	03/05/2015 -- \$	10,603.49
	03/12/2015 -- \$	7,015.77
	03/20/2015 -- \$	289.25
	04/09/2015 -- \$	262.49
	04/27/2015 -- \$	522.45
	05/01/2015 -- \$	191.85
	05/13/2015 -- \$	6,975.67
	05/15/2015 -- \$100,000.00 - Retainer	
	05/15/2015 -- \$300,000.00 - Retainer	

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
EL PASO COUNTY HOSPITAL DISTRICT dba UNIVERSITY MEDICAL CENTER OF EL PASO 4815 ALAMEDA AVE EL PASO, TX 79905 Creditor	May 28, 2014	Security interest in goods, inventory, equipment, fixtures, instruments, documents, accounts, contract and contract rights, chattel paper, deposit accounts, money, cash and cash equivalents, letters-of-credit and letters-of-credit rights, commercial tort claims, securities accounts, security entitlements, securities, financial assets, investment property, general intangibles, farm products, books and records and information, supporting obligations and any and all cash and non-cash proceeds, products, accessions, and/or replacements of any of the foregoing.

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
TMHP-Texas Medicaid & Healthcare Partnership 12357 Riata Trace Pkwy Austin, TX 78727	2/6/2015	\$281,176.00

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Bacterin 600 Cruiser Lane Belgrade, MT 59714	Tissue Implants \$14,940	OR Supply Room cart J

15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
El Paso Children's Physician Group	45-5465061	4845 Alameda Ave. El Paso, TX 79905	501(a) Physicians	3/6/2012 - present

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
David Mier, CFO 4845 Alameda Ave. El Paso, TX 79905-2705	May 2013 - March 2014
Christopher Barela, Controller 4845 Alameda Ave El Paso, TX 79905-2705	May 2013 - July 2014
Jesus M. Gonzalez, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705	May 2013 - April 2014 March 2015 - May 2015
Mitch Mulvehill, Interim CFO 4845 Alameda Ave El Paso, TX 79905-2705	May 2014 - October 2014
James Schmidt, Interim Controller 4845 Alameda Ave El Paso, TX 79905-2705	May 2014 - May 2015
Hae Kim, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705	May 2014 - February 2015
Jim O'Keefe, Interim CFO 4845 Alameda Ave El Paso, TX 79905-2705	October 2014 - February 2015
Mark Herbers, CRO 4845 Alameda Ave El Paso, TX 79905-2705	March 2015 - Present

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
Moss Adams	6565 Americas Parkway NE, Suite 600 Albuquerque, NM 87110	May 2013 - May 2015
Lauterbach Borschow & Co.	4130 Rio Bravo St., B100 El Paso, TX 79902	May 2013 - May 2015

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
Jesus M. Gonzalez, Accounting Manager	4845 Alameda Ave El Paso, TX 79905-2705
James Schmidt, Interim Controller	4845 Alameda Ave El Paso, TX 79905-2705

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NAME

Mark Herbers, CRO

ADDRESS

**4845 Alameda Ave
El Paso, TX 79905-2705**

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

**University Medical Center
4815 Alameda Avenue
El Paso, TX 79905**

DATE ISSUED

March 2015 - May 2015

**Children's Medical Center Dallas
1935 Medical District Drive
Dallas, TX 75235**

June 2014 - October 2014

BKD, LLP

**14241 Dallas Parkway, #1100
Dallas, TX 75254**

March 2015 - May 2015

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
September 19, 2013	Ray Diaz, Supply Distribution Supervisor	\$408,509.83 - Material Management Inventory
September 29, 2013	Andrew Teneick, Director of Pharmacy	\$690,338.09 - Pharmacy Inpatient Inventory
September 29, 2013	Aldofo Bazdresch, Supervisor, Instrument Tech	\$430,371.78 - OR Tray Inventory
September 30, 2013	Vosha Jones, RR Donnelly, 4273 Montgomery Blvd., Ste K250, Albuquerque, NM 87109-6735	\$18,045.45 - Forms Inventory
September 30, 2013	Aldofo Bazdresch, Supervisor, Instrument Tech	\$103,615.13 - Implantables Inventory Acct
September 18, 2014	Ray Diaz, Supply Distribution Supervisor	\$362,590.40 - Material Management Inventory
September 26, 2014	Aldofo Bazdresch, Supervisor, Instrument Tech	\$459,393.78 - OR Tray Inventory
September 28, 2014	John Arellano, Interim Director of Pharmach	\$608,533.09 - Pharmacy Inpatient Inventory
September 30, 2014	Vosha Jones, RR Donnelly, 4273 Montgomery Blvd., Ste K250, Albuquerque, NM 87109-6735	\$29,497.45 - Forms Inventory
September 30, 2014	Aldofo Bazdresch, Supervisor, Instrument Tech	\$95,546.57 - Implantables Inventory Acct

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

**September 19, 2013
Material Management Inventory**

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

**Jesus M. Gonzalez, Accounting Manager
4845 Alameda Ave
El Paso, TX 79905-2705**

**September 29, 2013
Pharmacy Inpatient Inventory**

**Jesus M. Gonzalez, Accounting Manager
4845 Alameda Ave
El Paso, TX 79905-2705**

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DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
September 29, 2013 OR Tray Inventory	Jesus M. Gonzalez, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 30, 2013 Forms Inventory	Jesus M. Gonzalez, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 30, 2013 Implantables Inventory Acct	Jesus M. Gonzalez, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 18, 2014 Material Management Inventory	Hae Kim, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 26, 2014 OR Tray Inventory	Hae Kim, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 28, 2014 Pharmacy Inpatient Inventory	Hae Kim, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 30, 2014 Forms Inventory	Hae Kim, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705
September 30, 2014 Implantables Inventory A	Hae Kim, Accounting Manager 4845 Alameda Ave El Paso, TX 79905-2705

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Rosemary Castillo Bienvivir Senior Health Services 2300 McKinley El Paso, TX 79930	Board Chair	N/A
John E. Guggedahl 6955 North Mesa, #104 El Paso, TX 79912	Vice-Chair	N/A
Sadhanna Chheda 104 Camino Penasco El Paso, TX 79912	Secretary	N/A
Sam Legate Scherr & Legate 1 Texas Tower El Paso, TX 79901	Board Member	N/A
Thomas Spiezny 500 E. San Antonio, 12th Floor El Paso, TX 79901	Board Member	N/A

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NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Mary Lou Camarena 501 Hague Rd. El Paso, TX 79902	Board Member	N/A
Kristen Cox Checkpoint Services, Inc. 1790 Commerce Park, Ste. A-1 El Paso, TX 79912	Board Member	N/A
Guillermo (Memo) Ochoa 4855 N. Mesa, Suite 108 El Paso, TX 79912	Board Member	N/A
Chris Kleberg Capital Bank 8700 Montana Ave. El Paso, TX 79925	Board Member	N/A
Dr. Richard Lange c/o TTUHSC 5001 El Paso Dr. El Paso, TX 79905	Ex-Officio Board Member	N/A
Cynthia Vizcaino-Villa c/o UTEP 500 W. University El Paso, TX 79968	Ex-Officio Board Member	N/A
Brother Nicholas Gonzalez Cathedral High School 1309 N. Stanton St. El Paso, TX 79902	Ex-Officio Board Member	N/A
Mark Herbers c/o AP Services, LLC 2000 Town Center, Suite 2400 Southfield, MI 48075	Interim CEO/CRO	N/A
Elias Armendariz El Paso Children's Hospital 4845 Alameda Ave. El Paso, TX 79905	COO	N/A

22 . Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Clarence Ansley 4401 N. Mesa El Paso, TX 79902	Board Member	August 2014
William Hanson 3308 Poquita Court El Paso, TX 79904	Ex-Officio Board Member	April 2014
James Valenti UMC of El Paso 4815 Alameda Ave El Paso, TX 79905	Ex-Officio Board Member	August 2014

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NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Dean Tilahun Adera c/o NMSU College of Health & Social Services MSC 3446 Las Cruces, NM 88003	Ex-Officio Board Member	May 2014
Dean Manuel De La Rosa c/o TTUHSC 5001 El Paso Dr. El Paso, TX 79905	Ex-Officio Board Member	August 2014
Michael Nunez UMC of El Paso 4815 Alameda Ave El Paso, TX 79905	Ex-Officio Board Member	May 2014
James Sexton c/o BE Smith Dept. 30 P.O. Box 219241 Kansas City, MO 64121	CEO	March 2015
Ray Dziensinski Vanderbilt UMC 1211 Medical Center Dr. Nashville, TN 37232	CEO/CFO	June 2014
Lawrence Duncan 604 Meadow Willow Dr. El Paso, TX 79922	CEO	March 2014
James O'Keefe c/o Tatum P.O. Box 847872 Dallas, TX 75284	CFO	March 2015
Mitch Mulvahill c/o Texas Health Resources 701 5th Ave. Fort Worth, TX 76104	CFO	October 2014
Chris Barela 13713 Paseo De Fe Circle El Paso, TX 79928	CFO	July 2014

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

Please refer to response to 3.c.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 16, 2015

Signature /s/Mark Herbers

Mark Herbers
CEO and CRO

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
ABBOTT DIAGNOSTICS	P.O. BOX 100997		ATLANTA	GA	30384-0997	5/7/2015	\$603.38
ABBOTT LABS	P.O. BOX 100997		ATLANTA	GA	30384	4/16/2015	\$8,033.90
						Total	\$8,637.28
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	2/19/2015	\$2,542.64
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	2/26/2015	\$1,260.32
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	3/19/2015	\$2,867.80
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	4/2/2015	\$1,420.64
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	4/9/2015	\$550.00
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	4/16/2015	\$1,596.24
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	4/30/2015	\$2,514.37
ABBOTT NUTRITION	75 REMITTANCE DR., STE 1310		CHICAGO	IL	60675-1310	5/7/2015	\$87.80
						Total	\$12,839.81
ACCREDO HEALTH GROUP, INC.	P.O. BOX 906027		CHARLOTTE	NC	28290-6027	3/26/2015	\$126,507.10
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	2/19/2015	\$14,445.00
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	2/26/2015	\$66,333.23
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	3/5/2015	\$14,263.92
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	3/12/2015	\$9,684.18
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	3/26/2015	\$46,624.20
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	4/9/2015	\$1,187.75
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	4/23/2015	\$42,619.70
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	5/7/2015	\$1,220.55
ADVANCED BOTTOM-LINE MGMT.	8505 RUSSELL DR.		ROWLETT	TX	75089	5/13/2015	\$21,202.70
						Total	\$217,581.23
AKORN, INC.	3950 PAYSHERE CIR.		CHICAGO	IL	60674	3/12/2015	\$24,075.00
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	2/19/2015	\$118,520.40
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	2/26/2015	\$18,756.63
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	3/5/2015	\$139,165.97
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	3/12/2015	\$11,524.20
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	3/19/2015	\$197,942.66
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	4/2/2015	\$14,183.42

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	4/9/2015	\$154,388.91
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	4/16/2015	\$11,253.91
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	4/23/2015	\$150,147.29
AMERISOURCE BERGEN DRUG CORP.	P.O. BOX 100741		PASADENA	CA	91189-0741	5/7/2015	\$123,022.12
						Total	\$938,905.51
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	3/4/2015	\$153,185.13
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	3/20/2015	\$54,000.00
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	3/31/2015	\$72,667.83
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	4/9/2015	\$68,319.75
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	4/27/2015	\$69,181.50
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	5/11/2015	\$67,639.46
AP SERVICES, LLC	2000 TOWN CENTER, SUITE 2400		SOUTHFIELD	MI	48075	5/13/2015	\$67,614.54
						Total	\$552,608.21
ARUP LABORATORIES INC	P.O. BOX 27964		SALT LAKE CITY	UT	84127	2/26/2015	\$6,886.38
ARUP LABORATORIES INC	P.O. BOX 27964		SALT LAKE CITY	UT	84127	4/9/2015	\$6,068.00
						Total	\$12,954.38
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	2/26/2015	\$2,373.74
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	3/19/2015	\$533.95
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	3/26/2015	\$2,726.34
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	4/2/2015	\$910.80
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	4/16/2015	\$6,587.46
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	4/30/2015	\$650.00
ASD HEALTHCARE	P.O. BOX 848104		DALLAS	TX	75284-8104	5/7/2015	\$533.95
						Total	\$14,316.24
ATHENA DIAGNOSTICS, INC.	P.O. BOX 277580		ATLANTA	GA	30384-7580	2/26/2015	\$8,655.00
ATHENA DIAGNOSTICS, INC.	P.O. BOX 277580		ATLANTA	GA	30384-7580	4/9/2015	\$11,440.00
						Total	\$20,095.00
BAUSCH & LOMB INCORPORATED	ONE BAUSCH & LOMB PL.		ROCHESTER	NY	14604	3/19/2015	\$1,551.68
BAUSCH & LOMB INCORPORATED	ONE BAUSCH & LOMB PL.		ROCHESTER	NY	14604	3/26/2015	\$1,963.61

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
BAUSCH & LOMB INCORPORATED	ONE BAUSCH & LOMB PL.		ROCHESTER	NY	14604	4/9/2015	\$1,748.27
BAUSCH & LOMB INCORPORATED	ONE BAUSCH & LOMB PL.		ROCHESTER	NY	14604	4/16/2015	\$3,187.90
BAUSCH & LOMB INCORPORATED	ONE BAUSCH & LOMB PL.		ROCHESTER	NY	14604	4/23/2015	\$695.90
						Total	\$9,147.36
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	2/19/2015	\$434.21
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	2/26/2015	\$4,300.85
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	3/12/2015	\$624.12
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	3/19/2015	\$2,316.29
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	3/26/2015	\$1,804.01
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	4/2/2015	\$655.09
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	4/16/2015	\$757.00
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	4/23/2015	\$5,673.81
BAXTER HEALTHCARE CORP.	P.O. BOX 730531		DALLAS	TX	75373	4/30/2015	\$220.88
						Total	\$16,786.26
BECKMAN COULTER, INC	DEPT CH 10164		PALATINE	IL	60055-0164	3/19/2015	\$11,851.02
BECKMAN COULTER, INC	DEPT CH 10164		PALATINE	IL	60055-0164	3/26/2015	\$357.91
BECKMAN COULTER, INC	DEPT CH 10164		PALATINE	IL	60055-0164	4/23/2015	\$1,325.12
BECKMAN COULTER, INC	DEPT CH 10164		PALATINE	IL	60055-0164	4/30/2015	\$101.64
BECKMAN COULTER, INC	DEPT CH 10164		PALATINE	IL	60055-0164	5/7/2015	\$197.85
						Total	\$13,833.54
BIOMET MICROFIXATION	75 REMITTANCE DR.	SUITE 3283	CHICAGO	IL	60675-3283	4/23/2015	\$15,028.00
						Total	
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	2/26/2015	\$9,174.00
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	3/12/2015	\$4,553.00
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	3/19/2015	\$3,282.00
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	3/26/2015	\$2,627.00
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	4/9/2015	\$2,588.00
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	4/30/2015	\$7,157.00
BLOOD CENTER OF WISCONSIN	P.O. BOX 78961		MILWAUKEE	WI	53278-0961	5/7/2015	\$1,665.00
						Total	\$31,046.00

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
BOSTON SCIENTIFIC CORPORATION	P.O. BOX 951653		DALLAS	TX	75395-1653	2/26/2015	\$3,787.19
BOSTON SCIENTIFIC CORPORATION	P.O. BOX 951653		DALLAS	TX	75395-1653	3/19/2015	\$1,710.48
BOSTON SCIENTIFIC CORPORATION	P.O. BOX 951653		DALLAS	TX	75395-1653	3/26/2015	\$1,081.07
BOSTON SCIENTIFIC CORPORATION	P.O. BOX 951653		DALLAS	TX	75395-1653	4/9/2015	\$1,287.95
BOSTON SCIENTIFIC CORPORATION	P.O. BOX 951653		DALLAS	TX	75395-1653	4/16/2015	\$1,378.24
BOSTON SCIENTIFIC CORPORATION	P.O. BOX 951653		DALLAS	TX	75395-1653	4/23/2015	\$688.12
						Total	\$9,933.05
BROWN & FORTUNATO, PC	P.O. BOX 9418		AMARILLO	TX	79105	2/19/2015	\$10,515.22
BROWN & FORTUNATO, PC	P.O. BOX 9418		AMARILLO	TX	79105	4/23/2015	\$2,705.00
						Total	\$13,220.22
BUNNELL INCORPORATED	436 SOUTH LAWNSDALE DR.		SALT LAKE CITY	UT	84115	2/19/2015	\$708.00
BUNNELL INCORPORATED	436 SOUTH LAWNSDALE DR.		SALT LAKE CITY	UT	84115	3/19/2015	\$1,511.42
BUNNELL INCORPORATED	436 SOUTH LAWNSDALE DR.		SALT LAKE CITY	UT	84115	4/16/2015	\$3,165.50
BUNNELL INCORPORATED	436 SOUTH LAWNSDALE DR.		SALT LAKE CITY	UT	84115	4/30/2015	\$1,111.03
						Total	\$6,495.95
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	2/26/2015	\$529.50
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	3/19/2015	\$5,348.30
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	3/26/2015	\$875.50
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/2/2015	\$2,061.90
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/9/2015	\$832.00
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/16/2015	\$894.00
C R BARD ACCESS INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/23/2015	\$1,881.90
						Total	\$12,423.10
C R BARD INC	P.O. BOX 75767		CHARLOTTE	NC	28275	3/19/2015	\$1,933.70
C R BARD INC	P.O. BOX 75767		CHARLOTTE	NC	28275	3/26/2015	\$650.00
C R BARD INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/2/2015	\$3,117.47
C R BARD INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/16/2015	\$420.00
C R BARD INC	P.O. BOX 75767		CHARLOTTE	NC	28275	4/23/2015	\$1,110.00
C R BARD INC.	P.O. BOX 75767		CHARLOTTE	NC	28275	5/7/2015	\$178.32
						Total	\$7,409.49

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	2/26/2015	\$1,138.05
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	3/5/2015	\$1,980.87
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	3/12/2015	\$802.61
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	3/26/2015	\$1,539.30
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	4/2/2015	\$591.92
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	4/23/2015	\$2,333.37
CARDINAL HEALTH 200, LLC	P.O. BOX 730112		DALLAS	TX	75373	4/30/2015	\$581.51
						Total	\$8,967.63
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	2/19/2015	\$38,356.07
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	2/26/2015	\$51,592.55
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	3/5/2015	\$1,140.08
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	3/12/2015	\$19,712.83
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	3/19/2015	\$11,209.24
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	3/26/2015	\$24,700.02
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	4/2/2015	\$79,904.70
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	4/9/2015	\$15,033.47
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	4/16/2015	\$66,317.09
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	4/23/2015	\$16,954.08
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	4/30/2015	\$60,916.44
CARDINAL HLTH MED PROD AND SVC	P.O. BOX 730112		DALLAS	TX	75373-0112	5/7/2015	\$17,827.57
						Total	\$403,664.14
CAREFUSION 211, INC.	88253 EXPEDITE WAY		CHICAGO	IL	60695-0001	2/26/2015	\$1,832.87
CAREFUSION 211, INC.	88253 EXPEDITE WAY		CHICAGO	IL	60695-0001	3/26/2015	\$1,349.00
CAREFUSION 211, INC.	88253 EXPEDITE WAY		CHICAGO	IL	60695-0001	4/16/2015	\$9,105.52
CAREFUSION 211, INC.	88253 EXPEDITE WAY		CHICAGO	IL	60695-0001	4/23/2015	\$528.42
						Total	\$12,815.81
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	2/26/2015	\$534.21
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	3/19/2015	\$9,019.50
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	4/2/2015	\$325.69
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	4/9/2015	\$278.71
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	4/16/2015	\$5,022.04
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	4/23/2015	\$2,616.83

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
CENTURION MEDICAL PRODUCTS	P.O. BOX 842816		BOSTON	MA	02281-2816	4/30/2015	\$2,391.76
						Total	\$20,188.74
CHETAN MOORTHY, M.D.	104 CAMINO PENASCO		EL PASO	TX	79912	3/12/2015	\$4,166.67
CHETAN MOORTHY, M.D.	104 CAMINO PENASCO		EL PASO	TX	79912	4/9/2015	\$4,166.67
CHETAN MOORTHY, M.D.	104 CAMINO PENASCO		EL PASO	TX	79912	5/14/2015	\$4,166.67
						Total	\$12,500.01
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	2/19/2015	\$3,082.29
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	2/26/2015	\$1,330.45
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	3/12/2015	\$1,085.44
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	3/19/2015	\$2,814.40
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	3/26/2015	\$1,090.00
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	4/2/2015	\$2,348.62
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	4/9/2015	\$1,397.64
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	4/23/2015	\$214.56
COOK MEDICAL, INC.	22988 NETWORK PLACE		CHICAGO	IL	60673-1229	4/30/2015	\$284.43
						Total	\$13,647.83
CORNEA & CATARACT SPECIALTY	2900 PERSHING DR., STE. A		EL PASO	TX	79903	2/19/2015	\$2,000.00
CORNEA & CATARACT SPECIALTY	2900 PERSHING DR., STE. A		EL PASO	TX	79903	3/12/2015	\$1,500.00
CORNEA & CATARACT SPECIALTY	2900 PERSHING DR., STE. A		EL PASO	TX	79903	4/9/2015	\$2,500.00
CORNEA & CATARACT SPECIALTY	2900 PERSHING DR., STE. A		EL PASO	TX	79903	5/7/2015	\$1,500.00
CORNEA & CATARACT SPECIALTY	2900 PERSHING DR., STE. A		EL PASO	TX	79903	5/18/2015	\$1,500.00
						Total	\$9,000.00
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	2/19/2015	\$343.75
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	2/26/2015	\$1,705.59
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	3/19/2015	\$699.57
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	3/26/2015	\$7,358.51
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	4/9/2015	\$435.98
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	4/23/2015	\$880.16
COVIDIEN	P.O. BOX 120823		DALLAS	TX	75312-0823	4/30/2015	\$373.93
						Total	\$11,797.49

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
CYMETRIX CORPORATION	DEPT LA 23774		PASADENA	CA	91185-3774	2/26/2015	\$908.07
CYMETRIX CORPORATION	DEPT LA 23774		PASADENA	CA	91185-3774	2/26/2015	\$988,686.74
						Total	\$989,594.81
DANIEL WASHBURN	6313 BRISA DEL MAR		EL PASO	TX	79912	2/19/2015	\$2,000.00
DANIEL WASHBURN	6313 BRISA DEL MAR		EL PASO	TX	79912	3/12/2015	\$2,000.00
DANIEL WASHBURN	6313 BRISA DEL MAR		EL PASO	TX	79912	4/9/2015	\$2,000.00
DANIEL WASHBURN	6313 BRISA DEL MAR		EL PASO	TX	79912	5/7/2015	\$2,000.00
DANIEL WASHBURN	6313 BRISA DEL MAR		EL PASO	TX	79912	5/18/2015	\$2,000.00
						Total	\$10,000.00
DAVID W. ISAAC, M.D.	3901 N. MESA ST.		EL PASO	TX	79902	3/19/2015	\$4,150.00
DAVID W. ISAAC, M.D.	3901 N. MESA ST.		EL PASO	TX	79902	4/9/2015	\$5,300.00
DAVID W. ISAAC, M.D.	3901 N. MESA ST.		EL PASO	TX	79902	5/18/2015	\$9,800.00
						Total	\$19,250.00
DOMA TECHNOLOGIES	2875 SABRE STREET, SUITE 500		VIRGINIA BEACH	VA	23452-7328	2/26/2015	\$2,695.00
DOMA TECHNOLOGIES	2875 SABRE STREET, SUITE 500		VIRGINIA BEACH	VA	23452-7328	3/5/2015	\$5,390.00
DOMA TECHNOLOGIES	2875 SABRE STREET, SUITE 500		VIRGINIA BEACH	VA	23452-7328	4/2/2015	\$2,695.00
						Total	\$10,780.00
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	2/23/2015	\$91.32
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	2/26/2015	\$18,679.40
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	3/2/2015	\$10.42
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	3/12/2015	\$45,729.21
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	3/16/2015	\$12.95
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	3/26/2015	\$11,326.13
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	4/6/2015	\$168.07
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	4/9/2015	\$25,624.53
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	4/13/2015	\$21.60
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	4/20/2015	\$326.08
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	4/27/2015	\$179.36
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	5/4/2015	\$67.95
EL PASO IMAGING CONSULTANTS	104 CAMINO PENASCO		EL PASO	TX	79912	5/18/2015	\$29,914.92
						Total	\$132,151.94

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
EP SW CARDIOVASCULAR ASSOCIATE	1600 MEDICAL CENTER DR., #212		EL PASO	TX	79902	3/12/2015	\$11,200.00
EP SW CARDIOVASCULAR ASSOCIATE	1600 MEDICAL CENTER DR., #212		EL PASO	TX	79902	4/9/2015	\$12,400.00
EP SW CARDIOVASCULAR ASSOCIATE	1600 MEDICAL CENTER DR., #212		EL PASO	TX	79902	5/7/2015	\$12,000.00
EP SW CARDIOVASCULAR ASSOCIATE	1600 MEDICAL CENTER DR., #212		EL PASO	TX	79902	5/18/2015	\$25,200.00
						Total	\$60,800.00
ERIC D. WEBER, M.D.	804 WINGFOOTE RD.		EL PASO	TX	79912	2/19/2015	\$2,000.00
ERIC D. WEBER, M.D.	804 WINGFOOTE RD.		EL PASO	TX	79912	3/12/2015	\$2,000.00
ERIC D. WEBER, M.D.	804 WINGFOOTE RD.		EL PASO	TX	79912	4/9/2015	\$2,000.00
ERIC D. WEBER, M.D.	804 WINGFOOTE RD.		EL PASO	TX	79912	5/7/2015	\$2,000.00
ERIC D. WEBER, M.D.	804 WINGFOOTE RD.		EL PASO	TX	79912	5/18/2015	\$2,000.00
						Total	\$10,000.00
FIRST INSURANCE FUNDING CORP.	P.O. BOX 66468		CHICAGO	IL	60666-0468	2/18/2015	\$33,268.30
FIRST INSURANCE FUNDING CORP.	P.O. BOX 66468		CHICAGO	IL	60666-0468	3/12/2015	\$33,268.30
FIRST INSURANCE FUNDING CORP.	P.O. BOX 66468		CHICAGO	IL	60666-0468	4/14/2015	\$33,268.30
FIRST INSURANCE FUNDING CORP.	P.O. BOX 66468		CHICAGO	IL	60666-0468	5/13/2015	\$33,268.30
						Total	\$133,073.20
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	2/19/2015	\$1,358.80
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	2/26/2015	\$436.10
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	3/5/2015	\$326.10
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	3/12/2015	\$1,790.43
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	3/19/2015	\$852.25
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	3/26/2015	\$402.96
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	4/2/2015	\$2,047.16
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	4/9/2015	\$1,168.16
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	4/16/2015	\$75.30
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	4/23/2015	\$80.26
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	4/30/2015	\$1,497.60
G & A LABEL, INC.	1601 WYOMING ST.		EL PASO	TX	79902	5/7/2015	\$708.88
						Total	\$10,744.00
GARY L. LEGAULT, M.D.	6500 EAGLE RIDGE DR.		EL PASO	TX	79912	2/19/2015	\$1,500.00

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
GARY L. LEGAULT, M.D.	6500 EAGLE RIDGE DR.		EL PASO	TX	79912	3/12/2015	\$1,500.00
GARY L. LEGAULT, M.D.	6500 EAGLE RIDGE DR.		EL PASO	TX	79912	4/9/2015	\$1,500.00
GARY L. LEGAULT, M.D.	6500 EAGLE RIDGE DR.		EL PASO	TX	79912	5/7/2015	\$1,000.00
GARY L. LEGAULT, M.D.	6500 EAGLE RIDGE DR.		EL PASO	TX	79912	5/18/2015	\$1,000.00
						Total	\$6,500.00
GENESIS BPS, LLC	465 ROUTE 17 SOUTH		RAMSEY	NJ	7446	3/26/2015	\$11,958.60
						Total	\$11,958.60
GEORGE J. MARTIN, M.D.	1725 BROWN ST.		EL PASO	TX	79902	2/19/2015	\$63,250.00
GEORGE J. MARTIN, M.D.	1725 BROWN ST.		EL PASO	TX	79902	4/2/2015	\$57,800.00
GEORGE J. MARTIN, M.D.	1725 BROWN ST.		EL PASO	TX	79902	5/18/2015	\$132,850.00
						Total	\$253,900.00
GIVEN IMAGING	P.O. BOX 932928		ATLANTA	GA	31193-2928	2/26/2015	\$50.00
GIVEN IMAGING	P.O. BOX 932928		ATLANTA	GA	31193-2928	3/19/2015	\$6,100.00
GIVEN IMAGING	P.O. BOX 932928		ATLANTA	GA	31193-2928	4/23/2015	\$5,050.00
						Total	\$11,200.00
GLOBUS MEDICAL, INC.	VALLEY FORGE BUSINESS CENTER	2560 GENERAL ARMISTEAD AVE.	AUDUBON	PA	19403	3/26/2015	\$54,299.00
						Total	\$54,299.00
GUARDIAN - APPLETON	P.O. BOX 677458		DALLAS	TX	75267-7458	2/26/2015	\$14,325.44
GUARDIAN - APPLETON	P.O. BOX 677458		DALLAS	TX	75267-7458	3/12/2015	\$13,658.81
GUARDIAN - APPLETON	P.O. BOX 677458		DALLAS	TX	75267-7458	4/16/2015	\$13,665.80
						Total	\$41,650.05
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	2/19/2015	\$171.20
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	3/19/2015	\$3,002.67
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	3/26/2015	\$1,157.72
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	4/2/2015	\$650.48
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	4/9/2015	\$328.31
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	4/16/2015	\$693.56
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	4/23/2015	\$507.24
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	4/30/2015	\$780.24

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
HALYARD SALES, LLC	P.O. BOX 732583		DALLAS	TX	75373-2583	5/7/2015	\$928.48
						Total	\$8,219.90
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	2/19/2015	\$3,322.39
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	3/12/2015	\$141.00
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	3/19/2015	\$620.40
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	3/26/2015	\$259.37
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	4/2/2015	\$487.90
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	4/9/2015	\$1,032.71
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	4/16/2015	\$16.50
HEALTH CARE LOGISTICS INC.	P.O. BOX 400		CIRCLEVILLE	OH	43113-0400	4/23/2015	\$707.70
						Total	\$6,587.97
HILL-ROM	P.O. BOX 643592		PITTSBURGH	PA	15264-3592	2/26/2015	\$33,542.00
HILL-ROM	P.O. BOX 643592		PITTSBURGH	PA	15264-3592	3/19/2015	\$2,342.90
HILL-ROM	P.O. BOX 643592		PITTSBURGH	PA	15264-3592	3/26/2015	\$11,868.89
HILL-ROM	P.O. BOX 643592		PITTSBURGH	PA	15264-3592	4/9/2015	\$12,516.00
HILL-ROM	P.O. BOX 643592		PITTSBURGH	PA	15264-3592	5/7/2015	\$13,857.00
						Total	\$74,126.79
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	2/19/2015	\$1,176.87
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	2/26/2015	\$1,430.54
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	3/12/2015	\$1,450.01
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	3/26/2015	\$1,060.94
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	4/2/2015	\$1,650.60
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	4/9/2015	\$1,275.87
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	4/16/2015	\$389.79
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	4/23/2015	\$1,040.50
IMMUCOR	P.O. BOX 102118		ATLANTA	GA	30368-2118	4/30/2015	\$389.79
						Total	\$9,864.91
INFINITY MEDICAL EQUIPMENT	1313 SE MILITARY DR., STE. 106		SAN ANTONIO	TX	78214	2/26/2015	\$3,526.18
INFINITY MEDICAL EQUIPMENT	1313 SE MILITARY DR., STE. 106		SAN ANTONIO	TX	78214	3/19/2015	\$2,690.98
INFINITY MEDICAL EQUIPMENT	1313 SE MILITARY DR., STE. 106		SAN ANTONIO	TX	78214	4/2/2015	\$1,766.62
						Total	\$7,983.78

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
INO THERAPEUTICS, LLC	P.O. BOX 9001	53 FRONTAGE RD., 3RD FLOOR	HAMPTON	NJ	08827-9001	2/26/2015	\$24,167.00
INO THERAPEUTICS, LLC	P.O. BOX 9001	53 FRONTAGE RD., 3RD FLOOR	HAMPTON	NJ	08827-9001	4/9/2015	\$24,167.00
INO THERAPEUTICS, LLC	P.O. BOX 9001	53 FRONTAGE RD., 3RD FLOOR	HAMPTON	NJ	08827-9001	4/30/2015	\$24,167.00
						Total	\$72,501.00
INTEGRA LIFESCIENCES SALES LLC	P.O. BOX 404129		ATLANTA	GA	30384-4129	3/19/2015	\$5,358.00
INTEGRA LIFESCIENCES SALES LLC	P.O. BOX 404129		ATLANTA	GA	30384-4129	3/26/2015	\$868.00
INTEGRA LIFESCIENCES SALES LLC	P.O. BOX 404129		ATLANTA	GA	30384-4129	4/23/2015	\$1,586.00
INTEGRA LIFESCIENCES SALES LLC	P.O. BOX 404129		ATLANTA	GA	30384-4129	4/30/2015	\$341.00
INTEGRA LIFESCIENCES SALES LLC	P.O. BOX 404129		ATLANTA	GA	30384-4129	5/7/2015	\$3,420.00
						Total	\$11,573.00
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	2/19/2015	\$36,491.40
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	3/5/2015	\$25,379.55
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	3/12/2015	\$26,458.58
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	3/20/2015	\$35,869.82
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	3/31/2015	\$23,308.20
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	4/9/2015	\$81,496.70
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	4/15/2015	\$21,961.45
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	4/27/2015	\$16,788.99
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	5/1/2015	\$6,012.60
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	5/13/2015	\$39,195.34
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	5/15/2015	\$100,000.00
JACKSON WALKER L.L.P.	901 MAIN ST., SUITE 6000		DALLAS	TX	75202	5/15/2015	\$300,000.00
Of the \$712,962.63 total, Jackson Walker L.L.P. returned \$99,229.37 to the Debtor.						Total	\$712,962.63
JAVIER DE LA TORRE, M.D.	1236 CALLE DEL SUR		EL PASO	TX	79912	2/19/2015	\$1,500.00
JAVIER DE LA TORRE, M.D.	1236 CALLE DEL SUR		EL PASO	TX	79912	4/9/2015	\$1,500.00
JAVIER DE LA TORRE, M.D.	1236 CALLE DEL SUR		EL PASO	TX	79912	4/16/2015	\$1,500.00
JAVIER DE LA TORRE, M.D.	1236 CALLE DEL SUR		EL PASO	TX	79912	5/7/2015	\$1,500.00
JAVIER DE LA TORRE, M.D.	1236 CALLE DEL SUR		EL PASO	TX	79912	5/18/2015	\$1,500.00
						Total	\$7,500.00
JESUS GONZALEZ	6954 CANYON RIDGE WAY		EL PASO	TX	79912	4/2/2015	\$18,750.00

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
JESUS GONZALEZ	6954 CANYON RIDGE WAY		EL PASO	TX	79912	4/16/2015	\$12,500.00
JESUS GONZALEZ	6954 CANYON RIDGE WAY		EL PASO	TX	79912	4/30/2015	\$12,500.00
JESUS GONZALEZ	6954 CANYON RIDGE WAY		EL PASO	TX	79912	5/7/2015	\$12,500.00
JESUS GONZALEZ	6954 CANYON RIDGE WAY		EL PASO	TX	79912	5/18/2015	\$12,500.00
						Total	\$68,750.00
JOHNSON & JOHNSON HEALTHCARE	5972 COLLECTIONS CENTER		CHICAGO	IL	60693	2/26/2015	\$551.00
JOHNSON & JOHNSON HEALTHCARE	5972 COLLECTIONS CENTER		CHICAGO	IL	60693	3/12/2015	\$39.29
JOHNSON & JOHNSON HEALTHCARE	5972 COLLECTIONS CENTER		CHICAGO	IL	60693	4/16/2015	\$7,832.58
JOHNSON & JOHNSON HEALTHCARE	5972 COLLECTIONS CENTER		CHICAGO	IL	60693	4/23/2015	\$3,197.86
JOHNSON & JOHNSON HEALTHCARE	5972 COLLECTIONS CENTER		CHICAGO	IL	60693	4/30/2015	\$10,024.00
						Total	\$21,644.73
KLS MARTIN L P	P.O. BOX 204322		DALLAS	TX	75320-4322	3/19/2015	\$38,520.00
KLS MARTIN L P	P.O. BOX 204322		DALLAS	TX	75320-4322	4/23/2015	\$211.20
KLS MARTIN L P	P.O. BOX 204322		DALLAS	TX	75320-4322	4/30/2015	\$1,392.00
						Total	\$40,123.20
LAUTERBACH, BORSCHOW & CO., PC	4130 RIO BRAVO DR., STE. B		EL PASO	TX	79902	2/19/2015	\$13,150.00
LAUTERBACH, BORSCHOW & CO., PC	4130 RIO BRAVO DR., STE. B		EL PASO	TX	79902	3/12/2015	\$285.00
						Total	\$13,435.00
LUIS A. SANTOS, M.D.	125 W. HAGUE, SUITE 180		EL PASO	TX	79902	2/19/2015	\$1,350.00
LUIS A. SANTOS, M.D.	125 W. HAGUE, SUITE 180		EL PASO	TX	79902	3/12/2015	\$3,150.00
LUIS A. SANTOS, M.D.	125 W. HAGUE, SUITE 180		EL PASO	TX	79902	4/9/2015	\$4,050.00
LUIS A. SANTOS, M.D.	125 W. HAGUE, SUITE 180		EL PASO	TX	79902	5/7/2015	\$5,400.00
LUIS A. SANTOS, M.D.	125 W. HAGUE, SUITE 180		EL PASO	TX	79902	5/18/2015	\$6,450.00
						Total	\$20,400.00
MARIAN MEDICAL INC	319 WESTPORT DRIVE		LOUISVILLE	KY	40207	4/2/2015	\$1,084.42
MARIAN MEDICAL INC	319 WESTPORT DRIVE		LOUISVILLE	KY	40207	4/16/2015	\$1,360.37
MARIAN MEDICAL INC	319 WESTPORT DRIVE		LOUISVILLE	KY	40207	4/23/2015	\$4,346.57
						Total	\$6,791.36
MARK J. GALLARDO, M.D.	4755 VISTA DEL MONTE		EL PASO	TX	79922	2/19/2015	\$1,500.00

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
MARK J. GALLARDO, M.D.	4755 VISTA DEL MONTE		EL PASO	TX	79922	3/12/2015	\$1,500.00
MARK J. GALLARDO, M.D.	4755 VISTA DEL MONTE		EL PASO	TX	79922	4/9/2015	\$1,500.00
MARK J. GALLARDO, M.D.	4755 VISTA DEL MONTE		EL PASO	TX	79922	5/7/2015	\$1,500.00
MARK J. GALLARDO, M.D.	4755 VISTA DEL MONTE		EL PASO	TX	79922	5/18/2015	\$1,500.00
						Total	\$7,500.00
MAYO MEDICAL LABORATORIES	P.O. BOX 9146		MINNEAPOLIS	MN	55480-9146	2/26/2015	\$1,231.73
MAYO MEDICAL LABORATORIES	P.O. BOX 9146		MINNEAPOLIS	MN	55480-9146	4/30/2015	\$6,592.52
						Total	\$7,824.25
MEDASSETS, INC.	P.O. BOX 405652		ATLANTA	GA	30384-5652	4/23/2015	\$263,863.46
MEDASSETS, INC.	P.O. BOX 405652		ATLANTA	GA	30384-5652	5/7/2015	\$397,220.32
						Total	\$661,083.78
MEDICAL BILLING UNLIMITED, INC	5959 GATEWAY WEST, STE. 120		EL PASO	TX	79925	3/5/2015	\$9,089.69
MEDICAL BILLING UNLIMITED, INC	5959 GATEWAY WEST, STE. 120		EL PASO	TX	79925	3/12/2015	\$7,425.86
MEDICAL BILLING UNLIMITED, INC	5959 GATEWAY WEST, STE. 120		EL PASO	TX	79925	4/23/2015	\$10,167.21
						Total	\$26,682.76
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	2/19/2015	\$1,207.72
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	2/26/2015	\$228.63
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	3/12/2015	\$3,033.80
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	3/19/2015	\$10,494.78
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	3/26/2015	\$1,953.77
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	4/2/2015	\$2,695.86
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	4/9/2015	\$2,009.83
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	4/16/2015	\$920.08
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	4/23/2015	\$4,692.63
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	4/30/2015	\$781.66
MEDLINE INDUSTRIES, INC.	DEPT. 1080	P.O. BOX 121080	DALLAS	TX	75312-1080	5/7/2015	\$1,849.76
						Total	\$29,868.52
MEDTRONIC, INC.	P.O. BOX 848086		DALLAS	TX	75284-8086	2/26/2015	\$8,444.92
MEDTRONIC, INC.	P.O. BOX 848086		DALLAS	TX	75284-8086	3/19/2015	\$3,451.00
MEDTRONIC, INC.	P.O. BOX 848086		DALLAS	TX	75284-8086	3/26/2015	\$7,330.46

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
MEDTRONIC, INC.	P.O. BOX 848086		DALLAS	TX	75284-8086	4/16/2015	\$5,346.45
MEDTRONIC, INC.	P.O. BOX 848086		DALLAS	TX	75284-8086	4/30/2015	\$1,844.09
						Total	\$26,416.92
MICHAEL FOOTE, M.D.	5920 CROMO DR		EL PASO	TX	79912	2/19/2015	\$2,000.00
MICHAEL FOOTE, M.D.	5920 CROMO DR		EL PASO	TX	79912	3/12/2015	\$1,500.00
MICHAEL FOOTE, M.D.	5920 CROMO DR		EL PASO	TX	79912	4/9/2015	\$2,000.00
MICHAEL FOOTE, M.D.	5920 CROMO DR		EL PASO	TX	79912	5/7/2015	\$2,500.00
MICHAEL FOOTE, M.D.	5920 CROMO DR		EL PASO	TX	79912	5/18/2015	\$2,500.00
						Total	\$10,500.00
MITHOFF BURTON PARTNERS, I	123 W. MILLS AVE., STE. 500		EL PASO	TX	79901	4/9/2015	\$8,885.55
MITHOFF BURTON PARTNERS, I	123 W. MILLS AVE., STE. 500		EL PASO	TX	79901	5/18/2015	\$24,367.21
						Total	\$33,252.76
MMODAL SERVICES, LTD.	P.O. BOX 538504		ATLANTA	GA	30353-8504	4/2/2015	\$7,178.13
MMODAL SERVICES, LTD.	P.O. BOX 538504		ATLANTA	GA	30353-8504	4/30/2015	\$42,554.50
						Total	\$49,732.63
MOBILE INSTRUMENT SERVICE	333 WATER AVENUE		BELLEFONTAINE	OH	43311-1777	3/19/2015	\$5,180.35
MOBILE INSTRUMENT SERVICE	333 WATER AVENUE		BELLEFONTAINE	OH	43311-1777	3/26/2015	\$905.86
MOBILE INSTRUMENT SERVICE	333 WATER AVENUE		BELLEFONTAINE	OH	43311-1777	4/2/2015	\$720.78
MOBILE INSTRUMENT SERVICE	333 WATER AVENUE		BELLEFONTAINE	OH	43311-1777	4/23/2015	\$777.02
MOBILE INSTRUMENT SERVICE	333 WATER AVENUE		BELLEFONTAINE	OH	43311-1777	4/30/2015	\$2,944.83
						Total	\$10,528.84
MOSS ADAMS, LLP	P.O. BOX 748369		LOS ANGELES	CA	90074-8369	2/26/2015	\$27,641.55
						Total	\$27,641.55
MULTICARD, INC.	3370 N. SAN FERNANDO RD.	SUITE 202	LOS ANGELES	CA	90065	3/12/2015	\$1,844.31
MULTICARD, INC.	3370 N. SAN FERNANDO RD.	SUITE 202	LOS ANGELES	CA	90065	3/19/2015	\$551.76
MULTICARD, INC.	3370 N. SAN FERNANDO RD.	SUITE 202	LOS ANGELES	CA	90065	3/26/2015	\$554.76
MULTICARD, INC.	3370 N. SAN FERNANDO RD.	SUITE 202	LOS ANGELES	CA	90065	4/23/2015	\$2,088.20
						Total	\$5,039.03

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
NGLIC	C/O SUPERIOR VISION SVCS.	P.O. BOX 201839	DALLAS	TX	75320-1839	3/19/2015	\$4,856.32
NGLIC	C/O SUPERIOR VISION SVCS.	P.O. BOX 201839	DALLAS	TX	75320-1839	4/2/2015	\$4,432.99
NGLIC	C/O SUPERIOR VISION SVCS.	P.O. BOX 201839	DALLAS	TX	75320-1839	5/7/2015	\$8,532.69
						Total	\$17,822.00
NOVA BIOMEDICAL CORP.	P.O. BOX 983115		BOSTON	MA	02298-3115	3/19/2015	\$4,001.90
NOVA BIOMEDICAL CORP.	P.O. BOX 983115		BOSTON	MA	02298-3115	5/7/2015	\$4,001.90
						Total	\$8,003.80
OCCUPATIONAL HEALTH CENTERS SW	P.O. BOX 9005		ADDISON	TX	75001-9005	3/5/2015	\$4,759.00
OCCUPATIONAL HEALTH CENTERS SW	P.O. BOX 9005		ADDISON	TX	75001-9005	3/12/2015	\$1,376.50
OCCUPATIONAL HEALTH CENTERS SW	P.O. BOX 9005		ADDISON	TX	75001-9005	4/9/2015	\$1,688.00
OCCUPATIONAL HEALTH CENTERS SW	P.O. BOX 9005		ADDISON	TX	75001-9005	4/16/2015	\$3,749.00
OCCUPATIONAL HEALTH CENTERS SW	P.O. BOX 9005		ADDISON	TX	75001-9005	4/23/2015	\$578.00
OCCUPATIONAL HEALTH CENTERS SW	P.O. BOX 9005		ADDISON	TX	75001-9005	5/7/2015	\$9,825.50
						Total	\$21,976.00
PEDIATRIX MEDICAL SERVICES	ATTN: MICHELE SALERNO	P.O. BOX 281034	ATLANTA	GA	30384	4/30/2015	\$7,812.00
PEDIATRIX MEDICAL SERVICES	ATTN: MICHELE SALERNO	P.O. BOX 281034	ATLANTA	GA	30384	5/18/2015	\$30,611.67
						Total	\$38,423.67
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	2/19/2015	\$6,037.69
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	2/26/2015	\$3,345.00
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	3/26/2015	\$3,567.37
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	4/2/2015	\$3,523.20
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	4/9/2015	\$6,835.92
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	4/16/2015	\$6,973.00
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	5/7/2015	\$3,672.72
PHARMACY HEALTHCARE SOLUTIONS	24042 NETWORK PL.		CHICAGO	IL	60673-1240	5/18/2015	\$26,387.94
						Total	\$60,342.84
PRECYSE SOLUTIONS, LLC	DEPT. 1736	P.O. BOX 11407	BIRMINGHAM	AL	35246	3/5/2015	\$7,830.15
PRECYSE SOLUTIONS, LLC	DEPT. 1736	P.O. BOX 11407	BIRMINGHAM	AL	35246	3/26/2015	\$72,500.00
PRECYSE SOLUTIONS, LLC	DEPT. 1736	P.O. BOX 11407	BIRMINGHAM	AL	35246	4/2/2015	\$4,510.14
PRECYSE SOLUTIONS, LLC	DEPT. 1736	P.O. BOX 11407	BIRMINGHAM	AL	35246	4/30/2015	\$10,640.61

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
PRECYSE SOLUTIONS, LLC	DEPT. 1736	P.O. BOX 11407	BIRMINGHAM	AL	35246	5/18/2015	\$106,703.54
						Total	\$202,184.44
PRESS GANEY ASSOCIATES, INC.	BOX 88335		MILWAUKEE	WI	53288-0335	2/19/2015	\$3,800.00
PRESS GANEY ASSOCIATES, INC.	BOX 88335		MILWAUKEE	WI	53288-0335	2/26/2015	\$5,000.01
PRESS GANEY ASSOCIATES, INC.	BOX 88335		MILWAUKEE	WI	53288-0335	3/26/2015	\$5,000.01
PRESS GANEY ASSOCIATES, INC.	BOX 88335		MILWAUKEE	WI	53288-0335	4/30/2015	\$5,000.01
						Total	\$18,800.03
PREVENTIONS GENETICS LLC	3700 DOWNWIND DRIVE		MARSHFIELD	WI	54449	3/5/2015	\$7,010.00
PREVENTIONS GENETICS LLC	3700 DOWNWIND DRIVE		MARSHFIELD	WI	54449	4/9/2015	\$3,590.00
						Total	\$10,600.00
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	2/19/2015	\$57,763.57
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	3/5/2015	\$57,015.42
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	3/19/2015	\$56,187.47
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	4/2/2015	\$57,509.70
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	4/16/2015	\$57,131.33
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	4/30/2015	\$58,110.38
PRINCIPAL FINANCIAL GROUP	2355 EAST CAMELBACK RD.	SUITE 620	PHOENIX	AZ	85016	5/14/2015	\$55,744.87
						Total	\$399,462.74
PROLACTA BIOSCIENCE, INC.	757 BALDWIN PARK BLVD.	ATTN: ACCOUNTS RECEIVABLE	CITY OF INDUSTR	CA	91746	2/19/2015	\$10,781.25
PROLACTA BIOSCIENCE, INC.	757 BALDWIN PARK BLVD.	ATTN: ACCOUNTS RECEIVABLE	CITY OF INDUSTR	CA	91746	2/26/2015	\$5,812.50
PROLACTA BIOSCIENCE, INC.	757 BALDWIN PARK BLVD.	ATTN: ACCOUNTS RECEIVABLE	CITY OF INDUSTR	CA	91746	3/19/2015	\$8,718.75
PROLACTA BIOSCIENCE, INC.	757 BALDWIN PARK BLVD.	ATTN: ACCOUNTS RECEIVABLE	CITY OF INDUSTR	CA	91746	4/2/2015	\$11,625.00
						Total	\$36,937.50
PROVIDENCE MEMORIAL HOSPITAL	ATTEN: DEBBIE OWEN	ACCOUNTING DEPARTMENT	EL PASO	TX	79902	3/12/2015	\$2,517.72
PROVIDENCE MEMORIAL HOSPITAL	ATTEN: DEBBIE OWEN	ACCOUNTING DEPARTMENT	EL PASO	TX	79902	3/16/2015	\$12.09
PROVIDENCE MEMORIAL HOSPITAL	ATTEN: DEBBIE OWEN	ACCOUNTING DEPARTMENT	EL PASO	TX	79902	4/16/2015	\$1,279.82
PROVIDENCE MEMORIAL HOSPITAL	ATTEN: DEBBIE OWEN	ACCOUNTING DEPARTMENT	EL PASO	TX	79902	4/30/2015	\$2,829.96
						Total	\$6,639.59
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	2/23/2015	\$210.52

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	2/23/2015	\$22.06
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	2/26/2015	\$94,047.87
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	3/2/2015	\$96.26
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	3/9/2015	\$45.62
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	3/12/2015	\$30,001.13
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	3/16/2015	\$1.68
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	3/23/2015	\$28.84
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	3/26/2015	\$3,152.46
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	4/13/2015	\$13.07
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	4/16/2015	\$7,968.47
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	4/20/2015	\$17.61
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	4/20/2015	\$105.26
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	4/23/2015	\$61,682.87
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	5/4/2015	\$76.42
QUEST DIAGNOSTICS NICHOLS INST	12436 COLLECTION CENTER DR.		CHICAGO	IL	60693-2436	5/4/2015	\$28.84
						Total	\$197,498.98
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	2/26/2015	\$165,000.00
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	3/23/2015	\$351.77
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	3/30/2015	\$180.06
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	4/6/2015	\$60.98
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	4/9/2015	\$330,000.00
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	4/20/2015	\$60.98
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	5/4/2015	\$75.55
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	5/4/2015	\$76.23
QUESTCARE MEDICAL SERVICES, PA	12221 MERIT DR., STE. 1610		DALLAS	TX	75251	5/18/2015	\$495,000.00
						Total	\$990,805.57
RADIOMETER AMERICA INC	13217 COLLECTIONS CENTER DR		CHICAGO	IL	60693	2/26/2015	\$425.40
RADIOMETER AMERICA INC	13217 COLLECTIONS CENTER DR		CHICAGO	IL	60693	3/19/2015	\$2,889.11
RADIOMETER AMERICA INC	13217 COLLECTIONS CENTER DR		CHICAGO	IL	60693	3/26/2015	\$3,065.13
RADIOMETER AMERICA INC	13217 COLLECTIONS CENTER DR		CHICAGO	IL	60693	4/2/2015	\$31.24
RADIOMETER AMERICA INC	13217 COLLECTIONS CENTER DR		CHICAGO	IL	60693	4/30/2015	\$3,924.34
						Total	\$10,335.22

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
REVCYCLE+	4020 MCEWEN DR.		DALLAS	TX	75244	3/19/2015	\$13,160.14
REVCYCLE+	4020 MCEWEN DR.		DALLAS	TX	75244	4/2/2015	\$8,531.11
REVCYCLE+	4020 MCEWEN DR.		DALLAS	TX	75244	4/30/2015	\$9,192.40
						Total	\$30,883.65
RIDGECREST DIALYSIS	P.O. BOX 8500 8647		PHILADELPHIA	PA	19178-8647	4/27/2015	\$21,172.36
RIDGECREST DIALYSIS	P.O. BOX 8500 8647		PHILADELPHIA	PA	19178-8647	5/11/2015	\$12,358.50
RIDGECREST DIALYSIS	P.O. BOX 8500 8647		PHILADELPHIA	PA	19178-8647	5/18/2015	\$29,001.52
						Total	\$62,532.38
RIO GRANDE UROLOGY, P.A.	7420 REMCON CIRCLE, BLDG. A		EL PASO	TX	79912	3/16/2015	\$145.26
RIO GRANDE UROLOGY, P.A.	7420 REMCON CIRCLE, BLDG. A		EL PASO	TX	79912	4/27/2015	\$112.50
RIO GRANDE UROLOGY, P.A.	7420 REMCON CIRCLE, BLDG. A		EL PASO	TX	79912	5/4/2015	\$94.69
RIO GRANDE UROLOGY, P.A.	7420 REMCON CIRCLE, BLDG. A		EL PASO	TX	79912	5/18/2015	\$33,750.00
						Total	\$34,102.45
RODOLFO FIERRO-STEVENS	1400 N. EL PASO ST., #B		EL PASO	TX	79902	3/12/2015	\$84,000.00
RODOLFO FIERRO-STEVENS	1400 N. EL PASO ST., #B		EL PASO	TX	79902	3/13/2015	\$8,400.00
RODOLFO FIERRO-STEVENS	1400 N. EL PASO ST., #B		EL PASO	TX	79902	4/9/2015	\$8,400.00
RODOLFO FIERRO-STEVENS	1400 N. EL PASO ST., #B		EL PASO	TX	79902	5/7/2015	\$9,000.00
RODOLFO FIERRO-STEVENS	1400 N. EL PASO ST., #B		EL PASO	TX	79902	5/18/2015	\$9,400.00
						Total	\$119,200.00
SANOPI PASTEUR INC.	12458 COLLECTIONS CENTER DRIVE		CHICAGO	IL	60693	2/19/2015	\$5,504.58
SANOPI PASTEUR INC.	12458 COLLECTIONS CENTER DRIVE		CHICAGO	IL	60693	3/12/2015	\$1,809.61
						Total	\$7,314.19
SMITH AND NEPHEW, INC.	P.O. BOX 951605		DALLAS	TX	75395-1605	3/26/2015	\$1,529.70
SMITH AND NEPHEW, INC.	P.O. BOX 951605		DALLAS	TX	75395-1605	4/2/2015	\$17,024.38
						Total	\$18,554.08
SOUTHERLAND PARTNERS, LLC	3824 CEDAR SPRINGS RD.	#801-4909	DALLAS	TX	75219	3/3/2015	\$28,750.00
						Total	\$28,750.00
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	2/23/2015	\$490.95

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	3/2/2015	\$71.00
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	3/12/2015	\$16,800.00
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	3/16/2015	\$84.33
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	3/30/2015	\$141.30
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	4/6/2015	\$114.60
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	5/4/2015	\$131.44
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	5/7/2015	\$36,000.00
SOUTHWEST ENT CONSULTANTS	1600 MEDICAL CENTER DR.	SUITE 101	EL PASO	TX	79902	5/18/2015	\$20,200.00
						Total	\$74,033.62
STAPLES ADVANTAGE	DEPT DAL	P.O. BOX 83689	CHICAGO	IL	60696-3689	3/5/2015	\$17,424.86
STAPLES ADVANTAGE	DEPT DAL	P.O. BOX 83689	CHICAGO	IL	60696-3689	4/2/2015	\$10,222.53
STAPLES ADVANTAGE	DEPT DAL	P.O. BOX 83689	CHICAGO	IL	60696-3689	4/23/2015	\$15,636.17
						Total	\$43,283.56
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	3/19/2015	\$19,637.12
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	4/2/2015	\$1,111.40
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	4/9/2015	\$1,111.40
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	4/16/2015	\$17,760.17
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	4/23/2015	\$1,111.40
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	4/30/2015	\$1,111.40
STRYKER CRANIOMAXILLOFACIAL	21343 NETWORK PLACE		CHICAGO	IL	60673	5/7/2015	\$3,179.65
						Total	\$45,022.54
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	2/26/2015	\$178.08
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	3/19/2015	\$3,581.88
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	3/26/2015	\$178.08
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	4/2/2015	\$216.41
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	4/9/2015	\$1,185.00
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	4/16/2015	\$683.16
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	4/23/2015	\$231.90
STRYKER INSTRUMENTS	P.O. BOX 93308		CHICAGO	IL	60673	4/30/2015	\$2,431.64
						Total	\$8,686.15
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	2/19/2015	\$1,390.00

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	3/12/2015	\$1,420.00
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	3/19/2015	\$1,160.00
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	4/9/2015	\$1,610.00
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	4/23/2015	\$1,500.00
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	5/7/2015	\$1,311.00
SUSAN HASS HATCH	CRIME VICTIMS PROGRAM	105 E. CLOUD SONG	SANTA TERESA	NM	88008	5/18/2015	\$1,500.00
						Total	\$9,891.00
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	2/19/2015	\$5,241.27
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	2/26/2015	\$704.75
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	3/12/2015	\$3,755.05
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	3/19/2015	\$2,249.13
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	4/2/2015	\$1,438.76
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	4/9/2015	\$5,029.41
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	4/16/2015	\$3,658.64
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	4/23/2015	\$340.70
SUTURE EXPRESS	P.O. BOX 842806		KANSAS CITY	MO	64184-2806	4/30/2015	\$2,281.23
						Total	\$24,698.94
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	2/26/2015	\$2,999.57
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	3/19/2015	\$23,093.19
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	3/26/2015	\$2,625.10
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	4/2/2015	\$634.68
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	4/16/2015	\$3,319.16
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	4/30/2015	\$82.56
SYNTHESES	P.O. BOX 8538-662		PHILADELPHIA	PA	19171-0662	5/7/2015	\$3,920.74
						Total	\$36,675.00
TAM Q. DANG, M.D.	918 BELLACUMBRE		EL PASO	TX	79912	2/19/2015	\$2,000.00
TAM Q. DANG, M.D.	918 BELLACUMBRE		EL PASO	TX	79912	3/12/2015	\$2,000.00
TAM Q. DANG, M.D.	918 BELLACUMBRE		EL PASO	TX	79912	4/9/2015	\$2,000.00
TAM Q. DANG, M.D.	918 BELLACUMBRE		EL PASO	TX	79912	5/7/2015	\$2,000.00
TAM Q. DANG, M.D.	918 BELLACUMBRE		EL PASO	TX	79912	5/18/2015	\$2,000.00
						Total	\$10,000.00

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
TAXATION & REVENUE DEPARTMENT	P.O. BOX 25128		SANTA FE	NM	87504-5128	3/12/2015	\$3,668.16
TAXATION & REVENUE DEPARTMENT	P.O. BOX 25128		SANTA FE	NM	87504-5128	4/16/2015	\$3,384.59
TAXATION & REVENUE DEPARTMENT	P.O. BOX 25128		SANTA FE	NM	87504-5128	5/7/2015	\$3,055.50
						Total	\$10,108.25
TEXAS HEALTH & HUMAN SERVICES	HHSC - ARTS	P.O. BOX 149055	AUSTIN	TX	78714-9055	3/5/2015	\$6,516.00
TEXAS HEALTH & HUMAN SERVICES	HHSC - ARTS	P.O. BOX 149055	AUSTIN	TX	78714-9055	3/26/2015	\$6,516.00
						Total	\$13,032.00
TEXAS MEDICAL LIABILITY TRUST	P.O. BOX 847512		DALLAS	TX	75284-7512	2/19/2015	\$4,041.75
TEXAS MEDICAL LIABILITY TRUST	P.O. BOX 847512		DALLAS	TX	75284-7512	3/12/2015	\$5,488.74
TEXAS MEDICAL LIABILITY TRUST	P.O. BOX 847512		DALLAS	TX	75284-7512	4/9/2015	\$5,142.28
						Total	\$14,672.77
TEXAS MUTUAL INSURANCE	6210 E. HIGHWAY 290		AUSTIN	TX	78723-1098	2/18/2015	\$13,264.20
TEXAS MUTUAL INSURANCE	6210 E. HIGHWAY 290		AUSTIN	TX	78723-1098	3/5/2015	\$13,264.20
TEXAS MUTUAL INSURANCE	6210 E. HIGHWAY 290		AUSTIN	TX	78723-1098	4/2/2015	\$13,264.20
TEXAS MUTUAL INSURANCE	6210 E. HIGHWAY 290		AUSTIN	TX	78723-1098	4/7/2015	\$16,290.00
TEXAS MUTUAL INSURANCE	6210 E. HIGHWAY 290		AUSTIN	TX	78723-1098	5/7/2015	\$13,264.20
						Total	\$69,346.80
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	2/23/2015	\$1,926.56
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	3/2/2015	\$3,824.32
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	3/9/2015	\$1,472.60
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	3/16/2015	\$3,745.05
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	3/23/2015	\$1,280.86
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	3/30/2015	\$5,574.22
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	4/6/2015	\$2,754.09
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	4/13/2015	\$27,024.43
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	4/20/2015	\$5,711.49
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	4/27/2015	\$6,392.21
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	5/4/2015	\$8,695.63
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	5/11/2015	\$4,169.72
TEXAS TECH PHYSICIAN ASSOCIATION	P O BOX 9520		EL PASO	TX	79995-9520	5/18/2015	\$5,409.75
						Total	\$77,980.93

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Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	2/19/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	2/26/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	2/26/2015	\$35,965.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	3/5/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	3/12/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	3/19/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	3/26/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	3/26/2015	\$35,235.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/2/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/9/2015	\$302,907.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/9/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/16/2015	\$16,666.66
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/16/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/23/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/23/2015	\$16,666.66
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	4/30/2015	\$100,000.00
TEXAS TECH UNIVERSITY	4800 ALBERTA		EL PASO	TX	79905	5/7/2015	\$100,000.00
						Total	\$1,607,440.32
TEXAS WORKFORCE COMMISSION	P.O. BOX 149037		AUSTIN	TX	787149037	3/5/2015	\$19,523.82
						Total	\$19,523.82
THE JOINT COMMISSION	ONE RENAISSANCE BLVD.		OAKBROOK TERR	IL	60181	4/2/2015	\$14,200.00
						Total	
TMHP	12357-B RIATA TRACE PARKWAY	SUITE 100	AUSTIN	TX	78727	4/23/2015	\$126,623.45
						Total	\$126,623.45
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	3/19/2015	\$31,613.90
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	3/26/2015	\$4,529.70
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	4/9/2015	\$1,418.99
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	4/16/2015	\$6,317.01
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	4/23/2015	\$7,548.38
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	4/30/2015	\$1,051.42

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
TRI-ANIM HEALTH SERVICES, INC.	25197 NETWORK PLACE		CHICAGO	IL	60673-1251	5/7/2015	\$1,144.80
						Total	\$53,624.20
UHS SURGICAL DEVICES	10939 PENDLETON ST.		SUN VALLEY	CA	91352	3/19/2015	\$3,300.00
UHS SURGICAL DEVICES	10939 PENDLETON ST.		SUN VALLEY	CA	91352	3/26/2015	\$2,430.00
UHS SURGICAL DEVICES	10939 PENDLETON ST.		SUN VALLEY	CA	91352	4/30/2015	\$1,910.00
						Total	\$7,640.00
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	2/26/2015	\$12,916.00
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	3/5/2015	\$120,935.04
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	3/12/2015	\$52,087.34
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	3/18/2015	\$14,182.00
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	4/16/2015	\$5,029.00
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	5/7/2015	\$31,581.92
UNITED BLOOD SERVICES	P.O. BOX 53022		PHOENIX	AZ	85072	5/18/2015	\$60,451.00
						Total	\$297,182.30
UNUM LIFE INS CO OF AMERICA	P.O. BOX 406946		ATLANTA	GA	30384-6946	2/19/2015	\$18,778.10
UNUM LIFE INS CO OF AMERICA	P.O. BOX 406946		ATLANTA	GA	30384-6946	3/12/2015	\$17,692.33
UNUM LIFE INS CO OF AMERICA	P.O. BOX 406946		ATLANTA	GA	30384-6946	4/16/2015	\$17,674.49
						Total	\$54,144.92
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	2/19/2015	\$7,000.00
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	3/9/2015	\$129.50
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	3/23/2015	\$57.76
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	3/30/2015	\$57.76
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	4/2/2015	\$14,000.00
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	4/6/2015	\$345.90
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	4/13/2015	\$129.50
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	4/20/2015	\$129.71
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	4/27/2015	\$101.64
VIOLETA RADENOVICH	1250 E CLIFF DR	SUITE 4D	EL PASO	TX	79902	5/18/2015	\$14,000.00
						Total	\$35,951.77
VISIONE360, P.A.	400 EXECUTIVE CENTER DR.		EL PASO	TX	79902	3/16/2015	\$130.59

Attachment to Statement of Financial Affairs 3.b.

Name	Address1	Address2	City	State	Zip	Dates of Payments/ Transfers	Amount Paid or Value of Transfers
VISIONE360, P.A.	400 EXECUTIVE CENTER DR.		EL PASO	TX	79902	5/18/2015	\$25,000.00
						Total	\$25,130.59
WESTERN RESERVE LIFE - MATRIX	C/O MATRIX GROUP BENEFITS LLC	190 US ROUTE ONE PMB 365	FALMOUTH	ME	4105	2/19/2015	\$69,723.12
WESTERN RESERVE LIFE - MATRIX	C/O MATRIX GROUP BENEFITS LLC	190 US ROUTE ONE PMB 365	FALMOUTH	ME	4105	3/12/2015	\$67,001.33
WESTERN RESERVE LIFE - MATRIX	C/O MATRIX GROUP BENEFITS LLC	190 US ROUTE ONE PMB 365	FALMOUTH	ME	4105	4/16/2015	\$66,439.66
						Total	\$203,164.11
WRIGHT MEDICAL TECHNOLOGY	P.O. BOX 503482		ST. LOUIS	MO	63150-3482	3/19/2015	\$7,365.96
						Total	\$7,365.96

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
CHRISTOPHER M. BARELA	13713 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	6/19/2014	\$109.20
CHRISTOPHER M. BARELA	13714 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	5/30/2014	\$4,203.66
CHRISTOPHER M. BARELA	13715 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	6/13/2014	\$4,203.66
CHRISTOPHER M. BARELA	13716 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	6/27/2014	\$4,203.66
CHRISTOPHER M. BARELA	13717 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	7/11/2014	\$4,203.66
CHRISTOPHER M. BARELA	13718 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	7/25/2014	\$4,203.66
CHRISTOPHER M. BARELA	13719 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	8/8/2014	\$1,261.09
CHRISTOPHER M. BARELA	13720 PASEO DE FE CIRCLE		HORIZON CITY	TX	79928	FORMER INTERIM CFO	8/22/2014	\$12,957.94
							Total	\$35,346.53
EL PASO CHILDREN'S PHYSICIANS GROUP	4845 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	5/28/2014	\$53,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4846 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	6/10/2014	\$60,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4847 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	6/25/2014	\$40,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4848 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	7/9/2014	\$57,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4849 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	7/23/2014	\$55,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4850 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	8/6/2014	\$60,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4851 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	8/21/2014	\$35,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4852 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	9/4/2014	\$40,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4853 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	9/18/2014	\$50,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4854 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	10/2/2014	\$10,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4855 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	10/15/2014	\$35,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4856 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	10/29/2014	\$20,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4857 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	11/12/2014	\$37,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4858 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	11/24/2014	\$107,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4859 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	12/10/2014	\$15,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4860 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	12/23/2014	\$60,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4861 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	1/7/2015	\$54,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4862 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	1/22/2015	\$27,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4863 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	2/3/2015	\$25,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4864 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	2/17/2015	\$50,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4865 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	3/4/2015	\$40,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4866 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	3/16/2015	\$30,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4867 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	3/30/2015	\$25,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4868 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	4/13/2015	\$15,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4869 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	4/20/2015	\$15,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4870 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	4/28/2015	\$10,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4871 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	5/12/2015	\$50,000.00
EL PASO CHILDREN'S PHYSICIANS GROUP	4872 ALAMEDA AVE		EL PASO	TX	79905-2705	INSIDER	5/18/2015	\$76,200.00

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
							Total	\$1,151,200.00
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	5/22/2014	\$16,017.29
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	6/19/2014	\$9,917.00
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	7/3/2014	\$7,744.48
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	8/7/2014	\$32,847.13
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	8/14/2014	\$53,274.57
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	8/28/2014	\$19,125.48
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	9/11/2014	\$58,529.06
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	10/2/2014	\$57,371.03
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	10/23/2014	\$9,337.73
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	10/30/2014	\$9,212.00
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	11/13/2014	\$16,360.29
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	11/20/2014	\$13,773.76
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	12/4/2014	\$9,282.50
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	12/11/2014	\$12,293.89
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	12/30/2014	\$22,011.26
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	1/8/2015	\$20,469.01
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	1/22/2015	\$24,791.85
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	2/5/2015	\$11,123.29
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	2/19/2015	\$22,065.56
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	3/12/2015	\$23,814.71
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	3/26/2015	\$47.55
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	4/2/2015	\$34,158.70
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	4/23/2015	\$8,883.00
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	4/30/2015	\$19,900.46
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	5/7/2015	\$21,104.22
EL PASO FIRST HEALTH PLANS	1145 WESTMORELAND DR.	ATTN: ACCOUNTING DEPT	EL PASO	TX	79925-5615	INSIDER	5/28/2015	\$44,124.70
							Total	\$577,580.52
ELIAS M. ARMENDARIZ	1324 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	6/5/2014	\$23.46
ELIAS M. ARMENDARIZ	1325 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	7/10/2014	\$66.36
ELIAS M. ARMENDARIZ	1326 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	5/28/2015	\$81.19
ELIAS M. ARMENDARIZ	1327 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	5/30/2014	\$5,983.09
ELIAS M. ARMENDARIZ	1328 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	6/6/2014	\$2,884.80
ELIAS M. ARMENDARIZ	1329 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	6/13/2014	\$5,983.09
ELIAS M. ARMENDARIZ	1330 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	6/27/2014	\$6,483.09
ELIAS M. ARMENDARIZ	1331 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	7/11/2014	\$5,983.09

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
ELIAS M. ARMENDARIZ	1332 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	7/25/2014	\$6,483.09
ELIAS M. ARMENDARIZ	1333 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	8/8/2014	\$5,983.09
ELIAS M. ARMENDARIZ	1334 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	8/22/2014	\$6,483.09
ELIAS M. ARMENDARIZ	1335 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	9/5/2014	\$5,983.09
ELIAS M. ARMENDARIZ	1336 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	9/19/2014	\$7,828.69
ELIAS M. ARMENDARIZ	1337 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	10/3/2014	\$7,350.29
ELIAS M. ARMENDARIZ	1338 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	10/17/2014	\$7,850.29
ELIAS M. ARMENDARIZ	1339 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	10/31/2014	\$7,350.29
ELIAS M. ARMENDARIZ	1340 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	11/14/2014	\$7,350.29
ELIAS M. ARMENDARIZ	1341 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	11/28/2014	\$7,850.29
ELIAS M. ARMENDARIZ	1342 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	12/12/2014	\$7,350.29
ELIAS M. ARMENDARIZ	1343 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	12/26/2014	\$7,850.29
ELIAS M. ARMENDARIZ	1344 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	1/9/2015	\$7,350.29
ELIAS M. ARMENDARIZ	1345 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	1/23/2015	\$7,850.29
ELIAS M. ARMENDARIZ	1346 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	2/6/2015	\$7,350.29
ELIAS M. ARMENDARIZ	1347 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	2/20/2015	\$7,850.29
ELIAS M. ARMENDARIZ	1348 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	3/6/2015	\$7,350.29
ELIAS M. ARMENDARIZ	1349 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	3/20/2015	\$7,850.29
ELIAS M. ARMENDARIZ	1350 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	4/2/2015	\$7,350.29
ELIAS M. ARMENDARIZ	1351 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	4/17/2015	\$7,850.29
ELIAS M. ARMENDARIZ	1352 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	5/1/2015	\$7,350.29
ELIAS M. ARMENDARIZ	1353 FRANKLIN WIND		EL PASO	TX	79912	CNO / COO	5/15/2015	\$7,850.29
							Total	\$189,204.15
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	10/16/2014	\$5,000.00
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	10/23/2014	\$46,320.00
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	10/30/2014	\$47,401.54
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	12/18/2014	\$50,395.13
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	12/30/2014	\$60,239.55
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	1/29/2015	\$48,679.53
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	2/26/2015	\$48,715.28
JAMES J. SEXTON	c/o B.E. SMITH INTERIM SERVICES	P.O. BOX 219241	KANSAS CITY	MO	64121-9241	FORMER CEO	4/23/2015	\$771.93
JAMES J. SEXTON	1604 BELLEVUE BLVD.		FOND DU LAC	WI	57937	FORMER CEO	1/8/2015	\$96.79
JAMES J. SEXTON	1604 BELLEVUE BLVD.		FOND DU LAC	WI	57937	FORMER CEO	3/12/2015	\$47.58
							Total	\$307,667.33
JAMES O'KEEFE	118 DUNHAM SPRINGS LN.		NASHVILLE	TN	37205	FORMER INTERIM CFO	11/13/2014	\$2,885.95
JAMES O'KEEFE	118 DUNHAM SPRINGS LN.		NASHVILLE	TN	37205	FORMER INTERIM CFO	12/4/2014	\$3,631.74

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
JAMES O'KEEFE	118 DUNHAM SPRINGS LN.		NASHVILLE	TN	37205	FORMER INTERIM CFO	1/8/2015	\$5,607.27
JAMES O'KEEFE	118 DUNHAM SPRINGS LN.		NASHVILLE	TN	37205	FORMER INTERIM CFO	2/5/2015	\$2,475.11
JAMES O'KEEFE	118 DUNHAM SPRINGS LN.		NASHVILLE	TN	37205	FORMER INTERIM CFO	2/26/2015	\$3,930.92
JAMES O'KEEFE	118 DUNHAM SPRINGS LN.		NASHVILLE	TN	37205	FORMER INTERIM CFO	3/12/2015	\$1,631.20
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	12/11/2014	\$66,000.00
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	12/30/2014	\$33,000.00
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	1/15/2015	\$11,000.00
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	1/22/2015	\$11,000.00
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	1/28/2015	\$11,000.00
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	2/19/2015	\$33,000.00
JAMES O'KEEFE	c/o TATUM	P.O. BOX 847872	DALLAS	TX	75284-7872	FORMER INTERIM CFO	3/4/2015	\$22,000.00
							Total	\$207,162.19
LAWRENCE G DUNCAN	604 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	5/30/2014	\$12,185.86
LAWRENCE G DUNCAN	605 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	6/13/2014	\$12,185.86
LAWRENCE G DUNCAN	606 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	6/27/2014	\$12,185.86
LAWRENCE G DUNCAN	607 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	7/11/2014	\$12,185.86
LAWRENCE G DUNCAN	608 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	7/25/2014	\$12,185.86
LAWRENCE G DUNCAN	609 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	8/8/2014	\$12,185.86
LAWRENCE G DUNCAN	610 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	8/22/2014	\$12,185.86
LAWRENCE G DUNCAN	611 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	9/5/2014	\$12,185.86
LAWRENCE G DUNCAN	612 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	9/19/2014	\$12,185.86
LAWRENCE G DUNCAN	613 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	10/3/2014	\$12,185.86
LAWRENCE G DUNCAN	614 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	10/17/2014	\$12,184.80
LAWRENCE G DUNCAN	615 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	10/31/2014	\$12,185.86
LAWRENCE G DUNCAN	616 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	11/14/2014	\$12,185.86
LAWRENCE G DUNCAN	617 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	11/28/2014	\$12,185.86
LAWRENCE G DUNCAN	618 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	12/12/2014	\$12,185.86
LAWRENCE G DUNCAN	619 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	12/26/2014	\$12,185.86
LAWRENCE G DUNCAN	620 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	1/9/2015	\$12,185.86
LAWRENCE G DUNCAN	621 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	1/23/2015	\$12,185.86
LAWRENCE G DUNCAN	622 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	2/6/2015	\$12,185.86
LAWRENCE G DUNCAN	623 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	2/20/2015	\$12,185.86
LAWRENCE G DUNCAN	624 MEADO WILLOW DR		EL PASO	TX	79922	FORMER CEO	3/6/2015	\$12,185.86
							Total	\$255,902.00
RAY DZIESINSKI	808 RODNEY DR.		NASHVILLE	TN	37205	FORMER CEO	8/28/2014	\$49,200.00
RAY DZIESINSKI	808 RODNEY DR.		NASHVILLE	TN	37205	FORMER CEO	9/4/2014	\$49,200.00

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
RAY DZIESINSKI	808 RODNEY DR.		NASHVILLE	TN	37205	FORMER CEO	9/11/2014	\$49,100.00
RAY DZIESINSKI	808 RODNEY DR.		NASHVILLE	TN	37205	FORMER CEO	10/2/2014	\$23,600.00
							Total	\$171,100.00
TATUM	P.O. BOX 847872		DALLAS	TX	75284-7872	INSIDER	2/19/2015	\$33,000.00
TATUM	P.O. BOX 847872		DALLAS	TX	75284-7872	INSIDER	2/19/2015	\$33,000.00
TATUM	P.O. BOX 847872		DALLAS	TX	75284-7872	INSIDER	3/4/2015	\$22,000.00
TATUM	P.O. BOX 847872		DALLAS	TX	75284-7872	INSIDER	3/4/2015	\$22,000.00
							Total	\$110,000.00
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	5/29/2014	\$597.70
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	6/12/2014	\$206.65
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	6/26/2014	\$192.31
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	7/10/2014	\$223.41
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	7/24/2014	\$256.74
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	8/7/2014	\$895.00
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	8/7/2014	\$582.73
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	8/21/2014	\$871.64
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	9/4/2014	\$518.33
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	9/11/2014	\$2,461.44
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	9/18/2014	\$336.14
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	10/2/2014	\$589.70
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	10/16/2014	\$521.20
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	10/30/2014	\$427.20
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	11/13/2014	\$264.47
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	11/26/2014	\$1,679.11
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	12/11/2014	\$1,511.51
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	12/23/2014	\$1,363.54
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	12/30/2014	\$15,598.00
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	1/8/2015	\$258.99
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	1/22/2015	\$200.97
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	3/5/2015	\$215.75
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	3/19/2015	\$21.87
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	4/2/2015	\$4,158.17
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	4/9/2015	\$300.00
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	4/16/2015	\$2,641.44
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	4/16/2015	\$877.18

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	4/23/2015	\$1,938.46
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	4/30/2015	\$1,020.33
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	5/7/2015	\$142.20
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	5/28/2015	\$254.98
UMC FOUNDATION OF EL PASO	1400 HARDAWAY, STE. 220		EL PASO	TX	79903	INSIDER	5/18/2015	\$380.52
							Total	\$41,507.68
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/19/2014	\$1,635.33
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/22/2014	\$162,355.30
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/27/2014	\$4,581.24
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/29/2014	\$17,620.54
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/2/2014	\$7,608.41
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/9/2014	\$17,654.04
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/12/2014	\$16,487.34
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/16/2014	\$3,986.64
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/23/2014	\$4,407.80
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/26/2014	\$16,680.21
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	6/30/2014	\$7,091.17
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	7/7/2014	\$18,080.82
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	7/10/2014	\$17,059.98
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	7/14/2014	\$18,285.81
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	7/21/2014	\$4,983.74
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	7/24/2014	\$17,015.42
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	7/28/2014	\$9,328.91
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/4/2014	\$9,326.48
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/7/2014	\$125.00
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/7/2014	\$17,071.18
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/11/2014	\$6,808.69
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/18/2014	\$3,205.01
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/21/2014	\$15,205.51
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	8/25/2014	\$6,555.49
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/2/2014	\$7,868.38
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/4/2014	\$15,310.41
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/8/2014	\$5,902.23
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/15/2014	\$11,311.14
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/18/2014	\$15,476.42
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/22/2014	\$11,312.82
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	9/29/2014	\$7,259.28

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/2/2014	\$16,331.12
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/6/2014	\$10,023.19
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/13/2014	\$3,607.39
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/16/2014	\$17,559.61
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/20/2014	\$8,566.04
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/27/2014	\$4,559.24
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/30/2014	\$150.00
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/30/2014	\$150.00
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	10/30/2014	\$17,436.78
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	11/3/2014	\$2,089.33
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	11/10/2014	\$10,950.73
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	11/13/2014	\$17,152.80
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	11/17/2014	\$6,146.48
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	11/24/2014	\$6,493.78
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	11/26/2014	\$18,537.39
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/1/2014	\$3,186.17
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/8/2014	\$10,384.55
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/11/2014	\$16,909.65
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/15/2014	\$4,383.87
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/22/2014	\$5,259.83
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/23/2014	\$19,571.04
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	12/29/2014	\$4,654.97
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/5/2015	\$4,095.47
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/8/2015	\$14,926.09
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/12/2015	\$8,102.70
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/15/2015	\$150.00
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/20/2015	\$17,026.16
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/22/2015	\$17,767.31
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	1/26/2015	\$4,166.83
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	2/2/2015	\$5,324.32
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	2/9/2015	\$13,282.38
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	2/16/2015	\$3,167.89
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	2/23/2015	\$3,771.44
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/2/2015	\$7,876.27
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/5/2015	\$16,953.51
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/9/2015	\$4,992.24
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/16/2015	\$12,245.46
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/19/2015	\$16,259.35

Attachment to Statement of Financial Affairs 3.c.

Name	Address1	Address2	City	State	Zip	Relationship to Debtor	Date of Payment	Amount Paid
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/23/2015	\$4,106.21
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	3/30/2015	\$13,255.85
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/2/2015	\$15,151.17
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/6/2015	\$4,103.58
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/13/2015	\$17,315.64
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/16/2015	\$14,684.66
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/20/2015	\$5,640.72
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/27/2015	\$8,015.44
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	4/30/2015	\$14,874.88
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/4/2015	\$8,810.40
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/11/2015	\$2,933.31
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/18/2015	\$15,271.48
UMC OF EL PASO	4815 ALAMEDA AVE.	MICHAEL NUNEZ	EL PASO	TX	79905	INSIDER	5/18/2015	\$7,062.80
							Total	\$963,038.26