

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

In re **TLC Health Network**,
Debtor

Case No. _____

Chapter **11**

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	3	\$ 25,682,200.00		
B - Personal Property	YES	7	\$ 14,939,252.16		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	3		\$ 2,282,269.89	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 396,383.38	
F - Creditors Holding Unsecured Nonpriority Claims	YES	75		\$ 6,503,558.77	
G - Executory Contracts and Unexpired Leases	YES	5			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	NO				\$
J - Current Expenditures of Individual Debtors(s)	NO				\$
TOTAL		97	\$ 40,621,452.16	\$ 9,182,212.04	

In re TLC Health Network,

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(If known)

SCHEDULE A - REAL PROPERTY

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
Vacant Land West of Hospital Ward Avenue, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 064603-49.05-5-29 2013 Assessed Value	Fee Simple Ownership		\$21,200.00	
Hospital - North Parcel 845 Routes 5 & 20, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 06489-33.00-2.18 2013 Assessed Value	Fee Simple Ownership		\$10,780,000.00	
Administrative Office Building 12644 Seneca Road, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map. No. 064689-33.00-2-19 2013 Assessed Value	Fee Simple Ownership		\$1,190,000.00	
Vacant Land - 3.5 Acres Southerland Road, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 064689-33.00-2-22 2013 Assessed Value	Fee Simple Ownership		\$21,300.00	
Vacant Land - 3.6 Acres 682 Southerland Road, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map. No. 064689-33.00-2-23 2013 Assessed Value	Fee Simple Ownership		\$21,500.00	
Parking Lot off Seneca Road Routes 5 & 20, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map. No. 064689-33.00-2-24 2013 Assessed Value	Fee Simple Ownership		\$2,100,000.00	

In re TLC Health Network,
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(If known)

SCHEDULE A - REAL PROPERTY
 (Continuation Sheet)

Hospital - East Parcel Routes 5 & 20, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 064689-33.00-2-25 2013 Assessed Value	Fee Simple Ownership		\$7,290,000.00	
Hospital - South Parcel Route 5 & 20, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 064689-33.00-2-26 2013 Assessed Value	Fee Simple Ownership		\$3,660,000.00	
Vacant Land - 9.6 Acres Southerland Road, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 064689-33.00-2-29 2013 Assessed Value	Fee Simple Ownership		\$75,000.00	
Vacant Land - 2.7 Acres Seneca Road, Village of Silver Creek, Town of Hanover, Chautauqua County, NY Tax Map No. 064689-33.05-3-80 2013 Assessed Value	Fee Simple Ownership		\$6,800.00	
Health Care Building - 2.2 Acres 10988 Bennett State Road, Village of Forestville, Town of Hanover, Chautauqua County, NY Tax Map No. 064689-83.00-3-26.2 2013 Assessed Value	Fee Simple Ownership		\$30,000.00	
Vacant Land - 0.04 Acres 13 Main Street, Village of Forestville, Town of Hanover, Chautauqua County, NY Tax Map No. 064601-100.09-1-30 2013 Assessed Value	Fee Simple Ownership		\$1,400.00	
Health Care Building - 1.33 Acres 34 Commercial Street, Village of Gowanda, Town of Persia, Cattaraugus County, NY Tax Map No. 047201-8.084-2-18 2013 Assessed Value	Fee Simple Ownership		\$365,000.00	

In re TLC Health Network,
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(If known)

SCHEDULE A - REAL PROPERTY
 (Continuation Sheet)

Vacant Land - 42.54 Acres 5 Jolls Road Town of Perrysburg, Cattaraugus County, NY Tax Map No. 04700-16.002-2-1 2013 Assessed Value	Fee Simple Ownership		\$24,900.00	
Health Care Building - 1.8 Acres 5719 U.S. Route 62 Town of Conewango, Cattaraugus County, NY Tax Map No. 042800-51.004-2-30.2 2013 Assessed Value	Fee Simple Ownership		\$95,100.00	
Total ►			\$25,682,200.00	

(Report also on Summary of Schedules.)

In re TLC Health Network,
 Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY

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.	X			
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.		Operating Checking Account No. xx0254 at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$64,818.24
		IRRS Food Stamps Checking Account No. xx0299 at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$13,360.05
		Restricted Access Livermore Funds Checking Account No. xx4147 at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$3,455.65
		Restricted Access Pledge Account - Gowanda Hospital Fund Checking Account No. xx2271 at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$40,230.00
		Restricted Access Specific Purpose (Donations) Savings Account xx0476 at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$20,435.10
		Restricted Access Capital Campaign Fund Savings Account xx4118 at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$1,043.25
		Restricted Access Mills Estate Savings Account No. xx4126, at Community Bank, N.A., 228 Central Avenue, Silver Creek, NY 14136 - Balance as of 12/3/2013.		\$34,902.72

In re TLC Health Network,Debtor

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(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

		Operating Checking Account No. xx8-001 at Evans Bank, N.A., One Grimsby Drive, Hamburg, NY 14075 - Balance as of 12/3/2013.		\$603,248.53
		Payroll Checking Account No. xx8-002 at Evans Bank, N.A., One Grimsby Drive, Hamburg, NY 14075 - Balance as of 12/3/2013.		\$0.00
		Health Insurance Fund Checking Account No. xx8-003 at Evans Bank, N.A., One Grimsby Drive, Hamburg, NY 14075 - Balance as of 12/3/2013.		\$21,776.48
		FEMA Checking Account No. xx8-020 at Evans Bank, N.A., One Grimsby Drive, Hamburg, NY 14075 - Balance as of 12/3/2013.		\$600.84
		UPMC Hamot Checking Account No. xx8-006 at Evans Bank, N.A., One Grimsby Drive, Hamburg, NY 14075 - Balance as of 10/31/2013.		\$5,000.00
		Restricted Access Lake Shore Hopsital, Inc. Capital Campaign Fund Savings Account xx4624 at Evans Bank, N.A., One Grimsby Drive, Hamburg, NY 14075 - Balance as of 12/3/2013.		\$52,971.48
		Restricted Access NBT Bank NA Trustee of Trust u/w/o Dorotha E. Wilber Investment Account No. xx2410 at NBT Financial Group 52 South Broad Street, Norwich, NY 13815. TLC Health Network records half on the books. Balance as of 11/30/2013.		\$215,142.51
		Restricted Access J.L. Blair Trust Investment Account No. xx2058 at PNC Institutional Investments, 620 Liberty Avenue, Pittsburgh, PA 15222 - Balance as of 9/30/2013.		\$158,266.57
		Restricted Access Dr. and Mrs. Ira Livermore Memorial Fund Investment Account No. xx5001 at JP Morgan Chase Bank, N.A., 270 Park Avenue, New York, NY 10017-2014. Only a portion of this account belongs to TLC Health Network. Balance as of 11/30/2013.		\$2,633,587.54

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(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

		Restricted Access Lake Shore Hospital Inc. Stock Account No. xx6722 at Bob Evans Farms, Wall Street Station, P.O. Box 922, New York, NY 10269-0560 - Balance as of 12/3/2013.		\$7,760.34
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit held by Lakeshore Ob/Gyn for CD Clinic Lease at 7020 Erie Road, Suite 500, Derby, NY		\$1,200.00
		Security Deposit held by MRG Properties for ACT Program Lease at 40 East Main Street, Suite E, Fredonia, NY 14063		\$425.00
		National Fuel Gas Contract		\$2,750.00
		NYSEG Account 10025816504 0409 Security Deposit		\$2,160.00
		NYSEG Account 10018260645 0509 Security Deposit		\$465.00
		National Fuel Gas Account 031909 (Fredonia) Security Deposit		\$160.00
		National Grid Fredonia Account Security Deposit		\$110.00
		NYSEG Account 300731343 0805 (Forestville Temporary Trailer) Security Deposit		\$835.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			

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(If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Physicians' Reciprocal Insurers Hospital Professional Liability Insurance Policy No. 88012, \$1,000,000/\$3,000,000 policy limits, effective 1/1/2012-1/1/2013		N/A
		Travelers Casualty and Surety Company of America Healthcare Directors, Officers and Trustees Protection PLUS+SM Insurance Policy No. 105055731D, \$5,000,000 policy limits, effective 1/1/2013-1/1/2014		N/A
		Physicians' Reciprocal Insurers General Liability Insurance Policy No. 88013, \$1,000,000/\$2,000,000 policy limits, effective 1/1/2012-1/1/2013		N/A
		Continental Casualty Company CNA Signature Property Insurance Policy No. RMP 4034257957 (covers real property, personal property (excl. stock), stock, equipment breakdown, and business interruption (gross earnings), \$91,028,561 policy limits, effective 12/31/2012-12/31/2013		N/A
		American Alternative Insurance Corporation Commercial Excess Insurance Policy No. 60A2FF000000001-07, \$2,000,000/\$2,000,000 policy limits, effective 12/31/2012-12/31/2013		N/A
10. Annuities. Itemize and name each issuer.	X			
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).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Sole Member of LSP Corporation		Unknown
		Unknown interest in the following inactive entities: Lake Shore Nursing Home, Inc., Lake Shore HCC Managed Care, Inc., Lake Shore HCC IPA, Inc., Lake Shore Community Care, Inc., and Lake Shore Community Care LLC		Unknown

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(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Hospital Patient Net Accounts Receivable		\$2,835,622.93
		Home Health Patient Net Accounts Receivable		\$494,524.71
		Nursing Home Patient Net Accounts Receivable		\$667,000.73
		Non-Patient Accounts Receivable as of 9/30/2013		\$755,719.79
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
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.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
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.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		New York State Department of Health Office of Health Systems Management Operating Certificate for Hospital Facility ID 114, Certificate No. 0427000H, Effective 9/24/2012		N/A

In re TLC Health Network,Debtor

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(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

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.		Patient Records		\$0.00
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1998 Ford, VIN 1FDXE40S2WHB32496 Remaining Book Value Irving, NY		\$0.00
		2010 Ford F250, VIN 1FTNF2B59AEA22933 Remaining Book Value Irving, NY		\$8,585.00
		2003 Ford F250, VIN 1FTNF21L33EA98781 Remaining Book Value Irving, NY		\$0.00
		2004 Carryon Trailer, VIN 4YMCL12184V035598 Remaining Book Value Irving, NY		\$0.00
		2006 Chevrolet Equinox, VIN 2CNDL13F166204834 Remaining Book Value Gowanda, NY		\$0.00
		2006 Ford E350, VIN 1FBSS31L26HB26422 Remaining Book Value Cassadaga, NY		\$0.00
		2010 Quality Trailer, VIN 5NDFA1823AS001747 Remaining Book Value Irving, NY		\$0.00
		2011 Ford E350, VIN 1FBNE3BL5BDA48612 Remaining Book Value Derby, NY		\$0.00
		2011 Ford E350, VIN 1FBNE3BL7BDB09216 Remaining Book Value Derby, NY		\$0.00
		2010 Chrysler Town & Country, VIN 2A4RR5D13AR491517 Remaining Book Value Cassadaga, NY		\$12,154.09

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(If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

		2006 Ford E350, VIN 1FDWE35L66DA11050 Remaining Book Value Irving, NY		\$19,400.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Fixed Assets - Major Movable Equipment (includes value of vehicles listed in 25 above) (detailed list available upon request) Cost \$22,027,545.93, Total Depreciation \$16,222,439.10, Remaining Book Value \$5,805,106.83		\$5,805,106.83
		Fixed Assets - Minor Equipment (detailed list available upon request) Cost \$33,735.00, Total Depreciation \$33,735.00, Remaining Book Value \$0.00		\$0.00
30. Inventory.		Inventory		\$456,433.78
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

6 continuation sheets attached Total ►
 (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

\$14,939,252.16

In re TLC Health Network,
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Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
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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.

In re TLC Health Network,
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Brooks Memorial Hospital Attn: Chris Venn 529 Central Avenue Dunkirk, NY 14048			11/26/2013 First Mortgage All of Debtor's Real and Personal Property. VALUE \$ Unknown				\$345,000.00	\$0.00
ACCOUNT NO. Community Bank, N.A. Central Avenue Silver Creek, NY 14136			Security Interest VALUE \$ Unknown				\$32,464.04	\$0.00
ACCOUNT NO. Dormitory Authority of New York State Attn: Managing Director Office of Portfolio Management 515 Broadway Albany, NY 12207			Security Interest VALUE \$ Unknown				\$263,524.37	\$0.00
ACCOUNT NO. Ford Box 220564 Pittsburgh, PA 15257-2564			Security Interest 2010 Ford F250, VIN 1FTNF2B59AEA22933 VALUE \$ \$8,585.00				\$7,917.40	\$0.00
Subtotal ► (Total of this page)							\$ 648,905.81	\$ 0.00
Total ► (Use only on last page)							\$	\$

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

2 continuation sheets attached

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. GE Healthcare P.O. Box 640200 Pittsburgh, PA 15264-0200			Security Interest Equipment VALUE \$ Unknown				\$82,855.20	\$0.00
ACCOUNT NO. GE Healthcare P.O. Box 640200 Pittsburgh, PA 15264-0200			Security Interest Vivid S6 BT11 VALUE \$ Unknown				\$67,341.56	\$0.00
ACCOUNT NO. GE Healthcare P.O. Box 640200 Pittsburgh, PA 15264-0200			Security Interest Mammography Equipment VALUE \$ Unknown				\$102,007.36	\$0.00
ACCOUNT NO. Olympus America, Inc. 3500 Corporate Parkway P.O. Box 610 Center Valley, PA 18034-0610			Security Interest Equipment Lease VALUE \$ Unknown				\$97,260.00	\$0.00
ACCOUNT NO. Thermo Fisher (Asheville) LLC 28 Schenck Parkway, Sutie 400 Asheville, NC 28803			Security Interest I-STAT 1 Upgrade VALUE \$ Unknown				\$16,132.60	\$0.00

Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal (s) ▶
(Total(s) of this page)

Total(s) ▶
(Use only on last page)

\$ 365,596.72	\$ 0.00
\$	\$

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. UPMC CME Dept 201 State Street Erie, PA 16550	X		Debtor's personal property secured by Guaranty of debt owed by Lake Shore Regional Health System of New York to UPMC, plus accrued interest & expenses from 12/10/13. VALUE \$ Unknown				\$1,267,767.36	\$0.00

Sheet no. **2** of **2** continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal (s) ►
(Total(s) of this page)

Total(s) ►
(Use only on last page)

\$ 1,267,767.36	\$ 0.00
\$ 2,282,269.89	\$ 0.00

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re TLC Health Network,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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).

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

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Contributions to employee benefit plans Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. Unliquidated and contingent liability to employees for 2013 benefit plan contributions estimated as fo 10/30/2013.			Employee Benefit Plan Contributions	X	X		\$354,733.38	\$354,733.38	\$0.00
Account No. Unliquidated and contingent liability to exeutives for 2013 pension plan contributions estimated as fo 10/30/2013.			Employee Benefit Plan Contributions	X	X		\$41,650.00	\$41,650.00	\$0.00
Subtotals▶ (Totals of this page)							\$ 396,383.38	\$ 396,383.38	\$0.00
Total▶ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							\$ 396,383.38		
Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								\$ 396,383.38	\$ 0.00

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

In re **TLC Health Network**, Case No. _____

Debtor

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 324 Properties, LLC 324 Central Avenue Fredonia, NY 14063			Goods and/or Services Provided				\$750.00
ACCOUNT NO. Abbott Laboratories 100 Abbott Park Road Abbott Park, IL 60064-6095			Goods and/or Services Provided				\$29,912.38
ACCOUNT NO. Abbott Laboratories Inc. - Lease 1111 Old Eagle School Road Wayne, PA 19087-1453			Goods and/or Services Provided				\$1,479.00
ACCOUNT NO. A-Cab Taxi P.O. Box 808 Dunkirk, NY 14048			Goods and/or Services Provided				\$617.00
<p style="text-align: right;">Subtotal▶</p>							<p style="text-align: right;">\$ 32,758.38</p>
<p style="text-align: right;">Total▶</p>							<p style="text-align: right;">\$</p>

74 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Accountemps 12400 Collections Center Drive Chicago, IL 60693			Goods and/or Services Provided				\$4,129.02
ACCOUNT NO.							
Accutome, Inc. 3222 Phoenixville Pike Malvern, PA 19355			Goods and/or Services Provided				\$241.00
ACCOUNT NO.							
Aderman, Robert d/b/a Aderman Snowplowing 3768 Route 39 Collins, NY 14034			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Advance Medical Designs 1241 Atlanta Industrial Drive Marietta, GA 30066			Goods and/or Services Provided				\$44.00

Sheet no. 1 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **4,414.02**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Advantage Home Telehealth 640 Ellicott Street, Suite 400 Buffalo, NY 14203			Goods and/or Services Provided				\$6,480.00
ACCOUNT NO.							
Aftercare Nursing Services P.O. Box 714 Cheektowaga, NY 14225			Goods and/or Services Provided				\$751.98
ACCOUNT NO.							
Akos Tibold 2141 Williston Heights Marilla, NY 14102			Goods and/or Services Provided				\$4,817.50
ACCOUNT NO.							
Alcon Laboratories, Inc. Surgical Division 6201 South Freeway Fort Worth, TX 76134			Goods and/or Services Provided				\$57,818.69

Sheet no. 2 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **69,868.17**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Alcopro Inc. P.O. Box 10954 Knoxville, TN 37939			Goods and/or Services Provided				\$458.00
ACCOUNT NO.							
Alere North America, Inc. 30 South Keller Road Suite 100 Orlando, FL 32810			Goods and/or Services Provided				\$20,174.92
ACCOUNT NO.							
Allied Fire Protection Systems, Inc. 1885 Lyndon Boulevard Falconer, NY 17433			Goods and/or Services Provided				\$36,160.00
ACCOUNT NO.							
AMBU 6740 Bay Meadow Drive Glen Burnie, MD 21060			Goods and/or Services Provided				\$1,084.48

Sheet no. 3 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **57,877.40**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
American Health Services 2550-A John Glenn Avenue Suite A Columbus, OH 43217			Goods and/or Services Provided				\$182.41
ACCOUNT NO.							
American Healthtech P.O. Box 12310 Jackson, MS 39236			Goods and/or Services Provided				\$2,177.13
ACCOUNT NO.							
AmerisourceBergen 23066 Network Place Chicago, IL 60673-1230			Equipment Lease				\$0.00
ACCOUNT NO.							
Amo Sales and Service, Inc. 75 Remittance Drive Suite 1437 Chicago, IL 60675-1437			Goods and/or Services Provided				\$3,109.90

Sheet no. 4 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **5,469.44**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Applied Medical 22872 Avenida Empresa Rancho Santa Margari, CA 92688			Goods and/or Services Provided				\$168.00
ACCOUNT NO.							
Arch Wireless a/k/a USA Mobility Ellicott Creek Plaza 2808 Niagara Falls Boulevard Amherst, NY 14226			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Archer Communication Inc. 252 Alexander Street Rochester, NY 14607			Goods and/or Services Provided				\$11,838.89
ACCOUNT NO.							
Argon Medical 1445 Flat Creek Road Atlanta, GA 30384-3511			Goods and/or Services Provided				\$866.02

Sheet no. 5 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **12,872.91**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Arthrex P.O. Box 403511 Atlanta, GA 30384-3511			Goods and/or Services Provided				\$209,157.08
ACCOUNT NO.							
Arthrocare P.O. Box 844161 Dallas, TX 75284-4161			Goods and/or Services Provided				\$344.02
ACCOUNT NO.							
Aspen Surgical Products, Inc. 7425 Clyde Park S.W. Grand Rapids, MI 49509-0404			Goods and/or Services Provided				\$344.09
ACCOUNT NO.							
Atlas Healthcare Linen @ Wright Place 60 Grider Street Buffalo, NY 14215-4030			Goods and/or Services Provided				\$36,662.05

Sheet no. 6 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **246,507.24**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Barnes, Steven M.D. 113 Main Street Silver Creek, NY 14136			Services Provided				\$4,635.00
ACCOUNT NO.							
Baxter Healthcare Corp P.O. Box 30337 Newark, NJ 07188-0037			Goods and/or Services Provided				\$7,331.32
ACCOUNT NO.							
Beckman Coulter Dept CH 10164 Palatine, IL 60055-0164			Goods and/or Services Provided				\$10,184.87
ACCOUNT NO.							
Bio-Rad Laboratories, Inc. Clinical Diagnostics Group 4000 Alfred Nobel Drive Hercules, CA 94547			Goods and/or Services Provided				\$1,688.00

Sheet no. 7 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **23,839.19**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Boston Scientific Corp. P.O. Box 8500-6205 Philadelphia, PA 19178-6205			Goods and/or Services Provided				\$27,109.00
ACCOUNT NO.							
Briggs P.O. Box 1355 Des Moines, IA 50305			Goods and/or Services Provided				\$266.35
ACCOUNT NO.							
Broadview Network a/k/a Bridgecom P.O. Box 9242 Uniondale, NY 11555-9242			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Brooks Memorial Hospital Attn: Chris Venn 529 Central Avenue Dunkirk, NY 14048			Shared Services				\$2,497,316.27

Sheet no. 8 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **2,524,691.27**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
BSN Medical Inc. P.O. Box 751766 Charlotte, NC 28275-1766			Goods and/or Services Provided				\$593.21
ACCOUNT NO.							
Buffalo Hospital Supply 4039 Genesee Street Buffalo, NY 14225			Goods and/or Services Provided				\$31,647.52
ACCOUNT NO.							
Buffalo Medical Group PC 6255 Sheridan Drive Williamsville, NY 14221			Goods and/or Services Provided				\$6,450.00
ACCOUNT NO.							
Buffalo Pharmacy Institute 1479 Kensington Avenue Buffalo, NY 14215			Goods and/or Services Provided				\$31,564.05

Sheet no. 9 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **70,254.78**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
C.R. Bard, Inc. Davol, Inc. 100 Sockanossett Crossroad P.O. Box 8500 Cranston, RI 02920			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Callibra, Inc. 150 North Martingale Road Suite 838 Schaumburg, IL 60173			Goods and/or Services Provided				\$700.00
ACCOUNT NO.							
Cannon Design P.O. Box 1005 Church Street Station New York, NY 10259-3003			Goods and/or Services Provided				\$161,019.95
ACCOUNT NO.							
Cardinal Health Medical Products and Services P.O. Box 95600 Albuquerque, NM 87100			Goods and/or Services Provided				\$4,867.90

Sheet no. 10 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **166,587.85**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Cardio Medical Products Inc. P.O. Box 31040 Hartford, CT 06150-1040			Goods and/or Services Provided				\$2,446.50
ACCOUNT NO.							
Care Center Pharmacy, Inc. 15 West Lucas Avenue Dunkirk, NY 14048			Goods and/or Services Provided				\$5,793.29
ACCOUNT NO.							
Carefusion 203 Pulmonetic Systems 17400 Medina Road Suite 100 Minneapolis, MN 55447			Goods and/or Services Provided				\$600.08
ACCOUNT NO.							
Carefusion 211, Inc. 22745 Savi Ranch Parkway Yorba Linda, CA 92887			Goods and/or Services Provided				\$3,379.30

Sheet no. 11 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **12,219.17**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Carefusion 2200, Inc. V. Mueller & Snowden Pencer Products 25146 Network Place Chicago, IL 60673-1250			Goods and/or Services Provided				\$19.28
ACCOUNT NO.							
Carefusion Solutions, LLC Pyxis Products 25082 Network Place Chicago, IL 60673-1250			Goods and/or Services Provided				\$17,040.00
ACCOUNT NO.							
Carrier Coach P.O. Box 13 Gowanda, NY 14070			Goods and/or Services Provided				\$4,635.43
ACCOUNT NO.							
Casale Plumbing/Heating 829 Brigham Road Dunkirk, NY 14048			Goods and/or Services Provided				\$301.00

Sheet no. 12 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **21,995.71**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Cascade Water Services 113 Bloomingdale Road Hicksville, NY 11801			Goods and/or Services Provided				\$315.00
ACCOUNT NO.							
Casella Waste Services 4735 West Lake Road Dunkirk, NY 14048			Goods and/or Services Provided				\$1,139.32
ACCOUNT NO.							
Cassenti, Lisa 845 Routes 5 & 20 Irving, NY 14081			Goods and/or Services Provided				\$247.54
ACCOUNT NO.							
Centurion Medical Products P.O. Box 510 Williamston, MI 48895			Goods and/or Services Provided				\$1,479.45

Sheet no. 13 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **3,181.31**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Channing Bete One Community Place South Deerfield, MA 01373-0200			Goods and/or Services Provided				\$261.95
ACCOUNT NO.							
Chautauqua Adult Day Care 358 East Fifth Street Jamestown, NY 14701			Goods and/or Services Provided				\$11,938.74
ACCOUNT NO.							
Chautauqua County Office for the Aging 7 North Erie Street Mayville, NY 14757-1027			Goods and/or Services Provided				\$19,518.17
ACCOUNT NO.							
Chautauqua Occupational Health 12 Brigham Road Fredonia, NY 14063			Goods and/or Services Provided				\$4,383.50

Sheet no. 14 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **36,102.36**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Chautauqua Opportunities, Inc. 17 West Courtney Street Dunkirk, NY 14048			Goods and/or Services Provided				\$65,980.78
ACCOUNT NO.							
Chudy Paper Co. Inc. 2615 Walden Avenue Cheektowaga, NY 14225			Goods and/or Services Provided				\$1,112.84
ACCOUNT NO.							
Cintas Document Management 401 Lang Boulevard Grand Island, NY 14072-3112			Goods and/or Services Provided				\$360.00
ACCOUNT NO.							
CIT Healthcare LLC 305 Fellowship Road Suite 300 Mount Laurel, NJ 08054			Goods and/or Services Provided				\$0.00

Sheet no. 15 of 74 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ▶ \$ **67,453.62**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Citicorp Vendor Finance, Inc. 450 Mamaroneck Avenue Harrison, NY 10528			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Civco Medical Instruments 102 First Street South Kalona, IA 52247			Goods and/or Services Provided				\$66.00
ACCOUNT NO.							
Clean & Clear Water Solutions 90 Dudley Avenue Hamburg, NY 14075			Goods and/or Services Provided				\$120.00
ACCOUNT NO.							
Clear Momentum 5263 Parkside Drive Suite 700, Box 9 Canandaigua, NY 14424			Goods and/or Services Provided				\$2,250.00

Sheet no. 16 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **2,436.00**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ComDoc Leasing P.O. Box 6434 Carol Stream, IL 600197-6434			Goods and/or Services Provided				\$19,209.84
ACCOUNT NO. ComDoc, Inc. 85 Northpointe Parkway Suite 2 Amherst, NY 14228			Xerox MFF3635X Equipment Lease				\$124,214.61
ACCOUNT NO. Comfort Pest Control 1007 Brigham Road Dunkirk, NY 14048			Goods and/or Services Provided				\$170.00
ACCOUNT NO. Commissioner of Motor Vehicles NYS Dept. of Motor Vehicles 7 North Erie Street Mayville, NY 14757-1007			Goods and/or Services Provided				\$132.50

Sheet no. 17 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **143,726.95**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Community Blood Bank 2646 Peach Street Erie, PA 16508-1895			Goods and/or Services Provided				\$6,086.16
ACCOUNT NO.							
Completerx, Ltd 3100 South Gessner Suite 640 Houston, TX 77063			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Concept Construction Corp 2555 Transit Road Elma, NY 14059			Goods and/or Services Provided				\$66,141.77
ACCOUNT NO.							
Conmed Linvatec 11311 Concept Boulevard Largo, FL 33773			Goods and/or Services Provided				\$2,756.64

Sheet no. 18 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **74,984.57**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Cook Medical Inc. 22988 Network Place Chicago, IL 60673-1299			Goods and/or Services Provided				\$751.20
ACCOUNT NO.							
Copy Boy P.O. Box 232 Dunkirk, NY 14048			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Cosico, Felixberto M.D. J&E Medical Specialties, PC 50 Brigham Road Fredonia, NY 14063			Goods and/or Services Provided				\$250.00
ACCOUNT NO.							
CPSI 6600 Wall Street Mobile, AL 36695			Goods and/or Services Provided				\$55,961.50

Sheet no. 19 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **56,962.70**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CR Bard (Davol) P.O. Box 75767 Charlotte, NC 28275			Goods and/or Services Provided				\$0.00
ACCOUNT NO. Crest Good Manufacturing Co. 325 Underhill Boulevard P.O. Box 468 Syosset, NY 11791-0468			Goods and/or Services Provided				\$831.06
ACCOUNT NO. Crone, Kenneth D. 9 Valley Overlook Drive Lancaster, NY 14086			Services Provided				\$0.00
ACCOUNT NO. CRS Nuclear Service, LLC 840 Arrow Drive, Suite 150 Cheektowaga, NY 14225			Goods and/or Services Provided				\$38,051.27

Sheet no. 20 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **38,882.33**

Total ▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Culligan Water Condition 161 East Main Street Fredonia, NY 14063			Goods and/or Services Provided				\$322.52
ACCOUNT NO.							
Curbell Medical Products, Inc. 7 Cobham Drive Orchard Park, NY 14127			Goods and/or Services Provided				\$96.45
ACCOUNT NO.							
Datcard Systems 7 Goodyear Irvine, CA 92618			Goods and/or Services Provided				\$1,029.98
ACCOUNT NO.							
Datex-Ohmeda P.O. Box 641936 Pittsburgh, PA 15264-1936			Goods and/or Services Provided				\$1,445.30

Sheet no. 21 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **2,894.25**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
DC Electrical Products 7 Pine Drive Fredonia, NY 14063			Goods and/or Services Provided				\$193.75
ACCOUNT NO.							
Deaf Adult Services 2495 Main Street, Suite 450 Buffalo, NY 14214			Goods and/or Services Provided				\$1,161.00
ACCOUNT NO.							
Depuy Orthopaedics, Inc. P.O. Box 988 Warsaw, IN 46581-0988			Goods and/or Services Provided				\$26,699.33
ACCOUNT NO.							
Depuy Synthes Sales, Inc. 4500 Riverside Drive Palm Beach Gardens, FL 33410			Goods and/or Services Provided				\$1,320.00

Sheet no. 22 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **29,374.08**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Det Norske Veritas Healthcare, Inc. P.O. Box 934921 Atlanta, GA 31193-4921			Goods and/or Services Provided				\$19,530.00
ACCOUNT NO.							
DFT P.O. Box 500 Fredonia, NY 14063-0500			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Diagnostica Stago Inc. Five Century Drive Parsippany, NJ 07054			Goods and/or Services Provided				\$2,436.11
ACCOUNT NO.							
DiPiazza, Charles M., Individually & as Executor of the Estate of Teresa M. DiPiazza c/o Donald White, Esq. 28 East Main Street, Suite 700 Rochester, NY 14614			Disputed Litigation Claim			X	\$0.00

Sheet no. 23 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **21,966.11**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
DJ Orthopedics, LLC 2985 Scott Street Vista, CA 92083-8339			Goods and/or Services Provided				\$1,337.13
ACCOUNT NO.							
Dobmeier Janitor Supply 354 Englewood Avenue Buffalo, NY 14223			Goods and/or Services Provided				\$931.14
ACCOUNT NO.							
Dolce, Joseph C. 11024 Bennett State Road Forestville, NY 14062			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Doyle Security Systems, Inc. 792 Calkins Road Rochester, NY 14623			Goods and/or Services Provided				\$4,727.50

Sheet no. 24 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **6,995.77**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Drug Enforcement Agency U.S. Department of Justice P.O. Box 28083 Washington, DC 20038-8083			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Dunkirk Meals on Wheels 200 Lake Shore Drive West Suite 3 Dunkirk, NY 14048			Goods and/or Services Provided				\$7,553.00
ACCOUNT NO.							
E Z Way LB 395 P.O. Box 3395 Omaha, NE 68103			Goods and/or Services Provided				\$619.95
ACCOUNT NO.							
East Amherst Plumbing Inc. 8734 Stahley Road East Amherst, NY 14051			Goods and/or Services Provided				\$494.52

Sheet no. 25 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **8,667.47**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Eckert Seamans Chernin & Mellott 600 Grant Street, 44th Floor Pittsburgh, PA 15219			Goods and/or Services Provided				\$18,323.29
ACCOUNT NO.							
Eclinicalworks Two Technology Drive Westborough, MA 01581			Goods and/or Services Provided				\$5,172.63
ACCOUNT NO.							
EMPI, Inc. 599 Cardigan Road St. Paul, MN 55126-3965			Goods and/or Services Provided				\$272.22
ACCOUNT NO.							
Endo Pharmaceuticals Inc. 1400 Atwater Drive Malvern, PA 19355			Goods and/or Services Provided				\$341.91

Sheet no. 26 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **24,110.05**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Epoch Health Solutions LLC 17 Martin Avenue Saratoga Springs, NY 12886			Goods and/or Services Provided				\$23,093.50
ACCOUNT NO.							
Executive Health Resources, Inc. P.O. Box 822688 Philadelphia, PA 19182-2688			Goods and/or Services Provided				\$480.00
ACCOUNT NO.							
Federal Express P.O. Box 371461 Pittsburgh, PA 15250-7461			Goods and/or Services Provided				\$175.75
ACCOUNT NO.							
Firstsource Solutions USA, LLC 6455 Reliable Parkway Chicago, IL 60686			Goods and/or Services Provided				\$35,538.79

Sheet no. 27 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **59,288.04**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Fisher Healthcare P.O. Box 3648 Boston, MA 02241-3648			Goods and/or Services Provided				\$9,974.49
ACCOUNT NO.							
Flexer, Leslie 7578 Martin Wright Road Westfield, NY 14787			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Fritschi, Kim Marie 3 Sibley Drive West Seneca, NY 14224			Goods and/or Services Provided				\$200.00
ACCOUNT NO.							
Fuji Medical Systems USA 419 West Avenue Stamford, CT 06902			Goods and/or Services Provided				\$48,252.00

Sheet no. 28 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **58,426.49**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
GE Healthcare Medical Systems P.O. Box 641936 Pittsburgh, PA 15264-0944			Equipment Service Agreement				\$11,506.74
ACCOUNT NO.							
GE Healthcare OEC 384 Wright Brothers Drive Salt Lake City, UT 84116			Equipment Service Agreement				\$9,417.00
ACCOUNT NO.							
Geer Dunn Co. Inc. 309 Prendergast Avenue Jamestown, NY 14701			Goods and/or Services Provided				\$2,241.00
ACCOUNT NO.							
Gemmill, Joyce M. & Ronald c/o Patrick Maloney, Esq. 561 Franklin Street Buffalo, NY 14202			Disputed Litigation Claim			X	\$0.00

Sheet no. 29 of 74 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal▶ \$ **23,164.74**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Gernatt, James c/o Jennifer Scharf, Esq. 350 Main Street Suite 1800 Buffalo, NY 14203						X	\$0.00
ACCOUNT NO.							
Gerster Sales & Service, Inc. Trane Service of WNY 45 Earhart Drive, Suite 103 Buffalo, NY 14221			Goods and/or Services Provided				\$169,614.00
ACCOUNT NO.							
Gerster Trane of Western New York 45 Earhart Drive, Suite 103 Buffalo, NY 14221			Goods and/or Services Provided				\$9,228.00
ACCOUNT NO.							
GF Health Products, Inc. 2935 Northeast Parkway Atlanta, GA 30360-2808			Goods and/or Services Provided				\$1,425.55

Sheet no. 30 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **180,267.55**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Global Pharmaceutical Sourcing 8101 Glenbrook Road Bethesda, MD 20814			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Globalstar P.O. Box 79348 City of Industry, CA 91716-9348			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Gollnitz-Santilli, Wendy 51 Crandall Street Westfield, NY 14787			Goods and/or Services Provided				\$240.00
ACCOUNT NO.							
Grainger, Inc. 5959 West Howard Street Niles, IL 60714-4041			Goods and/or Services Provided				\$2,807.60

Sheet no. 31 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **3,047.60**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Graphic Controls P.O. Box 1271 Buffalo, NY 14240			Goods and/or Services Provided				\$201.98
ACCOUNT NO.							
Great Lakes Building Systems, Inc. 116 Gruner Road Buffalo, NY 14227			Goods and/or Services Provided				\$247.50
ACCOUNT NO.							
Hae Jude Custom Signs 344 Central Avenue Silver Creek, NY 14136			Goods and/or Services Provided				\$995.00
ACCOUNT NO.							
Hamburg Adult Day Services 353 Pleasant Avenue Hamburg, NY 14075			Goods and/or Services Provided				\$2,152.50

Sheet no. 32 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **3,596.98**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Hamburg Overhead Door, Inc. 5659 Herman Hill Road Hamburg, NY 14075			Goods and/or Services Provided				\$312.00
ACCOUNT NO.							
Harms, Florence Louise, Individually & as Executrix of the Estate of Robert L. Harms c/o Roseanne Gugino, Esq. 36 Church Street Buffalo, NY 14202			Pending Litigation			X	\$0.00
ACCOUNT NO.							
Haun Welding Supply 5821 Court Street Road Syracuse, NY 13206			Goods and/or Services Provided				\$3,174.88
ACCOUNT NO.							
Hausted Patient Handling Systems 2935 Northeast Parkway Atlanta, GA 30360-2808			Goods and/or Services Provided				\$0.00

Sheet no. 33 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **3,486.88**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Home Care Association of New York State, Inc. 388 Broadway, 4th Floor Albany, NY 12207			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Home Medical Equipment of WNY 3963 Vineyard Drive Dunkirk, NY 14048			Goods and/or Services Provided				\$62.95
ACCOUNT NO.							
Homemakers of Western NY d/b/a Care Givers P.O. Box 2934 Buffalo, NY 14240-2934			Goods and/or Services Provided				\$20,123.81
ACCOUNT NO.							
In House Dental Services 800 Delaware Avenue Kenmore, NY 14223			Goods and/or Services Provided				\$2,200.00

Sheet no. 34 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **22,386.76**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Information Mgmt Solutions 109 Chatham Avenue Buffalo, NY 14216			Goods and/or Services Provided				\$4,826.00
ACCOUNT NO.							
Interstate Battery System of the Southern Tier 3312 State Route 352 Corning, NY 14830			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
IRR Supply 908 Niagara Falls Boulevard North Tonawanda, NY 14120			Goods and/or Services Provided				\$347.17
ACCOUNT NO.							
J & J Healthcare Systems, Inc. 1001 U.S. Highway 202 Raritan, NJ 08869-0606			Goods and/or Services Provided				\$6,863.75

Sheet no. 35 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **12,036.92**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
J & J Healthcare Systems, Inc. 325 Paramount Drive Raynham, MA 02767			Goods and/or Services Provided				\$606.00
ACCOUNT NO.							
Jaekle, Fleischmann & Mugel, LLP Avant Building, Suite 900 200 Delaware Avenue Buffalo, NY 14202-2107			Legal Services				\$0.00
ACCOUNT NO.							
Jamestown Meals on Wheels P.O. Box 56 Jamestown, NY 14702-0056			Goods and/or Services Provided				\$40,495.00
ACCOUNT NO.							
Jamestown P T Service PC 4482 Kathleen Street Hamburg, NY 14075			Goods and/or Services Provided				\$21,210.00

Sheet no. 36 of 74 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ▶ \$ **62,311.00**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Jamestown Psychiatric, P.C. 305 East Fairmount Avenue Lakewood, NY 14750			Goods and/or Services Provided				\$47,916.66
ACCOUNT NO.							
Jamestown Rehab Services 4482 Kathleen Street Hamburg, NY 14075			Goods and/or Services Provided				\$88,615.00
ACCOUNT NO.							
Johnson & Johnson Health Care Systems 5972 Collections Center Drive Chicago, IL 60693			Goods and/or Services Provided				\$296.71
ACCOUNT NO.							
JPMorgan Chase Bank, N.A., Trustee of Dr/Mrs Ira Livermore Fund PB & PMW Loan Administration 24713 Network Place Chicago, IL 60673-1247			Revolving Credit Note dated 10/3/2003				\$803,373.56

Sheet no. 37 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **940,201.93**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Juniper Radiology Chautauqua MRI 12667 Seneca Road Irving, NY 14081			Goods and/or Services Provided				\$3,650.55
ACCOUNT NO.							
Kaleida Health Attn: Susan Siwy 726 Exchange Street Suite 200 Buffalo, NY 14210			Goods and/or Services Provided				\$13,011.11
ACCOUNT NO.							
Key Equipment Finance, Inc. 1000 McCaslin Boulevard Superior, CO 80027			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
KForce Healthcare P.O. Box 277997 Atlanta, GA 30384-7997			Goods and/or Services Provided				\$8,433.39

Sheet no. 38 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **25,095.05**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Kirst Construction, Inc. P.O. Box 171 North Boston, NY 14110-0171			Goods and/or Services Provided				\$30,756.00
ACCOUNT NO.							
Kowalewski, David A. Sr. 7 Beach Place Fredonia, NY 14063			Goods and/or Services Provided				\$197.75
ACCOUNT NO.							
Krames, a Division of Staywell Krames Communications P.O. Box 90477 Chicago, IL 60696-0477			Goods and/or Services Provided				\$313.40
ACCOUNT NO.							
Laboratory Corporation of America P.O. Box 12140 Burlington, NC 27216-2140			Goods and/or Services Provided				\$47,469.40

Sheet no. 39 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **78,736.55**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Lake Shore Family Medicine 7060 Erie Road, Suite 100 Derby Professional Park Derby, NY 14047			Goods and/or Services Provided				\$1,876.00
ACCOUNT NO.							
Lakeshore Ob/Gyn 7020 Erie Road Derby, NY 14047			Goods and/or Services Provided				\$4,895.00
ACCOUNT NO.							
Landauer, Inc. 2 Science Road Glenwood, IL 60425-1586			Goods and/or Services Provided				\$1,886.22
ACCOUNT NO.							
Language Line Services P.O. Box 202564 Dallas, TX 75320-2564			Goods and/or Services Provided				\$0.00

Sheet no. 40 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **8,657.22**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lee, Tat Sum M.D. 3898 Vineyard Drive Dunkirk, NY 14048			Services Provided				\$1,700.00
ACCOUNT NO. Lifenet Health 1864 Concert Drive Virginia Beach, VA 23453			Goods and/or Services Provided				\$2,741.40
ACCOUNT NO. Linde Gas North America, LLC Attn: Wendy 100 Corporate Drive Lebanon, NJ 08833			Goods and/or Services Provided				\$8,434.77
ACCOUNT NO. LP Ciminelli, Inc. 2421 Main Street Buffalo, NY 14214			Goods and/or Services Provided				\$32,709.10

Sheet no. 41 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **45,585.27**

Total ▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Lumsden and McCormick Attn: Accts Receivable 403 Main Street, Suite 430 Buffalo, NY 14203-9989			Goods and/or Services Provided				\$15,800.00
ACCOUNT NO.							
M & T Bank Commercial Loan Operations P.O. Box 1302 Buffalo, NY 14240-1302			Business Loan				\$0.00
ACCOUNT NO.							
M & T Insurance Agency, Inc. 285 Delaware Avenue Suite 4000 Buffalo, NY 14202			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
McMaster-Carr Supply Co. P.O. Box 440 New Brunswick, NJ 06903			Goods and/or Services Provided				\$149.71

Sheet no. 42 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **15,949.71**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
McMurry TMG, LLC 1010 East Missouri Avenue Phoenix, AZ 85014			Goods and/or Services Provided				\$387.41
ACCOUNT NO.							
Meals on Wheels of Buffalo 100 James E Casey Drive Buffalo, NY 14206-2368			Goods and/or Services Provided				\$1,729.00
ACCOUNT NO.							
Medical Information Tech, Inc. Medtech Circle Westwood, MA 02090			Goods and/or Services Provided				\$33,302.00
ACCOUNT NO.							
Meditract 736 Market Street, Suite 1100 Chattanooga, TN 37402			Goods and/or Services Provided				\$0.00

Sheet no. 43 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **35,418.41**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Medivators 14605 28th Avenue Minneapolis, MN 55447			Goods and/or Services Provided				\$6,409.70
ACCOUNT NO.							
Medlab, Inc. 600 Cayuga Road Cheektowaga, NY 14225			Goods and/or Services Provided				\$1,690.41
ACCOUNT NO.							
Medline One Medline Place Mundelein, IL 60060			Goods and/or Services Provided				\$49,291.53
ACCOUNT NO.							
Metro Group, Inc. P.O. Box 790 Buffalo, NY 14225			Goods and/or Services Provided				\$0.00

Sheet no. 44 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **57,391.64**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Milligray and Associates Akos Tibold 2141 Williston Heights Marilla, NY 14102			Goods and/or Services Provided				\$2,158.75
ACCOUNT NO.							
Milliman, Inc. 4 Corp Plaza, Suite 4 250 Washington Avenue Ext Albany, NY 12203-5401			Goods and/or Services Provided				\$836.98
ACCOUNT NO.							
Millipore Corporation 135 South LaSalle Dept. 2736 Chicago, IL 60674-2736			Goods and/or Services Provided				\$1,682.20
ACCOUNT NO.							
Modular Space Corporation 12603 Collections Center Drive Chicago, IL 60693-0126			Goods and/or Services Provided				\$794.00

Sheet no. 45 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **5,471.93**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Moog Medical Devices 15916 Collections Center Drive Chicago, IL 60693			Goods and/or Services Provided				\$269.68
ACCOUNT NO.							
MRG Properties, LLC 4396 West Fairmount Avenue Lakewood, NY 14750			Goods and/or Services Provided				\$875.00
ACCOUNT NO.							
MS Hall & Associates, LLC P.O. Box 564 Syracuse, NY 13205			Goods and/or Services Provided				\$10,807.20
ACCOUNT NO.							
Murray Roofing Company 600 Cayuga Creek Road Cheektowaga, NY 14227			Goods and/or Services Provided				\$3,500.00

Sheet no. 46 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **15,451.88**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
National Fuel P.O. Box 4103 Buffalo, NY 14264			Goods and/or Services Provided				\$826.31
ACCOUNT NO.							
National Fuel Resources P.O. Box 9072 Williamsville, NY 14231			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
National Grid P.O. Box 11742 Newark, NJ 07101-4742			Goods and/or Services Provided				\$186.70
ACCOUNT NO.							
Navilyst Medical, Inc. 100 Boston Scientific Way Marlborough, MA 01752-1234			Goods and/or Services Provided				\$1,709.18

Sheet no. 47 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **2,722.19**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. New York State Insurance Fund Attn: Workers' Compensation P.O. Box 5262 Binghamton, NY 13902-5262			Goods and/or Services Provided				\$0.00
ACCOUNT NO. Norm's Garage Routes 5 & 20 Irving, NY 14081			Goods and/or Services Provided				\$0.00
ACCOUNT NO. Nova Biomedical Attn: Sales Dept, Jennifer Cole 200 Prospect Street Waltham, MA 02454-9141			Goods and/or Services Provided				\$3,189.68
ACCOUNT NO. Nuance Communications 1 Wayside Road Burlington, MA 01803			Goods and/or Services Provided				\$17,510.98

Sheet no. 48 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **20,700.66**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
NY Imaging 255 Cooper Avenue Suite 100 Tonawanda, NY 14150			Goods and/or Services Provided				\$1,905.47
ACCOUNT NO.							
NYS Dept. of Health-SPARCS Empire State Plaza Corning Tower - Room 2863 Albany, NY 12237			Goods and/or Services Provided				\$0.00
Additional Contacts for NYS Dept. of Health-SPARCS:							
New York State Attorney General Office of the Attorney General The Capitol Albany, NY 12224-0341							
ACCOUNT NO.							
NYS Unemployment Insurance NYS Dept of Labor-UI Div P.O. Box 4301 Binghamton, NY 13902-4301			Goods and/or Services Provided				\$25.00

Sheet no. 49 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **1,930.47**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Additional Contacts for NYS Unemployment Insurance: New York State Attorney General Office of the Attorney General The Capitol Albany, NY 12224-0341							
ACCOUNT NO. NYSEG P.O. Box 11745 Newark, NJ 07101-4745			Goods and/or Services Provided				\$0.00
ACCOUNT NO. Oasis Medical, Inc. 514 South Vermont Avenue Glendora, CA 91740			Goods and/or Services Provided				\$0.00
ACCOUNT NO. Observer P.O. Box 391 8-10 East Second Street Dunkirk, NY 14048			Goods and/or Services Provided				\$3,683.77

Sheet no. 50 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **3,683.77**

Total▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Office Max 3735 Union Road Cheektowaga, NY 14225			Goods and/or Services Provided				\$1,019.00
ACCOUNT NO.							
OfficeMax 1999 Mt. Read Boulevard Rochester, NY 14615			Goods and/or Services Provided				\$6,046.66
ACCOUNT NO.							
Omnicell, Inc. 1111 Old Eagle School Road Wayne, PA 19087			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Optuminsight Ingenix P.O. Box 88050 Chicago, IL 60680-1050			Goods and/or Services Provided				\$6,709.58

Sheet no. 51 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **13,775.24**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Orosz, John M.D. 3425 Webster Road Fredonia, NY 14063			Services Provided				\$2,500.00
ACCOUNT NO.							
Ortho Clinical Diagnostics 100 Indigo Creek Drive Rochester, NY 14626			Goods and/or Services Provided				\$300.00
ACCOUNT NO.							
Osteotech 51 James Way Eatontown, NJ 07724			Goods and/or Services Provided				\$277.22
ACCOUNT NO.							
Pae Tec 29 Woodcliff Drive Fairport, NY 14450			Goods and/or Services Provided				\$0.00

Sheet no. 52 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **3,077.22**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Patterson Medical 28100 Torch Parkway Suite 700 Warrenville, IL 60555-3938			Goods and/or Services Provided				\$675.19
ACCOUNT NO.							
Patterson Medical 28100 Torch Parkway Suite 700 Warrenville, IL 60555-3938			Goods and/or Services Provided				\$116.48
ACCOUNT NO.							
Pay-Tel Corporation 45 West Tupper Street Buffalo, NY 14202			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Philips Medical Systems 3000 Mountain Road MS 0400 Andover, MA 01810			Equipment Lease				\$21,336.46

Sheet no. 53 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **22,128.13**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Philips Medical Systems N.A.CO. 22100 Bothell Everetta Highway P.O. Box 3027 Bothell, WA 98021-8431			Equipment Lease				\$246,403.04
ACCOUNT NO. Phillips Lytle LLP 8 East Third Street, Suite 307 P.O. Box 1279 Jamestown, NY 14702-1279			Legal Services				\$7,801.00
ACCOUNT NO. Physician Record Co. 3000 South Ridgeland Avenue Berwyn, IL 60402-0724			Goods and/or Services Provided				\$153.84
ACCOUNT NO. Potential Pending Litigation Debtor's are compiling a list of pending litigation and will update Schedule F as necessary.			Potential Pending Litigation			X	\$0.00

Sheet no. 54 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **254,357.88**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Precision Dynamics Corporation 27770 North Entertainment Drive, Suite 200 Valencia, CA 91355			Goods and/or Services Provided				\$1,983.76
ACCOUNT NO.							
Press Ganey Associates, Inc. 404 Columbia Place South Bend, IN 46601			Goods and/or Services Provided				\$11,213.55
ACCOUNT NO.							
Pro2 Facility Services 1243 Military Road, Suite 2 Kenmore, NY 14217			Goods and/or Services Provided				\$1,760.00
ACCOUNT NO.							
Professional Emergency Services 6 Fountian Plaza, Plaza Level Buffalo, NY 14202			Goods and/or Services Provided				\$60.38

Sheet no. 55 of 74 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal▶ \$ **15,017.69**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Public Goods Pool Attn: Jerome Alaimo, Dir.NYS Pool Admin. Excellus Blue Cross Blue Shield P.O. Box 4757 Syracuse, NY 13221-4757			Goods and/or Services Provided				\$5,827.00
ACCOUNT NO. Pucci's Carpet & Furniture 112 West Main Street Fredonia, NY 14063			Goods and/or Services Provided				\$216.00
ACCOUNT NO. Reach Health Inc. 10745 Westside Way Alpharetta, GA 30009			Goods and/or Services Provided				\$6,000.00
ACCOUNT NO. Robles, Nelson, Individually & as Executor of the Estate of Isabel Robles c/o Roseanne M. Gugino, Esq. 36 Church Street Buffalo, NY 14202-3905			Disputed Litigation Claim			X	\$0.00

Sheet no. 56 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **12,043.00**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Ronco Communication & Elec., Inc. P.O. Box 91027 Rochester, NY 14692-9127			Goods and/or Services Provided				\$1,512.85
ACCOUNT NO.							
Room for Rent Equipment Leasing, Inc. 500 Grande Island Boulevard Tonawanda, NY 14150			Goods and/or Services Provided				\$803.85
ACCOUNT NO.							
Roth, Carl M.D. 113 Main Street Silver Creek, NY 14136			Services Provided				\$3,010.00
ACCOUNT NO.							
Roto-Rooter 5672 Collections Center Drive Chicago, IL 60693			Goods and/or Services Provided				\$295.00

Sheet no. 57 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **5,621.70**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Satcom Global Fze 1347 North Alma School Road Suite 150 Chandler, AZ 85224-2958			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Seneca Nation of Indians 28 T.I.S. Drive Irving, NY 14081			Goods and/or Services Provided				\$780.00
ACCOUNT NO.							
Seneca Nation One Stop, 010 11150 Routes 5 & 20 Irving, NY 14081			Goods and/or Services Provided				\$1,289.15
ACCOUNT NO.							
Sharn, Inc. 3204 Momentum Place Chicago, IL 60689-5332			Goods and/or Services Provided				\$129.98

Sheet no. 58 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **2,199.13**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Sherwin Williams 3947-3959 Vineyard Drive Dunkirk, NY 14048			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Sienna Environmental Technologies 350 Elwood Avenue Buffalo, NY 14222			Goods and/or Services Provided				\$5,296.05
ACCOUNT NO.							
Sigma-Aldrich, Inc. P.O. Box 952968 St. Louis, MO 63195-2968			Goods and/or Services Provided				\$238.52
ACCOUNT NO.							
Simmons Recovery Consulting 2020 Barrett Road Ballston Spa, NY 12020			Goods and/or Services Provided				\$41,470.00

Sheet no. 59 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **47,004.57**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
SimplexGrinnell LP Dept. CH 10320 Palatine, IL 60055-0320			Goods and/or Services Provided				\$8,027.00
ACCOUNT NO.							
Sinclairville 76ers 11 Jamestown Street Box 426 Sinclairville, NY 14782			Goods and/or Services Provided				\$1,813.50
ACCOUNT NO.							
SJB Services, Inc. 5167 South Park Avenue Hamburg, NY 14075			Goods and/or Services Provided				\$6,400.00
ACCOUNT NO.							
Smith & Nephew Inc. Endoscopy Division 160 Dascomb Road Andover, MA 01810			Goods and/or Services Provided				\$742.40

Sheet no. 60 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **16,982.90**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Smith, Kathleen, Individually & as Executrix of the Estate of William Smith c/o Richard P. Valentine, Esq. 2600 Rand Building Buffalo, NY 14203			Disputed Litigation Claim			X	\$0.00
ACCOUNT NO.							
Smith, Randy d/b/a Tri R Services 10033 Sawmill Run Road Little Valley, NY 14755			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Smith's True Value P.O. Box 221 Irving, NY 14081			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Sodexo Inc. & Affiliates P.O. Box 360170 Pittsburgh, PA 15251-6170			Goods and/or Services Provided				\$34,287.59

Sheet no. 61 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **34,287.59**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Softwareone, Inc. 20875 Crossroads Circle Suite 1 Waukesha, WI 53186			Goods and/or Services Provided				\$2,060.70
ACCOUNT NO.							
Source One P.O. Box 8004 Mentor, OH 44061-8004			Goods and/or Services Provided				\$1,058.43
ACCOUNT NO.							
Southern Tier Professional Pest Control, Inc. P.O. Box 231 Randolph, NY 14772			Goods and/or Services Provided				\$250.00
ACCOUNT NO.							
Spectrum Surgical Instruments Attn: A/R 4575 Hudson Drive Stow, OH 44224-1725			Goods and/or Services Provided				\$1,189.82

Sheet no. 62 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **4,558.95**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
St. John Companies P.O. Box 51263 Los Angeles, CA 90051-5563			Goods and/or Services Provided				\$178.80
ACCOUNT NO.							
St. Jude Medical, Inc. 15900 Valley View Court P.O. Box 9221 Sylmar, CA 91392-9221			Goods and/or Services Provided				\$8,000.00
ACCOUNT NO.							
Standard Register Co. P.O. Box 91047 Chicago, IL 60693			Goods and/or Services Provided				\$475.04
ACCOUNT NO.							
Stericycle 3 Expressway Plaza Suite 110 Roslyn Heights, NY 11577			Goods and/or Services Provided				\$0.00

Sheet no. 63 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **8,653.84**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Steris Corporation 5960 Heisley Road Mentor, OH 44060-1834			Goods and/or Services Provided				\$3,249.01
ACCOUNT NO.							
Stohl Environmental 4169 Allendale Parkway Buffalo, NY 14219			Goods and/or Services Provided				\$22,003.50
ACCOUNT NO.							
Strate Welding Supply P.O. Box 570 Buffalo, NY 14207-0570			Goods and/or Services Provided				\$12.59
ACCOUNT NO.							
Stryker Endoscopy 5900 Optical Court San Jose, CA 95138			Goods and/or Services Provided				\$539.95

Sheet no. 64 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **25,805.05**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Studer Group 913 Gulf Breeze Parkway Suite 6 Gulf Breeze, FL 32561			Goods and/or Services Provided				\$19,000.00
ACCOUNT NO.							
Summers, Linda 2511 Duhring Road Marienville, PA 16239			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Suture Express 11691 West 8th Street Lenexa, KS 66214			Goods and/or Services Provided				\$7,651.96
ACCOUNT NO.							
Synthes Ltd (USA) P.O. Box 8538-662 Philadelphia, PA 19171			Goods and/or Services Provided				\$10,179.73

Sheet no. 65 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **36,831.69**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Technology Investment Partners, L.L.C. 40950 Woodward Avenue Suite 201 Bloomfield Hills, MI 48304			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
The Care Center Pharmacy Inc. P.O. Box 552 Dunkirk, NY 14048-0552			Goods and/or Services Provided				\$14.59
ACCOUNT NO.							
The Hon Company c/o Geer Dunn 200 Oak Street Muscatine, IA 52761			Goods and/or Services Provided				\$492.40
ACCOUNT NO.							
The Metro Group, Inc. P.O. Box 790 Buffalo, NY 14225			Goods and/or Services Provided				\$0.00

Sheet no. 66 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **506.99**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Thomas Johnson, Inc. 4196 South Taylor Road Orchard Park, NY 14127			Goods and/or Services Provided				\$65,730.00
ACCOUNT NO.							
TimeWarner Cable 23 Cliffstar Avenue Dunkirk, NY 14048			Goods and/or Services Provided				\$2,188.30
ACCOUNT NO.							
TLC Patient Fund c/o TLC Health Network Routes 5 & 20 Irving, NY 14081			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Tops Markets Attn: Audrey Stoye 3955 Vineyard Drive Dunkirk, NY 14048			Goods and/or Services Provided				\$197.11

Sheet no. 67 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **68,115.41**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Town of Concord Town Hall 86 Franklin St., P.O. Box 368 Springville, NY 14141			Goods and/or Services Provided				\$559.00
ACCOUNT NO.							
Town of Hanover - Sewer 113 Main Street Silver Creek, NY 14136			Goods and/or Services Provided				\$18,348.32
ACCOUNT NO.							
Tractmanager, Inc. 736 Market Street Suite 1100 Chattanooga, TN 37402			Goods and/or Services Provided				\$4,767.80
ACCOUNT NO.							
Tri County Family Medicine 1 Center Street, Suite 107 Gowanda, NY 14070			Goods and/or Services Provided				\$1,385.00

Sheet no. 68 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **25,060.12**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
T-System, Inc. Dept 2537 P.O. Box 122537 Dallas, TX 75312-2537			Goods and/or Services Provided				\$7,713.36
ACCOUNT NO.							
UCAC, Inc. 5737 Corporate Way West Palm Beach, FL 33407-2097			Goods and/or Services Provided				\$710.00
ACCOUNT NO.							
Underberg & Kessler, LLP 300 Bausch & Lomb Place Rochester, NY 14604			Legal Services				\$949.00
ACCOUNT NO.							
United Parcel Service P.O. Box 7247-0244 Philadelphia, PA 19170-0001			Goods and/or Services Provided				\$21.45

Sheet no. 69 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **9,393.81**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
UPMC CME Dept. 201 State Street Erie, PA 16550			Goods and/or Services Provided				\$11,473.54
ACCOUNT NO.							
Urbino, Adrianna c/o Laraine Kelley, Esq. 42 Delaware Avenue Suite 120 Buffalo, NY 14202			Disputed Litigation Claim			X	\$0.00
ACCOUNT NO.							
US Endoscopy 5976 Heisley Road Mentor, OH 44060			Goods and/or Services Provided				\$487.52
ACCOUNT NO.							
Verizon P.O. Box 15124 Albany, NY 12212-5124			Goods and/or Services Provided				\$1,410.40

Sheet no. 70 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **13,371.46**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Verizon P.O. Box 4820 Trenton, NJ 08650-4820			Goods and/or Services Rendered				\$3,045.23
ACCOUNT NO. 0001							
Verizon Wireless P.O. Box 408 Newark, NJ 07101-0408			Goods and/or Services Rendered				\$3,388.19
ACCOUNT NO.							
Vidacare Corporation 4350 Lockhill Selma Road Shavano Park, TX 78249			Goods and/or Services Provided				\$1,106.68
ACCOUNT NO.							
Village of Forestville Water 18 Chestnut Street Forestville, NY 14062			Goods and/or Services Rendered				\$125.00

Sheet no. 71 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **7,665.10**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Village of Gonawanda 27 EAsT Main Street Gowanda, NY 14070			Goods and/or Services Provided				\$0.00
ACCOUNT NO.							
Walmart Community Route 60 Store #1949 Fredonia, NY 14063			Goods and/or Services Provided				\$38.34
ACCOUNT NO.							
WCA Services Corp. Alstar EMS 28 Maple Street Jamestown, NY 14701-7034			Goods and/or Services Provided				\$19,671.50
ACCOUNT NO.							
Western Slope Lab 1197 Rochester Road, Suite K Troy, MI 48083			Goods and/or Services Provided				\$589.00

Sheet no. 72 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **20,298.84**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Wild, James E. M.D. 732 Lake Street Angola, NY 14006			Services Provided				\$10,000.00
ACCOUNT NO.							
Willcare P.O. Box 8000 Department #220 Buffalo, NY 14267			Goods and/or Services Provided				\$223,886.76
ACCOUNT NO.							
Windstream 1720 Gallweia Boulevard Charlotte, NC 28270			Goods and/or Services Rendered				\$0.00
ACCOUNT NO.							
Windstream Paetec 290 Woodcliff Drive Fairport, NY 14450			Goods and/or Services Rendered				\$0.00

Sheet no. 73 of 74 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **233,886.76**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **TLC Health Network**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
WNY Medical Geriatric Associates 4979 Harlem Road, Suite 1 Amherst, NY 14226			Goods and/or Services Provided				\$38,482.50
ACCOUNT NO.							
WNY Rural AHEC 20 Duncan Street P.O. Box 152 Warsaw, NY 14569			Goods and/or Services Provided				\$2,250.00
ACCOUNT NO.							
Zimmer US 14235 Collections Center Drive Chicago, IL 60693			Goods and/or Services Provided				\$129,982.35
ACCOUNT NO.							
Zoll Medical Corp. 269 Mill Road Chelmsford, MA 01824-4105			Goods and/or Services Provided				\$97.76

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

Subtotal▶ \$ **170,812.61**

Total▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **6,503,558.77**

In re TLC Health Network,

Debtor

Case No. _____

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES 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.
Derby Professional Park LLC 7060 Derby Road Derby, NY 14047	Description: Lease for CD Clinic at 7020 Erie Road, Suite 500, Derby, NY \$3,462.00/Month, \$3,329.00 Security Deposit Lease is for nonresidential real property.
Derby Professional Park LLC 560 Delaware Avenue, Suite 300 Buffalo, NY 14202 Anthony J. Colucci, III, Esq. Colucci & Gallaher, PC 2000 Liberty Building Buffalo, NY 14202	Description: Lease for Lab space at 7060 Erie Road, Suite 200, Derby, NY \$1,876.00/Month Lease is for nonresidential real property.
Derby Professional Park LLC 560 Delaware Avenue, Suite 300 Buffalo, NY 14202 Anthony J. Colucci, III, Esq. Colucci & Gallaher, PC 200 Liberty Building Buffalo, NY 14202	Description: Expired Lease for space at 7060 Erie Road, Suite 500, Derby, NY \$2,878.00/Month Lease is for nonresidential real property.
324 Properties, LLC Attn: Richard J. Burgstrom, Jr. 324 Central Avenue Fredonia, NY 14063	Description: Lease for ACT Program at 40 East Main Street, Suite E, Fredonia, NY 14063 \$750.00/Month, \$750 Security Deposit Lease is for nonresidential real property.
MRG Properties, LLC Attn: Mark R. and Raymond G. Gordon 11752 Grandstone Lane Cincinnati, OH 45249	Description: Lease for ACT/Home Health at 567 Fairmount Avenue, Jamestown, NY \$875.00/Month Lease is for nonresidential real property.
Dr. Tat Sum Lee 663 Main Street Cherry Creek, NY 14723	Description: Lease for CD Clinics at 33 Main Street, Cassadega, NY \$1,700.00/Month Lease is for nonresidential real property.

In re TLC Health Network,

Debtor

Case No. _____

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND 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.
The Hill Group, Inc. Attn: Chris W. Brussalis, President/CEO 1165 Front Street Binghamton, NY 13905	Description: Broker Agreement dated October 18, 2013
Dormitory Authority of New York State Attn: Managing Director Office of Portfolio Management 515 Broadway Albany, NY 12207	Description: Reimbursement Agreement dated February 10, 2009
Jamestown Psychiatric, P.C. Attn: Israr Abbasi, M.D. 305 East Fairmount Avenue Lakewood, NY 14750	Description: Agreement dated April 1, 2012 for mental health and chemical dependency programs
Professional Emergency Services, PLLC Attn: President 6 Fountain Plaza Buffalo, NY 14202 Innovative Health Services of America Attn: SVP & General Counsel 6 Fountain Plaza Buffalo, NY 14202	Description: Independent Contractor Agreement dated August 13, 2012 for emergency physician services
James E. Wild, M.D. Upstate Clinical Research Associates LLC 8201 Main Street, Suite 1 Williamsville, NY 14221	Description: Medical Director Agreement dated January 1, 2008
Western New York Medical P.C. Attn: Riffat Sadiq, M.D. 4979 Harlem Road Amherst, NY 14226	Description: Acute Geriatric/Hospitalist Program Medical Director Agreement dated April 1, 2008
John Orosz, M.D. c/o Brooks Memorial Hospital 529 Central Avenue Dunkirk, NY 14048	Description: Pathology Medical Director Agreement
John P. Galati 19 Wild Berry Lane Pittsford, NY 14534	Description: Employment Contract effective November 26, 2013

In re TLC Health Network,

Debtor

Case No. _____

(if known)

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1199/SEIU, United Healthcare Workers East 310 West 43rd Street New York, NY 10036	Description: Collective Bargaining Agreement (6/1/2011-5/31/2014)
ComDoc, Inc. 800 Walnut Street MAC F4031-040 Des Moines, IA 50309	Description: Equipment Lease for printers and copiers. See Note 1.
General Electric Capital Corporation 83 Wooster Heights Road Danbury, CT 06810	Description: Capital Lease GE OEC 8800 Digital Mobile C-Arm. See Note 1.
Omniceil, Inc. 1111 Old Eagle School Road Wayne, PA 19087	Description: Capital Lease Omnicell System. See Note 1.
General Electric Capital Corporation P.O. Box 414, W-490 Milwaukee, Wisconsin 53201	Description: Capital Lease Philips Medical Systems Brilliance 16 CT Scan. See Note 1.
General Electric Capital Corporation P.O. Box 414, W-490 Milwaukee, WI 53201	Description: Capital Lease Opti Advantage Injector. See Note 1.
Key Equipment Finance, Inc. 1000 McCaslin Boulevard Superior, CO 80027	Description: Capital Lease Eye Equipment (8/2006). See Note 1.
Key Equipment Finance, Inc. 1000 McCaslin Boulevard Superior, CO 80027	Description: Capital Lease Eye Equipment (10/2006). See Note 1.
Citicorp Vendor Finance, Inc. 450 Mamaroneck Avenue Harrison, NY 10528	Description: Lease for Dental Equipment. See Note 1.

In re TLC Health Network,

Debtor

Case No. _____

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND 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.
Citicorp Vendor Finance, Inc. 450 Mamaroneck Avenue Harrison, NY 10528	Description: Lease for Dental Computers. See Note 1.
General Electric Capital Corporation P.O. Box 414, W-490 Milwaukee, WI 53201 CIT Healthcare LLC 305 Fellowship Road, Suite 300 Mount Laurel, NJ 08054	Description: Lease for Nuclear Camera. See Note 1.
General Electric Capital Corporation P.O. Box 414, W-490 Milwaukee, WI 53201 CIT Healthcare LLC 305 Fellowship Road, Suite 300 Mount Laurel, NJ 08054	Description: Lease for Central Station Upgrade and BrightView Nuclear Camera Special Package. See Note 1.
General Electric Capital Corporation P.O. Box 414, W-490 Milwaukee, WI 53201	Description: Lease for Mamography Machine. See Note 1.
Philips Medical Capital LLC 1111 Old Eagle School Road Wayne, PA 19087	Description: Equipment Master Lease. See Note 1.
Technology Investment Partners, L.L.C. 40950 Woodward Avenue, Suite 201 Bloomfield Hills, MI 48304	Description: Lease Agreement #T0000000750-000 dated September 20, 2012. See Note 1.
ComDoc, Inc. 800 Walnut Street MAC F4031-040 Des Moines, IA 50309	Description: Lease for Xerox MFF3635X. See Note 1.
NOTE 1	Description: The inclusion of certain equipment leases is not intended nor shall it be deemed to constitute an admission by Debtor and its estate that such interest is or is not an unexpired lease or a true lease under applicable non-bankruptcy law nor for any other purposes, including with respect to whether it is subject to assumption or

In re TLC Health Network,
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND 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.
	rejection pursuant to 11 U.S.C. Sections 365 and 929.

In re TLC Health Network,
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Lake Erie Regional Health System of New York Attn: President/CEO 529 Central Avenue Dunkirk, NY 14048	UPMC CME Dept 201 State Street Erie , PA 16550

In re **TLC Health Network**

Debtor

Case No. _____

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **99** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date

12/5/13

Signature:



TLC Health Network Debtor

Date _____

Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the **Timothy Cooper** [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the **TLC Health Network** [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **99** sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date

12/5/13

Signature:



Timothy Cooper

[Print or type name of individual signing on behalf of debtor.]

Chairman of the Board of Directors

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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.