

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Vanguard Health & Wellness LLC

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 27-4577705

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 1585 Ellingwood Avenue, Suite 100 Des Plaines, IL 60016 Number, Street, City, State & ZIP Code Cook County Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.vanguardhealth.net

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor Vanguard Health & Wellness LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Vanguard Health & Wellness LLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Vanguard Health & Wellness LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on February 17, 2017
MM / DD / YYYY

X /s/ Michael Zayats
Signature of authorized representative of debtor

Title President

Michael Zayats
Printed name

18. Signature of attorney

X /s/ Xiaoming Wu ARDC
Signature of attorney for debtor

Date February 17, 2017
MM / DD / YYYY

Xiaoming Wu ARDC
Printed name

Ledford, Wu & Borges, LLC
Firm name

**105 W. Madison
23rd Floor
Chicago, IL 60602**
Number, Street, City, State & ZIP Code

Contact phone 312-853-0200 Email address notice@billbusters.com

#6274335
Bar number and State

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on February 17, 2017

X /s/ Michael Zayats
Signature of individual signing on behalf of debtor

Michael Zayats
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Vanguard Health & Wellness LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1585 Ellinwood 1928 W IRVING PARK RD. Chicago, IL 60613		Back rent				\$32,500.00
A++Therapy/Aptiva Therapy 205 W Randolph Ave, Ste 820 Chicago, IL 60606-4510		Judgment				\$5,827.75
Alexander Green 1601 Tahoe Cir Wheeling, IL 60090		Loan				\$161,613.17
AmeriFactors 215 Celebration Place, Ste 340 Celebration, FL 34747				\$250,000.00	\$0.00	\$250,000.00
CIT Finance LLC C T CORPORATION SYSTEM 208 SO LASALLE ST, SUITE 814 CHICAGO, IL 60604		Utility Bills or Cellular Service				\$6,060.59
Dorota Wegiel 409 Crest Hill Drive Prospect Heights, IL 60070		Wages				\$4,710.00
Dr Evan Lipkis 2150 Phingsten Rd, Ste 1200 Glenview, IL 60026		Loan				\$100,000.00
Edward Renko 8918 National Ave Morton Grove, IL 60053		Wages				\$5,265.00

Debtor **Vanguard Health & Wellness LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Jorge H Enciso 11263 Nicollet Ln Huntley, IL 60142		Wages				\$5,000.00
Kabbage 925B Peachtree St. North East Suite 1688 Atlanta, GA 30309		Loan				\$24,962.20
LightStar financial Services 1717 6th Ave. Saint Joseph, MO 64505				\$220,000.00	\$0.00	\$220,000.00
MedCare PO BOX 76 Glenview, IL 60025		Medical or Dental Services				\$250,000.00
MedCare PO BOX 76 Glenview, IL 60025		Medical or Dental Services				\$10,000.00
Michael Zayats 2356 Castilian Cir. Northbrook, IL 60062		Wages				\$6,943.00
Michael Zayats 2356 Castilian Cir. Northbrook, IL 60062		Loan	Disputed			\$121,703.00
Nicoleta S Molhar 9526 Davis St. Franklin Park, IL 60131		Wages				\$4,590.00
Patriot National Inc PO BOX 630691 Cincinnati, OH 45263		Debt Owed				\$14,216.00
Tatyana Filek and Aleksandra Dubovi 401 S La Salle St, Ste 403 Chicago, IL 60605		Judgment				\$183,688.00
TNR 150 Harvester Dr, Suite 105 Willowbrook, IL 60527		Medical or Dental Services				\$33,273.00
Valery Savchenko 81 Freeborn Street Staten Island, NY 10305		Loan				\$160,000.00

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)	
1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>568,946.42</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>568,946.42</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>470,000.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>124,500.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>1,110,718.47</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>1,705,218.47</u>

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

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

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

3.	Checking, savings, money market, or financial brokerage accounts <i>(Identify all)</i>	Last 4 digits of account number	
	Name of institution (bank or brokerage firm) Type of account		
3.1.	<u>Bank Financial</u> <u>Checking account</u>	<u>8127</u>	<u>\$38,353.51</u>
3.2.	<u>Bank Financial</u> <u>Checking account</u>	<u>3937</u>	<u>\$7,967.89</u>
3.3.	<u>Bank Financial</u> <u>Savings Account</u>	<u>5068</u>	<u>\$25.02</u>
4.	Other cash equivalents <i>(Identify all)</i>		
5.	Total of Part 1.		<u>\$46,346.42</u>

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

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
 Name

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 270,000.00 - 0.00 = \$270,000.00
 face amount doubtful or uncollectible accounts

11a. 90 days old or less: 250,000.00 - 0.00 = \$250,000.00
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

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

<u>\$520,000.00</u>

Part 4: Investments

13. **Does the debtor own any investments?**

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

Part 5: Inventory, excluding agriculture assets

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

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

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office furniture: cubicals, chairs, conference room desks & chairs, kitchen tables and shairs, filing cabinet	\$0.00	Liquidation	\$2,000.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Computers, refrigerator	\$0.00	Liquidation	\$600.00

Debtor Vanguard Health & Wellness LLC Case number (If known) _____
Name

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$2,600.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

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

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

Part 9: Real property

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

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

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

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

Part 11: All other assets

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

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

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

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
 Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$46,346.42</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$520,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$2,600.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$568,946.42</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$568,946.42</u>

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	
2.1	AmeriFactors <small>Creditor's Name</small> 215 Celebration Place, Ste 340 Celebration, FL 34747 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Secured Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250,000.00	\$0.00

2.2	LightStar financial Services <small>Creditor's Name</small> 1717 6th Ave. Saint Joseph, MO 64505 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien Secured Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$220,000.00	\$0.00
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Debtor Vanguard Health & Wellness LLC Case number (if know) _____
Name

- No
- Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
- Unliquidated
- Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$470,000.00

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

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

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

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

No. Go to Part 2.

Yes. Go to line 2.

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

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Agnieszka M Gadek 7456 N Waukegan Rd. Niles, Niles, IL 60714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,070.00 \$2,070.00
	Date or dates debt was incurred 2017	Basis for the claim: Wages	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
2.2	Priority creditor's name and mailing address Alena Lyshchyk 617 Bridgeport Pl Wheeling Wheeling, IL 60090	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred 2017	Basis for the claim: Wages	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.3	Priority creditor's name and mailing address Aliaksandra Hordzich 8620 Lexington Cir, Apt 2E Orland Park, IL 60462	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$760.00	\$760.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.4	Priority creditor's name and mailing address Alicja Denert 4353 N Oleander Ave Norridge Harwood Heights, IL 60706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$625.00	\$625.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.5	Priority creditor's name and mailing address Ana E Aponte 1520 N 16th Ave Melrose Park Melrose Park, IL 60160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$462.00	\$462.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.6	Priority creditor's name and mailing address Anetra D Rodgers 3965 Gregory Dr. Northbrook, Northbrook, IL 60062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,600.00	\$3,600.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____
Name

2.7	Priority creditor's name and mailing address Anna Marie Handzel 6444 S Lockwood Ave Chicago, IL 60638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,110.00 <hr/>	\$2,110.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.8	Priority creditor's name and mailing address Annie J Smith 331 N Mason St. Chicago Chicago, IL 60644	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165.00 <hr/>	\$165.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.9	Priority creditor's name and mailing address Antoinette M Walker 6700 S Oglesby #1203 Chicago, IL 60649	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$480.00 <hr/>	\$480.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.10	Priority creditor's name and mailing address Antonwlla Ditanto 3211 Griswold Ave. McHenry, IL 60051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,300.00 <hr/>	\$1,300.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known)

Name

2.11 Priority creditor's name and mailing address **Araceli N Hernandez**
9816 S Ewing Ave
Chicago, IL 60617 As of the petition filing date, the claim is: **\$770.00** **\$770.00**
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.12 Priority creditor's name and mailing address **Ariel A Kelly**
2202 E 99th Street
Chicago, IL 60617 As of the petition filing date, the claim is: **\$820.00** **\$820.00**
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.13 Priority creditor's name and mailing address **Barbara Balls**
5709 S Winchester Ave
Chicago, IL 60636 As of the petition filing date, the claim is: **\$795.00** **\$795.00**
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.14 Priority creditor's name and mailing address **Barbara M Planta-Sroka**
8810 Briar Court, Apt 2A
Des Plaines, IL 60016 As of the petition filing date, the claim is: **\$100.00** **\$100.00**
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____
Name

2.15	Priority creditor's name and mailing address Belinda G Centeno 5348 W 54th St Chicago, IL 60638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00	\$400.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.16	Priority creditor's name and mailing address Beverly A Lindsay 2221 W Highland Ave Apt. 1 Chicago, IL 60659	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,260.00	\$1,260.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.17	Priority creditor's name and mailing address Breauna S McKinney 1563 State St Calumet City, IL 60409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$625.00	\$625.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.18	Priority creditor's name and mailing address Candice L Frazier 1223 S 19th St Maywood, IL 60153	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300.00	\$300.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____

Name _____

2.19 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$2,040.00 \$2,040.00
Catherine J Sutherland
24157 N Riverside
Cary, IL 60013
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.20 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$825.00 \$825.00
Clarisa Rina J Castelar
701 N Fairview Ave
Mount Prospect, IL 60056
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.21 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$475.00 \$475.00
Cleon J Clark
360 2nd Court
Crystal Lake, IL 60014
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.22 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$540.00 \$540.00
Consuelo Lopez
137 W Golfview Dr
Melrose Park, IL 60164
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.23	Priority creditor's name and mailing address Courtney S Portis 1653 N Orchard St, Apt 103 Chicago, IL 60614	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.24	Priority creditor's name and mailing address Deborah A Williamson 10810 S Eberhart Ave Chicago, IL 60628	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,275.00	\$1,275.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.25	Priority creditor's name and mailing address Deborah E Castellano 3 Clara Court Algonquin, IL 60102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$65.00	\$65.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.26	Priority creditor's name and mailing address Denise M Allegretti 728 Hawthorne Ct. Bolingbrook, IL 60440	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$650.00	\$650.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.27	Priority creditor's name and mailing address Diane C Brezinski 1214 Old Mill Lane Hanover Park, IL 60133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$710.00	\$710.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.28	Priority creditor's name and mailing address Dorota Wegiel 409 Crest Hill Drive Prospect Heights, IL 60070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,710.00	\$4,710.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.29	Priority creditor's name and mailing address Dudivan Medina 7926 W.Summerdale Chicago, IL 60656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$485.00	\$485.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.30	Priority creditor's name and mailing address Edward Renko 8918 National Ave Morton Grove, IL 60053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,265.00	\$5,265.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.31	Priority creditor's name and mailing address Edyta Kiraga 6660 W. Imlay Chicago, IL 60631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,590.00	\$1,590.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.32	Priority creditor's name and mailing address Elva Viruet-Mannette 4116 N Pontiac Av Chicago, IL 60634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,940.00	\$1,940.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.33	Priority creditor's name and mailing address Elzbieta M Szopa 2109 Douglas Ave Des Plaines, IL 60018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$960.00	\$960.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.34	Priority creditor's name and mailing address Gail L Delaney 3417 Ivy Ln McHenry, IL 60051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,140.00	\$1,140.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____
Name

2.35	Priority creditor's name and mailing address Genaro Basterrechea 2244 N Harlem Av Elmwood Park, IL 60707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,920.00 <hr/>	\$2,920.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.36	Priority creditor's name and mailing address Genevieve Po 1935 S Harlem Ave. Apt. 2E Berwyn, IL 60402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,615.00 <hr/>	\$1,615.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.37	Priority creditor's name and mailing address Genoveva Silva 211 Roosevelt Ave, Apt 3C Bensenville, IL 60106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$965.00 <hr/>	\$965.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.38	Priority creditor's name and mailing address Goolshany Batalova 7920 Woodglen Ln, Un.110 Downers Grove, IL 60516	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$245.00 <hr/>	\$245.00 <hr/>
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.39	Priority creditor's name and mailing address Grazyna Mankowska 1220 Nova Court Wheeling, IL 60090	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$845.00	\$845.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.40	Priority creditor's name and mailing address Gricelda Martinez-Solis 5016 W 19th St Un 1E Cicero, IL 60804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$990.00	\$990.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.41	Priority creditor's name and mailing address Gwendolyn R Tan 2007 Alta Vista Ct Naperville, IL 60563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,215.00	\$1,215.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.42	Priority creditor's name and mailing address Jadwiga Szubzda 312 Parkview Rd Glenview, IL 60025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00	\$400.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____
Name

2.43	Priority creditor's name and mailing address Javone A Thompson 1610 Pulaski Rd Calumet City, IL 60409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,600.00	\$1,600.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.44	Priority creditor's name and mailing address Jorge H Enciso 11263 Nicollet Ln Huntley, IL 60142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00	\$5,000.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.45	Priority creditor's name and mailing address Juanisha V Smith 4535 W Monroe Chicago, IL 60624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$900.00	\$900.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.46	Priority creditor's name and mailing address Katarzyna Stach 1024 Frances Pkwy Park Ridge, IL 60068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00	\$1,500.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor	Name	Case number (if known)		
2.47	Vanguard Health & Wellness LLC Priority creditor's name and mailing address Kateryna Pyrogova 8001 W Courte Dr, Un 404 Niles, IL 60714	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$140.00	\$140.00
	Date or dates debt was incurred 2017	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address Katherine Vega 8400 W Berwyn Ave 1st floor Chicago, IL 60656	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$800.00	\$800.00
	Date or dates debt was incurred 2017	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address Kathy H Los 1517 Webster Ln Des Plaines, IL 60018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$950.00	\$950.00
	Date or dates debt was incurred 2017	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address Kristine R Cheng 1215 Evergreen Av Des Plaines, IL 60016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,260.00	\$1,260.00
	Date or dates debt was incurred 2017	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.51	Priority creditor's name and mailing address Krystyna Panek 1826 N Central Park Chicago, IL 60647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.52	Priority creditor's name and mailing address Lakesha L Rollins 14501 Sangamon St Harvey, IL 60426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,320.00	\$1,320.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.53	Priority creditor's name and mailing address Lashanda L Thompson 1320 N 23rd Ave Melrose Park, IL 60160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,230.00	\$1,230.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.54	Priority creditor's name and mailing address Latoya D Davis 4335 West 21st Place, 2 floor Chicago, IL 60623	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____
Name

2.55	Priority creditor's name and mailing address Linda J Taylor 269 S Channing St Elgin, IL 60120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,540.00	\$1,540.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.56	Priority creditor's name and mailing address Ludmila Piven 117 W Buckingham Dr. Round Lake, IL 60073	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,550.00	\$1,550.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.57	Priority creditor's name and mailing address Magdalena Rekucki 1142 W Washington Un # 3 Oak Park, IL 60302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,670.00	\$1,670.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.58	Priority creditor's name and mailing address Maria C Mena 1721 N 37th Ave Stone Park, IL 60165	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,010.00	\$1,010.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____

Name _____

2.59	Priority creditor's name and mailing address Maria J Enciso 11263 Nicollet Ln. Huntley, IL 60142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,580.00	\$4,580.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.60	Priority creditor's name and mailing address Marina Zayats 2356 Castilian Cir. Northbrook, IL 60062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00	\$1,500.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.61	Priority creditor's name and mailing address Mary M Cozzi 212 W Kathleen Dr. Park Ridge, IL 60068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$940.00	\$940.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.62	Priority creditor's name and mailing address Mashana Curry 8319 S Kingston Chicago, IL 60617	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,600.00	\$1,600.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____

Name _____

2.63	Priority creditor's name and mailing address Maya P Young 15624 Drexel ave Dolton, IL 60419	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$540.00	\$540.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.64	Priority creditor's name and mailing address Melanie McNeil 7251 S Millard Chicago, IL 60629	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,080.00	\$1,080.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.65	Priority creditor's name and mailing address Melneesa Howard 1044 23rd Ave Bellwood, IL 60104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$240.00	\$240.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

2.66	Priority creditor's name and mailing address Michael Zayats 2356 Castilian Cir. Northbrook, IL 60062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,943.00	\$6,943.00
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Date or dates debt was incurred

Basis for the claim:
Wages

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known) _____

Name _____

2.67 Priority creditor's name and mailing address As of the petition filing date, the claim is: **\$365.00** **\$365.00**
Misty M Bearley
700 Perrie Dr Apt. 408
Elk Grove Village, IL 60007
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.68 Priority creditor's name and mailing address As of the petition filing date, the claim is: **\$700.00** **\$700.00**
Monica L Tate
4025 W Adams St
Chicago, IL 60624
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.69 Priority creditor's name and mailing address As of the petition filing date, the claim is: **\$400.00** **\$400.00**
Natalia Sweeney
4117 Denley Schiller Park, IL 60176
Schiller Park, IL 60176
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.70 Priority creditor's name and mailing address As of the petition filing date, the claim is: **\$4,590.00** **\$4,590.00**
Nicoleta S Molhar
9526 Davis St.
Franklin Park, IL 60131
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.71	Priority creditor's name and mailing address Omari A Bassett 8158 S Honore St Chicago, IL 60620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00	\$400.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.72	Priority creditor's name and mailing address Pamela Monheim 814 Twelve Oaks Parkway Woodstock, IL 60098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$905.00	\$905.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.73	Priority creditor's name and mailing address Paris T George 60 S River St. Un304 Aurora, IL 60506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.74	Priority creditor's name and mailing address Paula J Maynard 9123 Potter Rd. Des Plaines, IL 60016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$605.00	\$605.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.75	Priority creditor's name and mailing address Pearl M. Adarquah PO Box 743 Park Forest, IL 60466	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.76	Priority creditor's name and mailing address Peter Garmash 737 Concorde Dr Highland Park, IL 60035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,150.00	\$1,150.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.77	Priority creditor's name and mailing address Porsha V Phifer 591 Hiawath Dr., Apt 1 Elgin, IL 60120	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$935.00	\$935.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.78	Priority creditor's name and mailing address Rachel M Martinez 4809 Shore Dr McHenry, IL 60050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$590.00	\$590.00
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Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.79 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$1,110.00 \$1,110.00
Rashieda S Morris
10508 S Maryland Ave, Apt 1
Chicago, IL 60628
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.80 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$1,360.00 \$1,360.00
Rena A DeJesus
2531 N Lowell Av.
Chicago, IL 60639
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.81 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$915.00 \$915.00
Renee M Fick
900 N Rohlwing Rd, #119
Addison, IL 60101
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.82 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$500.00 \$500.00
Rosalba Guzman
6966 W George
Chicago, IL 60634
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____

Name _____

2.83 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$350.00 \$350.00
Selena McCollum
22 Ironwood Drive
Justice, IL 60458
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.84 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$4,420.00 \$4,420.00
Shawnette L Harris
6700 S Oglesby Ave,
Chicago, IL 60649
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.85 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$300.00 \$300.00
Sheryl R Brown
7328 S Yates
Chicago, IL 60649
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.86 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$1,200.00 \$1,200.00
Taqveem Malik
1296 Prestwick Ln
Itasca, IL 60143
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

2.87 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$2,100.00 \$2,100.00
Tatsiana Yeustshneyeva
24307 Golden Sunset Dr.
Plainfield, IL 60585
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.88 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$500.00 \$500.00
Tianya D Young
15624 Drexel Ave
Dolton, IL 60419
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.89 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$1,415.00 \$1,415.00
Tiasa T Mintz
7146 S Francisco Ave
Chicago, IL 60629
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.90 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$780.00 \$780.00
Tierra L Allen
2811 E 76th St
Chicago, IL 60649
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
 Name _____

2.91 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$0.00 \$0.00
Ulrika Rumshevich
3 Oak Creek Dr, Un 2406
Buffalo Grove, IL 60089
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.92 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$940.00 \$940.00
Valentyna Androsyuk
2226 N 77TH Ct
Elmwood Park, IL 60707
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.93 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$1,220.00 \$1,220.00
Vincent J Galletti
273 Dover Ln
Des Plaines, IL 60016
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

2.94 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$1,320.00 \$1,320.00
Vladimir Zayats
2356 Castilian Cir
Northbrook, IL 60062
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
2017

Basis for the claim:
Wages

Last 4 digits of account number
 Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?
 No
 Yes

Debtor **Vanguard Health & Wellness LLC** Case number (if known)

Case No.	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount	Amount
2.95	<p>Wilhelmina Graves 619 S 9th Ave Maywood, IL 60153</p> <p>Date or dates debt was incurred 2017</p> <p>Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$800.00	\$800.00
2.96	<p>Yudysley Hernandez Valdes 100 S Buffalo Buffalo Grove, IL 60089</p> <p>Date or dates debt was incurred 2017</p> <p>Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,510.00	\$2,510.00
2.97	<p>Yulia Leshchanka 2424 N Clark St. Apt 508 Chicago, IL 60614</p> <p>Date or dates debt was incurred 2017</p> <p>Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,540.00	\$2,540.00
2.98	<p>Yvonne S Barker 9478 Bay Colony Apt.2 Des Plaines, IL 60016</p> <p>Date or dates debt was incurred 2017</p> <p>Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor Vanguard Health & Wellness LLC Case number (if known) _____

2.99	Priority creditor's name and mailing address Zaida D Barberi 2244 N.Harlem Av. Un. 5 Elmwood Park, IL 60707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,860.00 \$2,860.00
Date or dates debt was incurred 2017		Basis for the claim: Wages	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 1585 Ellinwood 1928 W IRVING PARK RD. Chicago, IL 60613 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Back rent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,500.00

3.2	Nonpriority creditor's name and mailing address A++Therapy/Aptiva Therapy 205 W Randolph Ave, Ste 820 Chicago, IL 60606-4510 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Judgment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,827.75
-----	--	--	-------------------

3.3	Nonpriority creditor's name and mailing address Accord Physical Therapy 535 Springwood Ave Dundee, IL 60118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Medical or Dental Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,985.00
-----	---	--	-------------------

3.4	Nonpriority creditor's name and mailing address Alexander Green 1601 Tahoe Cir Wheeling, IL 60090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,613.17
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3.5	Nonpriority creditor's name and mailing address CIT Finance LLC C T CORPORATION SYSTEM 208 SO LASALLE ST, SUITE 814 CHICAGO, IL 60604 Date(s) debt was incurred _____ Last 4 digits of account number 1208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Bills or Cellular Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,060.59
-----	---	---	-------------------

Debtor Vanguard Health & Wellness LLC Case number (if known) _____

Name

3.6 Nonpriority creditor's name and mailing address **Dr Evan Lipkis**
2150 Phingsten Rd, Ste 1200
Glenview, IL 60026
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Loan
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **Kabbage**
925B Peachtree St. North East
Suite 1688
Atlanta, GA 30309
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$24,962.20**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Loan
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **MedCare**
PO BOX 76
Glenview, IL 60025
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$250,000.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Medical or Dental Services
 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **MedCare**
PO BOX 76
Glenview, IL 60025
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$10,000.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Medical or Dental Services
 Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address **Michael Zayats**
2356 Castilian Cir.
Northbrook, IL 60062
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$121,703.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Loan
 Is the claim subject to offset? No Yes

3.11 Nonpriority creditor's name and mailing address **Patriot National Inc**
PO BOX 630691
Cincinnati, OH 45263
 Date(s) debt was incurred _____
 Last 4 digits of account number 8503

As of the petition filing date, the claim is: *Check all that apply.* **\$14,216.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Debt Owed
 Is the claim subject to offset? No Yes

3.12 Nonpriority creditor's name and mailing address **Tatyana Filek and Aleksandra Dubovi**
401 S La Salle St, Ste 403
Chicago, IL 60605
 Date(s) debt was incurred _____
 Last 4 digits of account number 3548

As of the petition filing date, the claim is: *Check all that apply.* **\$183,688.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Judgment
 Is the claim subject to offset? No Yes

Debtor Vanguard Health & Wellness LLC Case number (if known) _____
Name

3.13 Nonpriority creditor's name and mailing address **The Joint Commission**
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
 Date(s) debt was incurred _____
 Last 4 digits of account number 8650

As of the petition filing date, the claim is: *Check all that apply.* **\$4,278.36**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Legal Fees
 Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address **TNR**
150 Harvester Dr, Suite 105
Willowbrook, IL 60527
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$33,273.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Medical or Dental Services
 Is the claim subject to offset? No Yes

3.15 Nonpriority creditor's name and mailing address **Valery Savchenko**
81 Freeborn Street
Staten Island, NY 10305
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$160,000.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Loan
 Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **Vw Credit Inc**
1401 Franklin Blvd
Libertyville, IL 60048
 Date(s) debt was incurred _____
 Last 4 digits of account number 2716

As of the petition filing date, the claim is: *Check all that apply.* **\$611.40**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Debt Owed
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

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

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

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AllianceOne 4850 Street Rd, Ste 300 Feasterville Trevose, PA 19053	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Carroll, Hartigan & Cerney, Ltd. 218 N Jefferson St #102 Chicago, IL 60661	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Law Offices of Pucin & Friedland PC 1699 East Woodfield Rd, Ste 360 A Schaumburg, IL 60173	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Rakesh Khanna 401 S. LaSalle St., Suite 403 Chicago, IL 60605	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Vanguard Health & Wellness LLC	Case number (if known) _____
	Name	
4.5	Name and mailing address Vital Recovery Services, Inc P.O.Box 923747 Norcross, GA 30010-3747	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Line 3.16 <input type="checkbox"/> Not listed. Explain _____
		Last 4 digits of account number, if any —

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

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

5a. Total claims from Part 1
5b. Total claims from Part 2

		Total of claim amounts			
5a.	\$		124,500.00		
5b.	+	\$		1,110,718.47	

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.	\$		1,235,218.47		

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

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

2.1. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease. Debtor is lessee**

State the term remaining **24 months**

List the contract number of any government contract _____

**1585 Ellinwood LLC
1928 W IRVING PARK RD.
Chicago, IL 60613**

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

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

1. Do you have any codebtors?

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

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

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Vanguard Health & Wellness LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

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

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date

Operating a business
 Other _____

\$250,000.00

For prior year:
From 1/01/2016 to 12/31/2016

Operating a business
 Other _____

\$2,700,000.00

For year before that:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$1,954,015.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Vanguard Health & Wellness LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. AmeriFactors 215 Celebration Place, Ste 340, C Celebration, FL 34747		Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. LightStar Financial Services 1717 6th Ave Saint Joseph, MO 64505		Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

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

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

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

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

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

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

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Tatyana Filek and Aleksandra Dubovik v. Vanguard Health & Wellness, LLC 2015 L 3548	Contract	Circuit Court of Cook County 50 W. Washington Chicago, IL 60604	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a

Debtor **Vanguard Health & Wellness LLC**

Case number (if known) _____

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

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

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Alzheimer Association	\$100,000		\$100,000.00

Recipients relationship to debtor
None

Part 5: Certain Losses

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

None

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Ledford, Wu & Borges, LLC 105 West Madison 23rd Floor Chicago, IL 60602	\$11,300 in legal fee	2/2017	\$11,300.00

Email or website address

Who made the payment, if not debtor?

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

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

None.

Debtor **Vanguard Health & Wellness LLC**

Case number (if known) _____

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

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

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

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

Does not apply

Address	Dates of occupancy From-To
---------	----------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

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

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

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

- No.
- Yes. State the nature of the information collected and retained.

Patients (HIPAA Rules)

Does the debtor have a privacy policy about that information?

- No
- Yes

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

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

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

Debtor **Vanguard Health & Wellness LLC**

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. US Bank	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__		Unknown

19. Safe deposit boxes

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

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

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

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

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

21. Property held for another

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

None

Part 12: Details About Environment Information

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

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

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

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

Debtor **Vanguard Health & Wellness LLC**

Case number (if known) _____

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

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

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

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

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

- None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>	Dates business existed
-----------------------	-------------------------------------	---	------------------------

26. Books, records, and financial statements

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

- None

Name and address	Date of service From-To
------------------	----------------------------

26a.1. **TM Accountant Inc**
212 S. Milwaukee Ave., Ste. E
Wheeling, IL 60090

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

- None

Name and address	Date of service From-To
------------------	----------------------------

26b.1. **TM Accountant Inc.**
212 S. Milwaukee Ave., Ste. E
Wheeling, IL 60090

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

- None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

Debtor **Vanguard Health & Wellness LLC**

Case number (if known) _____

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Vanguard Health & Wellness LLC**
1585 Ellinwood Ave., 3100
Des Plaines, IL 60016

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

None

Name and address

27. Inventories

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

No
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

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

Name	Address	Position and nature of any interest	% of interest, if any
Michael Zayats	2356 Castilian Cir, Northbrook, IL 60062	President	50%
Alexander Green	1601 Tahoe Cir Wheeling, IL 60090	Joint owner	50%

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

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Marina Zayats	2356 Castilian Cir. Northbrook, IL 60062	President	

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

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

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Debtor Vanguard Health & Wellness LLC

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

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

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

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

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

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

Executed on February 17, 2017

/s/ Michael Zayats
Signature of individual signing on behalf of the debtor

Michael Zayats
Printed name

Position or relationship to debtor President

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

- No
- Yes

United States Bankruptcy Court Northern District of Illinois

In re Vanguard Health & Wellness LLC

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 11,300.00), Prior to the filing of this statement I have received (\$ 11,300.00), and Balance Due (\$ 0.00).

2. \$ 0.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor (checked) Other (specify):

4. The source of compensation to be paid to me is:

Debtor (checked) Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

Exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 17, 2017

Date

/s/ Xiaoming Wu ARDC

Xiaoming Wu ARDC #6274335

Signature of Attorney

Ledford, Wu & Borges, LLC

105 W. Madison

23rd Floor

Chicago, IL 60602

312-853-0200 Fax: 312-873-4693

notice@billbusters.com

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re **Vanguard Health & Wellness LLC**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Alexander Green 1601 Tahoe Cir Wheeling, IL 60090			Joint owner
Michael Zayats 2356 Castilian Cir. Northbrook, IL 60062			Joint owner

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **February 17, 2017**

Signature **/s/ Michael Zayats**
Michael Zayats

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Illinois**

In re **Vanguard Health & Wellness LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **121**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **February 17, 2017**

/s/ Michael Zayats

Michael Zayats/President

Signer/Title

1585 Ellinwood
1928 W IRVING PARK RD.
Chicago, IL 60613

1585 Ellinwood LLC
1928 W IRVING PARK RD.
Chicago, IL 60613

A++Therapy/Aptiva Therapy
205 W Randolph Ave, Ste 820
Chicago, IL 60606-4510

Accord Physical Therapy
535 Springwood Ave
Dundee, IL 60118

Agnieszka M Gadek
7456 N Waukegan Rd. Niles,
Niles, IL 60714

Alena Lyshchyk
617 Bridgeport Pl Wheeling
Wheeling, IL 60090

Alexander Green
1601 Tahoe Cir
Wheeling, IL 60090

Aliaksandra Hordzich
8620 Lexington Cir, Apt 2E
Orland Park, IL 60462

Alicja Denert
4353 N Oleander Ave Norridge
Harwood Heights, IL 60706

AllianceOne
4850 Street Rd, Ste 300
Feasterville Trevose, PA 19053

AmeriFactors
215 Celebration Place, Ste 340
Celebration, FL 34747

Ana E Aponte
1520 N 16th Ave Melrose Park
Melrose Park, IL 60160

Anetra D Rodgers
3965 Gregory Dr. Northbrook,
Northbrook, IL 60062

Anna Marie Handzel
6444 S Lockwood Ave
Chicago, IL 60638

Annie J Smith
331 N Mason St. Chicago
Chicago, IL 60644

Antoinette M Walker
6700 S Oglesby #1203
Chicago, IL 60649

Antonwlla Ditanto
3211 Griswold Ave.
McHenry, IL 60051

Araceli N Hernandez
9816 S Ewing Ave
Chicago, IL 60617

Ariel A Kelly
2202 E 99th Street
Chicago, IL 60617

Barbara Balls
5709 S Winchester Ave
Chicago, IL 60636

Barbara M Planta-Sroka
8810 Briar Court, Apt 2A
Des Plaines, IL 60016

Belinda G Centeno
5348 W 54th St
Chicago, IL 60638

Beverly A Lindsay
2221 W Highland Ave Apt. 1
Chicago, IL 60659

Breauna S McKinney
1563 State St
Calumet City, IL 60409

Candice L Frazier
1223 S 19th St
Maywood, IL 60153

Carroll, Hartigan & Cerney, Ltd.
218 N Jefferson St #102
Chicago, IL 60661

Catherine J Sutherland
24157 N Riverside
Cary, IL 60013

CIT Finance LLC
C T CORPORATION SYSTEM
208 SO LASALLE ST, SUITE 814
CHICAGO, IL 60604

Clarisa Rina J Castelar
701 N Fairview Ave
Mount Prospect, IL 60056

Cleon J Clark
360 2nd Court
Crystal Lake, IL 60014

Consuelo Lopez
137 W Golfview Dr
Melrose Park, IL 60164

Courtney S Portis
1653 N Orchard St, Apt 103
Chicago, IL 60614

Deborah A Williamson
10810 S Eberhart Ave
Chicago, IL 60628

Deborah E Castellano
3 Clara Court
Algonquin, IL 60102

Denise M Allegretti
728 Hawthorne Ct.
Bolingbrook, IL 60440

Diane C Brezinski
1214 Old Mill Lane
Hanover Park, IL 60133

Dorota Wegiel
409 Crest Hill Drive
Prospect Heights, IL 60070

Dr Evan Lipkis
2150 Phingsten Rd, Ste 1200
Glenview, IL 60026

Dudivan Medina
7926 W. Summerdale
Chicago, IL 60656

Edward Renko
8918 National Ave
Morton Grove, IL 60053

Edyta Kiraga
6660 W. Imlay
Chicago, IL 60631

Elva Viruet-Mannette
4116 N Pontiac Av
Chicago, IL 60634

Elzbieta M Szopa
2109 Douglas Ave
Des Plaines, IL 60018

Gail L Delaney
3417 Ivy Ln
McHenry, IL 60051

Genaro Basterrechea
2244 N Harlem Av
Elmwood Park, IL 60707

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1935 S Harlem Ave. Apt. 2E
Berwyn, IL 60402

Genoveva Silva
211 Roosevelt Ave, Apt 3C
Bensenville, IL 60106

Goolshanoy Batalova
7920 Woodglen Ln, Un.110
Downers Grove, IL 60516

Grazyna Mankowska
1220 Nova Court
Wheeling, IL 60090

Gricelda Martinez-Solis
5016 W 19th St Un 1E
Cicero, IL 60804

Gwendolyn R Tan
2007 Alta Vista Ct
Naperville, IL 60563

Jadwiga Szubzda
312 Parkview Rd
Glenview, IL 60025

Javone A Thompson
1610 Pulaski Rd
Calumet City, IL 60409

Jorge H Enciso
11263 Nicollet Ln
Huntley, IL 60142

Juanisha V Smith
4535 W Monroe
Chicago, IL 60624

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Suite 1688
Atlanta, GA 30309

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1024 Frances Pkwy
Park Ridge, IL 60068

Kateryna Pyrogova
8001 W Courte Dr, Un 404
Niles, IL 60714

Katherine Vega
8400 W Berwyn Ave 1st floor
Chicago, IL 60656

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1517 Webster Ln
Des Plaines, IL 60018

Kristine R Cheng
1215 Evergreen Av
Des Plaines, IL 60016

Krystyna Panek
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Chicago, IL 60647

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Harvey, IL 60426

Lashanda L Thompson
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Melrose Park, IL 60160

Latoya D Davis
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Chicago, IL 60623

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Schaumburg, IL 60173

LightStar financial Services
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Saint Joseph, MO 64505

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Elgin, IL 60120

Ludmila Piven
117 W Buckingham Dr.
Round Lake, IL 60073

Magdalena Rekucki
1142 W Washington Un # 3
Oak Park, IL 60302

Maria C Mena
1721 N 37th Ave
Stone Park, IL 60165

Maria J Enciso
11263 Nicollet Ln.
Huntley, IL 60142

Marina Zayats
2356 Castilian Cir.
Northbrook, IL 60062

Mary M Cozzi
212 W Kathleen Dr.
Park Ridge, IL 60068

Mashana Curry
8319 S Kingston
Chicago, IL 60617

Maya P Young
15624 Drexel ave
Dolton, IL 60419

MedCare
PO BOX 76
Glenview, IL 60025

Melanie McNeil
7251 S Millard
Chicago, IL 60629

Melneesa Howard
1044 23rd Ave
Bellwood, IL 60104

Michael Zayats
2356 Castilian Cir.
Northbrook, IL 60062

Misty M Bearley
700 Perrie Dr Apt. 408
Elk Grove Village, IL 60007

Monica L Tate
4025 W Adams St
Chicago, IL 60624

Natalia Sweeney
4117 Denley Schiller Park, IL 60176
Schiller Park, IL 60176

Nicoleta S Molhar
9526 Davis St.
Franklin Park, IL 60131

Omari A Bassett
8158 S Honore St
Chicago, IL 60620

Pamela Monheim
814 Twelve Oaks Parkway
Woodstock, IL 60098

Paris T George
60 S River St. Un304
Aurora, IL 60506

Patriot National Inc
PO BOX 630691
Cincinnati, OH 45263

Paula J Maynard
9123 Potter Rd.
Des Plaines, IL 60016

Pearl M. Adarquah
PO Box 743
Park Forest, IL 60466

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737 Concorde Dr
Highland Park, IL 60035

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Elgin, IL 60120

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6700 S Oglesby Ave,
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Sheryl R Brown
7328 S Yates
Chicago, IL 60649

Taqveem Malik
1296 Prestwick Ln
Itasca, IL 60143

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Plainfield, IL 60585

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Oakbrook Terrace, IL 60181

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Staten Island, NY 10305

Vincent J Galletti
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Des Plaines, IL 60016

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Norcross, GA 30010-3747

Vladimir Zayats
2356 Castilian Cir
Northbrook, IL 60062

Vw Credit Inc
1401 Franklin Blvd
Libertyville, IL 60048

Wilhelmina Graves
619 S 9th Ave
Maywood, IL 60153

Yudysley Hernandez Valdes
100 S Buffalo
Buffalo Grove, IL 60089

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Yvonne S Barker
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Des Plaines, IL 60016

Zaida D Barberi
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Elmwood Park, IL 60707

**United States Bankruptcy Court
Northern District of Illinois**

In re **Vanguard Health & Wellness LLC**

Debtor(s)

Case No.

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Vanguard Health & Wellness LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

February 17, 2017

Date

/s/ Xiaoming Wu ARDC

Xiaoming Wu ARDC #6274335

Signature of Attorney or Litigant

Counsel for **Vanguard Health & Wellness LLC**

Ledford, Wu & Borges, LLC

105 W. Madison

23rd Floor

Chicago, IL 60602

312-853-0200 Fax:312-873-4693

notice@billbusters.com