UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

In re:

Case No. 10-29101

HNI HoldCo, Inc.

Judge Erik P. Kimball

(f/k/a Medical Staffing Network Holdings, Inc.)

350 East Las Olas Boulevard, Suite 1000

Fort Lauderdale, FL 33301

Telephone No. (954) 525-9900

Facsimile No. (954) 523-2872

Debtor

Chapter 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS) FOR THE PERIOD FROM October 25, 2010 TO November 21, 2010¹

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ Leslie Gern Cloyd

Paul Steven Singerman

email: singerman@bergersingerman.com

Leslie Gern Cloyd

email: lcloyd@bergersingerman.com

BERGER SINGERMAN, P.A.

200 S. Biscayne Boulevard, Suite 1000

Miami, FL 33131

Telephone No. (305) 755-9500

Facsimile no. (305) 714-4340

(1) The Debtors' accounting month-end is as of 11/21/10, therefore the MOR covers activity through 11/21/10. Next month's MOR will begin on 11/22/10 for reporting continuity

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 2 of 74

R THE PERIOD B	EGINNING October 25, 2010	AND ENDING	November 21,	2010
me of Debtor:	HNI HOLDCO, INC. (f/k/a MEDICAL STAFFING	NETWORK HOLDINGS, INC Case Number	10-29101	
e of Petition:	July 2, 2010			
		CURRENT MONTH		CUMULATIVE PETITION TO DATE
1. FUNDS A	T BEGINNING OF PERIOD *	\$ 53.00	(a)	\$53.00
2. RECEIPT	S:			
A. Cash S	Sales Less: Cash Refunds	0		<u>0</u>
	Net Cash Sales	0	_	0
B. Accour	nts Receivable	0		0
(If yo	Receipts (Attach List) u receive rental income, oust attach a rent roll.)			0.00
3. TOTAL R	ECEIPTS			
	JNDS AVAILABLE FOR ONS (Line 1 + Line 3)	53.00	<u> </u>	53,00
5. DISBURS	EMENTS			
A. Advert	ising		_	0
B. Bank C	harges		_	-
C. Contra	ct Labor		_	
D. Fixed A	Asset Payments		_	
E. Insurai	nce		_	
F. Invento	ory Payments		_	
G. Leases			_	
H. Manufa	acturing Supplies			·
I. Office S	Supplies		_	<u> </u>
J. Payroli	- Net		_	
K. Profess	ional Fees		_	
L. Rent			_	
M. Repair	and Maintenance		_	-
N. Secure	d Creditor Payments		_	
O. Taxes	Paid - Payroll		_	
P. Taxes F	Paid - Sales & Use		_	
Q. Taxes I	Paid - Other		_	
R. Telepho	one		_	
S. Travel 8	& Entertainment		_	
T. U.S. Tri	ustee Quarterly Fees		_	
U. Utilities			_	
V. Vehicle	Expenses		_	
W. Other (Operating Expenses		_	•
6. TOTAL CA	SH DISBURSEMENTS (Sum of 5A thru W)	<u>-</u>		·
7. ENDING C (LINE 4 - L	ASH BALANCE INE 6)	\$ \$3.00	_©	\$ 53.00
I declare u best of my	inder penalty of perjury that this statement and the knowledge and belief. This 22nd day of Decemb	se accompanying documents and reports are truer, 2010.	ue and correct to the	
Signature;	The I New	Λ	Date: 12/22/2010	

- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 3 of 74

	CEIPTS AND DISE		ALLE ENDING	November 21, 2010	•	
R THE PERIOD BE	-	October 25, 2010	AND ENDING		<u> </u>	
ne of Debtor:	HNI STAFFING,	INC. (f/k/a MEDICAL STAFFING NETWORK,	INC.; Case Number	10-29102		
e of Petition:	July 2, 2010					
			CURRENT MONTH		CUMULATIVE PETITION TO DATE	
1. FUNDS A	T BEGINNING OF	PERIOD *	\$ 1,266,996.48	(a)	\$ 2,401,188.28	
2. RECEIPT	S:					
A. Cash S	Sales		0	_	0	
	Less: Cash Refu Net Cash Sales	nds	0	<u> </u>	0	
B. Accou	nts Receivable			_	64,216,574.60	
(If yo	Receipts (Attach L u receive rental in nust attach a rent	come,	7,535,735,99	_	134,863,224.32	_
3. TOTAL R	ECEIPTS		7,535,735.99		199,079,798.92	_
4. TOTAL FI OPERATI	JNDS AVAILABLE ONS (Line 1 + Lin	FOR e 3)	8,802,732.47	_	201,480,987.20	
5. DISBURS	EMENTS					
A. Adver	ising			_	4456.06	
B. Bank (Charges			_	13,063.95	
C. Contra	sct Labor			_	4,800,182.85	_
D. Fixed	Asset Payments			_		
E. Insura	nce			_	1,050,088.48	_
F. Invent	ory Payments				-	_
G. Lease	s			_	· _	
H. Manu	facturing Supplies			_		_
I. Office	Supplies			_	103,399.35	_
J. Payrol	l - Net			_	27,911,002.37	_
K. Profes	sional Fees				264.04	_
L. Rent				_	1,326,664.72	_
M. Repa	r and Maintenance	2				_
N. Secur	ed Creditor Payme	ents				_
O. Taxes	Paid - Payroll			_	3,059,715.59	_
P. Taxes	Paid - Sales & Us	2			55,564.34	_
Q. Taxes	Paid - Other			_	345.19	_
R. Telep	hone				29,818.91	
S. Trave	8 Entertainment			<u> </u>	15,444.02	
T. U.S. T	rustee Quarterly F	ees		_		_
U. Utiliti	25			_	127,701.36	_
V. Vehic	le Expenses			_	<u> </u>	_
W. Othe	r Operating Expen	ses	8,018,996.19	_	162,199,539.69	_
6. TOTAL C	ASH DISBURSEM	ENTS (Sum of 5A thru W)	8,018,996.19	_	200,697,250.92	_
(LINE 4	CASH BALANCE - LINE 6)		\$ 783,736.28	©	\$ 783,736.28_	_
I declare best of r	e under penalty of my knowledge and	perjury that this statement and the agromp belief. This 22nd day of December 1010.	anying documents and repo	orts are true and correc	t to the	
	e:	1. 1. 1. 1. 1		Date: 12/22/2010		

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS

OTHER RECEIPTS

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u> <u>Current Month</u> <u>Cumulative Petition to Date</u>

Interbank Transfers¹ \$ 7,535,735.99 \$ 134,863,224.32

Total other receipts \$ 7,535,735.99 \$ 134,863,224.32

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please Describe below:

Loan Amount Source of Funds Purpose Repayment Schedule

OTHER DISBURSEMENTS

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Interbank Transfers ¹ Sweep to General	\$ 8,018,996.19	\$ 94,756,317.78
Electric Capital Corporation ²	-	67,443,221.91

Total other operating expenses \$ 8,018,996.19 \$ 162,199,539.69

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

- (1) Due to the Debtors' banking structure as described in the Cash Management Motion, funds are often transferred among the Debtors' bank accounts to cover external disbursements to third parties
- (2) Due to the Debtors' credit agreement all receipts are swept to GE's account and the Debtors' request daily cash draws to cover operating activities

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 5 of 74

HE PERIOD BE		October 25, 2010	AND ENDING	November 21, 2010		
of Debtor:	ISHC, INC. (f/k	/a INTELISTAF HEALTHCARE, INC.)	Case Number	10-29103		
of Petition:	July 2, 2010		_			
			CURRENT MONTH		CUMULATIVE PETITION TO DATE	
1. FUNDS A	T BEGINNING OF	PERIOD *	\$ 74,182.13	(a)	\$ 126,925.85	
2. RECEIPTS	5:					
A. Cash S	iales Less: Cash Refi Net Cash Sales		0		0 0	
B. Accour	its Receivable		0		7.015 590.33	
D. Other (If you	Receipts (Attach i receive rental in ust attach a rent	come,	213,654.15		7,915,589.23 4,960,581.66	
3. TOTAL RE			213,654.15		12,876,170.89	
	INDS AVAILABLE DNS (Line 1 + Lin				13,003,096.74	
5. DISBURSE	EMENTS					
A. Adverti	sing			_	0	
B. Bank C	harges					
C. Contrac	t Labor			_	13,782.77	
D. Fixed A	sset Payments				-	
E. Insuran	ice			_	1,864,539.91	
F. Invento	ry Payments			_		
G. Leases						
H. Manufa	cturing Supplies			_	-	
I. Office S	upplies			_	64,989.38	
J. Payroll -	Net		-	_	1,646,315.52	
K. Professi	onal Fees			_	1,284.27	
L. Rent				_	162,015.48	
M. Repair	and Maintenance			_	<u> </u>	
N. Secured	l Creditor Paymer	nts		_	-	
O. Taxes P	aid - Payroll			_	213,283.12	
P. Taxes P.	aid - Sales & Use				15,503.63	
Q. Taxes P	aid - Other			_	550.46	
R. Telepho	ne			_	35,279.67	
S. Travel 8	Entertainment			_	118,181.09	
T. U.S. Tru	stee Quarterly Fe	es		_	<u></u> -	
U. Utilities				_	62,959.69	
V. Vehicle	Expenses			_		
W. Other C	perating Expense	25	287,313.20	_	8,803,888.67	
5. TOTAL CAS	H DISBURSEMEN	ITS (Sum of 5A thru W)	287,313.20	_	13,002,573.66	
7. ENDING CA (LINE 4 - L	ASH BALANCE INE 6)		\$ 523.08	_©	\$ 523.08	
I declare us best of my	nder penalty of po knowledge and b	erjury that this statement and the accomp elief This 22nd day of December, 2010.	panying documents and repor	ts are true and correc	ct to the	
Signature:	1	ance Bressler - Vice President, Transition	Sanicas	Date: 12/22/2010		

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS

OTHER RECEIPTS

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Interbank Transfers ¹	\$ 213,654.15	\$ 4,960,581.66
Total other receipts	\$ 213,654.15	\$ 4,960,581.66

[&]quot;Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please Describe below:

<u>Loan Amount</u> <u>Source of Funds</u> <u>Purpose</u> Repayment Schedule

OTHER DISBURSEMENTS

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

Description	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Interbank Transfers ¹	\$ 10,409.77	\$ 2,131,753.37
Sweep to General Electric Capital Corporation ²	276,903.43	6,672,135.30
Total other operating expenses	\$ 287,313.20	\$ 8,803,888.67

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

- (1) Due to the Debtors' banking structure as described in the Cash Management Motion, funds are often transferred among the Debtors' bank accounts to cover external disbursements to third parties
- (2) Due to the Debtors' credit agreement all receipts are swept to GE's account and the the Debtors's request daily cash draws to cover operating activities.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 7 of 74

HE PERIOD BEGINN	4IUC _	October 25, 2010	AND ENDING	November 21, 20	10
of Debtor: NS	IL OPS, LLC (/k/a MEDICAL STAFFING NETWORK OF ILLINOIS,	LLC.) Case Number	10-29104	
of Petition:	July 2, 2010				
			CURRENT MONTH		CUMULATIVE PETITION TO DATE
1. FUNDS AT BEG	SINNING OF F	PERIOD *	\$ 111,835.55	(a)	\$ 248,436.96
2. RECEIPTS:					
A. Cash Sales	s. Cash Bafu	. de	0		0 0
	s: Cash Refu Cash Sales	ius .	0		0
B. Accounts Re	eceivable		-	_	3,762,330.76
	pts (Attach Li eive rental inc ttach a rent r	ome,			81,728,894.92
3. TOTAL RECEIP	тs		-		85,491,225.68
4. TOTAL FUNDS OPERATIONS (111,835.55		85,739,662.64
5. DISBURSEMEN	тs				
A. Advertising					0
B. Bank Charge	es			_	
C. Contract Lat	юг				670,294.65
D. Fixed Asset	Payments				
E. Insurance		_			-
F. Inventory Pa	yments	-			-
G. Leases		-			
H. Manufacturi	ng Supplies	_			
I. Office Suppli	es	-			12,506.75
3. Payroli - Net		_			318,559.72
K. Professional	Fees	_			
L. Rent		-			94,608.22
M. Repair and I	Maintenance	-			
N. Secured Cre	ditor Paymen	ds _	<u> </u>		708,118.36
O. Taxes Paid -	Payroll	-			· ·
P. Taxes Paid -	Sales & Use	-			
Q. Taxes Paid -	Other	-			
R. Telephone		_	<u> </u>		260.89
S. Travel & Ent	ertainment	_			78,327.11
T. U.S. Trustee	Quarterly Fe	25 _		_	
U. Utilities		-		_	20,398.87
V. Vehicle Expe	nșes	-		<u> </u>	
W. Other Opera	ating Expense	s _	86,721.25		83,811,473.77
6. TOTAL CASH D	ISBURSEMEN	TS (Sum of 5A thru W)	86,721.25		85,714,548.34
7. ENDING CASH (LINE 4 - LINE)		-	\$ 25,114.30	©	\$ 25,114.30
		rjury that this statement and the accompanying deleter. This 22nd day of December, 2010.	ocuments and reports are tru	ue and correct to the	
		6 I her		Date: 12/22/2010	

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS

OTHER RECEIPTS

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	Current Mon	<u>ith</u>	Cumulative Petition to Date
Transfer in from General Electric Capital Corporation ¹	\$	-	\$ 75,765,346.38
Interbank Transfers ²		-	5,963,548.54
Total other receipts	\$	<u>-</u>	\$ 81,728,894.92

[&]quot;Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please Describe below:

<u>Loan Amount</u> <u>Source of Funds</u> <u>Purpose</u> <u>Repayment Schedule</u>

OTHER DISBURSEMENTS

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

Description	Curre	ent Month	<u>Cumulative Petition to Date</u>
Interbank Transfers ²	\$	86,721.25	\$ 83,811,473.77
Total other operating expenses	\$	86,721.25	\$ 83,811,473.77

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

- (1) Due to the Debtors' credit agreement all receipts are swept to GE's account and the Debtors' request daily cash draws to cover operating activities
- (2) Due to the Debtors' banking structure as described in the Cash Management Motion, funds are often transferred among the Debtors' bank accounts to cover external disbursements to third parties

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 9 of 74

THE PERIOD BEGINNING October 25, 2010		October 25, 2010	_ AND ENDING			November 21, 2010			
of Debtor:	NSIL IP, LLC	IP, LLC (f/k/a MEDICAL STAFFING NETWORK ASSETS,			er	10-29105			
f Petition:	July 2, 2010)	-						
			CURREN MONTH	IT			CUMULATIV PETITION TO		
1. FUNDS	AT BEGINNING C	F PERIOD *	\$			(a)	\$	-	
2. RECEIP									
A. Cash					0			0	
71. 2037	Less: Cash Re Net Cash Sale				0			0	_
B. Accor	unts Receivable				0			0	
(If y	r Receipts (Attach ou receive rental must attach a ren	income,			-	_		0.00	_
3. TOTAL	RECEIPTS					_			
	FUNDS AVAILABL TONS (Line 1 + L					_		-	_
5. DISBUR	SEMENTS								
A. Adve	rtising					_		0	_
B. Bank	Charges					_			_
C. Conta	act Labor					_			_
D. Fixed	Asset Payments							_	_
E. Insur	ance							-	_
F. Inver	tory Payments			_		_		·	_
G. Leas	25								_
H. Manu	ifacturing Supplie	s				_			
I. Office	Supplies					_		<u> </u>	_
J. Payro	II - Net					_		-	_
K. Profe	ssional Fees					_			_
L. Rent						_			_
M. Repa	ir and Maintenan	ce				_		-	_
N. Secu	red Creditor Payn	nents				_		-	_
O. Taxe	s Paid - Payroll					_			_
P. Taxes	Paid - Sales & U	se				_			_
Q. Taxe	s Paid - Other					_		<u> </u>	_
R. Telep	hone					_			_
S. Trave	l & Entertainmen	t				_			_
T. U.S.	Frustee Quarterly	Fees				_			_
U. Utiliti	es					_			_
V. Vehic	le Expenses					_		<u>.</u>	_
W. Othe	r Operating Expe	nses				_		<u> </u>	_
6. TOTAL	CASH DISBURSEM	ENTS (Sum of 5A thru W)			-	_		<u> </u>	_
	CASH BALANCE - LINE 6)		\$		•	©	\$	-	_
I declare best of	e under penalty o ny knowledge an	f perjury that this statement and the accompa d belief. This 22nd day of December, 2010.	anying doc	uments a	and report	is are true and corre	ect to the		
Signatu	re:	Lance Bressler - Vice President, Transition S	envices			Date: 12/22/2010	0		

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 10 of 74

THE PERIOD BEGINNING October 25, 2010		AND ENDING	November 21, 2010			
of Debtor:	ITSG, INC. (I/k/a INTELISTAF GROUP, INC.)	Case Number	10-29106			
Petition:	July 2, 2010					
		CURRENT MONTH		CUMULATIVE PETITION TO DATE		
1, FUNDS A	T BEGINNING OF PERIOD *	<u> </u>	(a)	\$		
2. RECEIPT	S:					
A. Cash		0		0		
	Less: Cash Refunds Net Cash Sales	0		0		
B. Accou	nts Receivable	0		0		
(If yo	Receipts (Attach List) u receive rental income, nust attach a rent roll.)		_	0.00		
3. TOTAL R	ECEIPTS			-		
	UNDS AVAILABLE FOR IONS (Line 1 + Line 3)					
5. DISBURS	SEMENTS					
A. Adver	tising			0		
B. Bank	Charges			.		
C. Contra	act Labor		_			
D. Fixed	Asset Payments			· · ·		
E. Insura	ince					
F. Inven	ory Payments			<u> </u>		
G. Lease	s			<u> </u>		
H. Manu	facturing Supplies					
I. Office	Supplies		_	<u> </u>		
3. Payrol	I ∙ Net		_	- -		
K. Profes	sional Fees					
L. Rent						
M. Repa	r and Maintenance					
N. Secur	ed Creditor Payments					
O. Taxes	Paid - Payroll					
P. Taxes	Paid - Sales & Use					
Q. Taxes	Paid - Other					
R. Telep	hone		.			
S. Trave	& Entertainment			<u> </u>		
T. U.S. T	rustee Quarterly Fees			-		
U. Utilitio	25					
V. Vehic	e Expenses					
W. Othe	r Operating Expenses			<u> </u>		
6. TOTAL C	ASH DISBURSEMENTS (Sum of 5A thru W)	.		*		
(LINE 4	CASH BALANCE - LINE 6)	<u></u>		\$		
I declare best of r	e under penalty of perjury that this statement and my knowledge and belief. This 22nd day of Dece	the accompanying documents and rember, 2010.	ports are true and	correct to the		
Signatur	$\epsilon \in \mathcal{L}$	Transition Services	Date: 12/22/	2010		

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 11 of 74

		October 25, 2010	AND EN	DING	November 21, 2010		
of Debtor:	ITSP I, LLC (f/k/a	INTELISTAF PARTNERS NO. 1, LLC.)	Case Nu	mber	10-29107		
f Petition:	July 2, 2010		_				
			CURRENT MONTH			CUMULATIVE PETITION TO DATE	
1. FUNDS AT	BEGINNING OF PE	RIOD *	\$	-	_(a)	<u> </u>	
2. RECEIPTS	:						
A. Cash Sa	iles Less: Cash Refund	le.		0	_	0	
	Net Cash Sales	5		0	_	0	
B. Account	s Receivable			0	_	0	
(If you	eceipts (Attach List receive rental incoi ist attach a rent rol	ne,			_	0.00	
3. TOTAL REC	CEIPTS				_		
	NDS AVAILABLE FO NS (Line 1 + Line 3			_	_		
5. DISBURSE	MENTS						
A. Advertis	ing				_	0	
B. Bank Ch	arges				_		
C. Contract	t Labor				_		
D. Fixed As	sset Payments				-	•	
E. Insuranc	ce				_	-	
F. Inventor	y Payments				_		
G. Leases					-	-	
H. Manufac	turing Supplies				-	-	
1. Office Su	pplies				-	•	
J. Payroll -	Net				_		
K. Professio	onal Fees				•		
L. Rent						-	
M. Repair a	and Maintenance				-		
N. Secured	Creditor Payments						
O. Taxes Pa	aid - Payroll						
P. Taxes Pa	nid - Sales & Use						
Q. Taxes Pa	aid - Other				-		
R. Telephor	ne						
S. Travel &	Entertainment						
T. U.S. Trus	stee Quarterly Fees						
U. Utilities							
V. Vehicle E	Expenses						
W. Other O	perating Expenses						
6. TOTAL CAS	H DISBURSEMENTS	(Sum of 5A thru W)		-			
7. ENDING CA (LINE 4 - LI			\$	-	.©	\$ -	
I declare ur best of my i	nder penalty of perj knowledge and beli	ury that this statement and the accomp of This 22nd day on December 2010.	anying documen	its and reports	are true and correct	to the	
Signature:	Ŀ	- Eller	·		Date: 12/22/2010		
	Lane	ce Bressler - Vice President, Transition S	ervices				

(c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 12 of 74

SCHEDULE OF	RECEIPTS AND DI	SBURSEMENTS			_
FOR THE PERIO		October 25, 2010	AND ENDING	November 21, 201	<u> </u>
Name of Debtor	HNI HOLDING	S, LLC (f/k/a MEDICAL STAFFING HOLDINGS,	LLC. Case Number	10-29108	
Date of Petition	July 2, 2010)			
			CURRENT MONTH		CUMULATIVE PETITION TO DATE
1. FUN	DS AT BEGINNING O	F PERIOD *	<u> </u>	_(a)	\$(b)
2. REC	EIPTS:				
A. C	ash Sales		0	_	
	Less: Cash Re Net Cash Sale		0	-	
В. А	ccounts Receivable		0	_	0
(ther Receipts (Attach If you receive rental ou must attach a ren	income,		_	0.00
3. TOT	AL RECEIPTS			_	
	AL FUNDS AVAILABLI RATIONS (Line 1 + L			_	.
5. DISI	BURSEMENTS				
A. A	dvertising			_	0
B. B	ank Charges			_	-
c. c	ontract Labor			_	
D. F	ixed Asset Payments			_	
E. Ir	isurance				
F. Ir	ventory Payments			_	
G. L	eases			_	
Н. Н	lanufacturing Supplie	es		_	
I. O	ffice Supplies			_	
J. Pa	ayroll - Net			_	
K. P	rofessional Fees			_	<u> </u>
L. R	ent			_	
М. Б	Repair and Maintenan	ce		_	<u> </u>
N. S	ecured Creditor Payn	nents		_	*
O. T	axes Paid - Payroll			_	
P. T	axes Paid - Sales & U	lse		_	
Q. T	axes Paid - Other			_	
R. T	elephone			-	
S. T	ravel & Entertainmen	t			
T. U	I.S. Trustee Quarterly	Fees		_	
U. U	Itilities			_	·
V. V	ehicle Expenses			_	
W. 6	Other Operating Expe	enses			
6. TOT	AL CASH DISBURSEN	MENTS (Sum of 5A thru W)		_	
(LII)	DING CASH BALANCE HE 4 - LINE 6)		<u>\$</u>	_©	
bes	t of my knowledge an	of perjury that this statement and the accomp nd belief. This 22nd day of December 2010.	anying documents and repor	rts are true and correct Date: 12/22/2010	t to the
Sigi	nature:	Lance Bressler - Vice President, Transition S	Services	30.0 120,000	

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 13 of 74

HE PERIOD B	EGINNING	October 25, 2010	AND ENDING	November 2	November 21, 2010			
of Debtor:	NILH, INC. (f/	k/a MSN-ILLINOIS HOLDINGS, INC.)	Case Number	10-29109				
f Petition:	July 2, 2010							
			CURRENT MONTH		CUMULATIVE PETITION TO DATE			
1. FUNDS A	AT BEGINNING O	F PERIOD *	\$	(a)	\$			
2. RECEIPT	S:							
A. Cash	Sales		0		0			
	Less: Cash Re Net Cash Sale		0	_	0			
B. Accou	nts Receivable		0		0			
(If yo	Receipts (Attach ou receive rental nust attach a ren	income,			0.00			
3. TOTAL R	RECEIPTS							
	UNDS AVAILABLE IONS (Line 1 + L							
5. DISBURS	SEMENTS							
A. Adver	tising				0			
B. Bank	Charges				<u>-</u>			
C. Contra	act Labor							
D. Fixed	Asset Payments				-			
E. Insura	ance							
F. Inven	tory Payments				*			
G. Lease	es							
H. Manu	facturing Supplie	S						
I. Office	Supplies				<u> </u>			
J. Payrol	l - Net							
K. Profes	ssional Fees							
L. Rent								
M. Repa	ir and Maintenan	се			•			
N. Secur	ed Creditor Paym	nents		.				
O. Taxes	Paid - Payroll							
P. Taxes	Paid - Sales & U	se			<u> </u>			
Q. Taxes	Paid - Other				<u> </u>			
R. Telep	hone							
S. Trave	I & Entertainmen	t						
T. U.S. T	rustee Quarterly	Fees			· · ·			
U. Utilitie								
V. Vehic	le Expenses				•			
	r Operating Expe	nses						
		IENTS (Sum of 5A thru W)						
7. ENDING	CASH BALANCE - LINE 6)		\$	©	\$			
I declare best of r	e under penalty o my knowledge an	f perjury that this statement and the acco d belief. This 22nd day of December, 201	empanying documents and rep 10.	ports are true and c	forrect to the			
Signatur		1- L/1/		Date: 12/22/2	010			

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 14 of 74

HE PERIOD BE		October 25, 2010	AND ENDING	November 2			
of Debtor:	ITSP II, LLC (f,	/k/a INTELISTAF PARTNERS NO. 2, LLC.)	Case Number	10-29110			
of Petition:	July 2, 2010		_				
			CURRENT MONTH		CUMULATIVE PETITION TO DATE		
1. FUNDS AT	T BEGINNING OF	PERIOD *	\$	(a)	\$		
2. RECEIPTS	5:						
A. Cash S	ales		0			0	
	Less: Cash Ref Net Cash Sales		0	_		0	
B. Accoun	its Receivable		0			0	
(If you	Receipts (Attach I receive rental in Ust attach a rent	ncome,				0.00	
3. TOTAL RE	CEIPTS						
	JNDS AVAILABLE DNS (Line 1 + Lir					-	
5. DISBURSI	EMENTS						
A. Adverti	ising					0	
B. Bank C	harges					-	
C. Contra	ct Labor					<u> </u>	
D. Fixed A	Asset Payments					-	
E. Insurar	nce					-	
F. Invento	ory Payments						
G. Leases						-	
H. Manufa	acturing Supplies						
I. Office S	Supplies					.	
J. Payroli	- Net					-	
K. Profess	ional Fees					-	
L. Rent				_			
M. Repair	and Maintenanc	e					
N. Secure	d Creditor Payme	ents					
O. Taxes	Paid - Payroll				_ .		
P. Taxes f	Paid - Sales & Us	e					
Q. Taxes	Paid - Other					-	
R. Teleph	one					•	
S. Travel	& Entertainment			_		 .	
T. U.S. Tr	ustee Quarterly f	Fees -		_		-	
U. Utilities	5					-	
V. Vehicle	Expenses					<u>. </u>	
W. Other	Operating Expen	ses				· _	
6. TOTAL CA	SH DISBURSEME	ENTS (Sum of 5A thru W)					
7. ENDING C	CASH BALANCE LINE 6)		\$ -	©	\$	-	
I declare best of m	under penalty of y knowledge and ،	perjury that this statement and the accord belief. This 22nd day of December, 2010	npanying documents and rep).	ports are true and c	orrect to the		
Signature		6- 1/1eN		Date: 12/22/2	010		

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 15 of 74

	EII 13 AND DIGI	BURSEMENTS				
HE PERIOD BEG	_	October 25, 2010	AND ENDING		r 21, 2010	
	IHCM, L.P. (f/k/	INTELISTAF HEALTHCARE MANAGEMENT,	L.P.) Case Number	10-29111		
of Petition:	July 2, 2010					
			CURRENT MONTH		CUMULATIVE PETITION TO DA	TE
1. FUNDS AT	BEGINNING OF	PERIOD*	\$	(a)	\$	
2. RECEIPTS:						
A. Cash Sa				0		0
	Less: Cash Refu Net Cash Sales	nds		0		0
B. Account	s Receivable			0		0
(If you	eceipts (Attach L receive rental in ist attach a rent i	come,				0.00
3. TOTAL REG	CEIPTS					
	NDS AVAILABLE :					-
5. DISBURSE	MENTS					
A. Advertis	sing					0
B. Bank Ch	narges					-
C. Contrac	t Labor					-
D. Fixed A	sset Payments					-
E. Insuran	ce					
F. Invento	ry Payments					<u>-</u>
G. Leases						
H. Manufa	cturing Supplies			_		<u>·</u>
I. Office Si	upplies					•
J. Payroll -	Net					-
K. Professi	onal Fees			_		-
L. Rent						-
M. Repair	and Maintenance					<u></u>
N. Secured	d Creditor Payme	nts				<u>. </u>
O. Taxes P	Paid - Payroll					-
P. Taxes P	aid - Sales & Use					
Q. Taxes P	Paid - Other			 .		-
R. Telepho	one					-
S. Travel 8	k Entertainment					
T. U.S. Tru	ıstee Quarterly F	ees	<u>_</u>			· _
U. Utilities						
V. Vehicle	Expenses					-
W. Other (Operating Expens	es				•
6. TOTAL CA	SH DISBURSEME	NTS (Sum of 5A thru W)				<u></u>
(LINE 4 - L			\$			•
I declare u best of my	inder penalty of knowledge and	perjupy that this statement and the accompa bellef. This 22nd day of December, 2010.	nying documents and	reports are true an	d correct to the	
Signature:		Lance Bressler - Vice President, Transition Servi		Date: 12/22	2/2010	

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 16 of 74

E PERIOD BEGINNING October 25, 2010	AND ENDING	November 21, 2010		
of Debtor: ITSH, INC. (f/k/a INTELISTAF HOLDINGS, INC.	Case Number	10-29112		
Petition: July 2, 2010				
	CURRENT MONTH		CUMULATIVE PETITION TO DATE	
1. FUNDS AT BEGINNING OF PERIOD *	<u> </u>	(a)	<u> </u>	
2. RECEIPTS:				
A. Cash Sales	0	_	0	
Less: Cash Refunds Net Cash Sales	0	_	0	
B. Accounts Receivable	0_		0	
Other Receipts (Attach List) (If you receive rental income, you must attach a rent roll.)		_	0.00	
3. TOTAL RECEIPTS				
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	<u> </u>		<u>.</u>	
5. DISBURSEMENTS				
A. Advertising			0	
B. Bank Charges			<u> </u>	
C. Contract Labor			<u> </u>	
D. Fixed Asset Payments				
E. Insurance				
F. Inventory Payments		_		
G. Leases			<u>.</u>	
H. Manufacturing Supplies			<u> </u>	
1. Office Supplies				
J. Payroli - Net				
K. Professional Fees			<u> </u>	
L. Rent				
M. Repair and Maintenance			<u>-</u>	
N. Secured Creditor Payments			<u> </u>	
O. Taxes Paid - Payroll				
P. Taxes Paid - Sales & Use		_		
Q. Taxes Paid - Other		_	- :	
R. Telephone		_		
S. Travel & Entertainment		_		
T. U.S. Trustee Quarterly Fees				
U. Utilities			<u> </u>	
V. Vehicle Expenses				
W. Other Operating Expenses		_		
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)		_		
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$		<u> </u>	
I declare under penalty of perjury that this statement and best of my knowledge and belief. This 22nd day of Decer	d the accompanying documents and rep mber, 2010	orts are true and	correct to the	
Signature: Lu UM	w'	Date: 12/22/	2010	

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly,

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE AGING AND RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/a Medica	al Staffing Network Holdings, Inc.)	Case Number:	10-29101		
Reporting Period beginning	October 25, 2010		and ending	November 21,	November 21, 2010	
ACCOUNTS RECEIVABLE A	T PETITION DATE:	\$ 40,667,515.00				
	ECONCILIATION (Include all acco which have not been received):	unts receivable, pre-petition and pos	st-petition,			
Beginning of Month Balanc	e	\$ -		(a)		
PLUS: Current Month New	Billings	<u> </u>		(b)		
MINUS: Collection During t	he Month	<u> </u>		(b)		
PLUS/MINUS: Adjustments	or Write-offs	<u> </u>		*		
End of Month Balance		<u> </u>		©		
*For any adjustments or W	rite-offs provide explanation and	supporting documentation, if applica	able:			
The Debtors sold substanti	ally all of their assets in a closing	which concluded on September 27,	2010. Therefore, the ope	rations of the Debtors v	vere minimal in Nov	ember 20
	POST P	PETITION ACCOUNTS RECEIVAB	LE AGING			
AGING: (Show the total am	nount for each age group of accou	unts incurred since filing the petition)			
0-30 days \$ -	31-60 days \$ -	61-90 days \$ -	Over 90 \$ -	Total \$	- ©	
For any receivables in the '	'Over 90 Days" category, please p	provide the following:				
Customer	Receivable Date	Status				
None						

⁽a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
(b)This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

© These two amounts must equal.

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 18 of 74

ATTACHMENT 2 MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor:	Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network				dings, Inc.)	Case Num	iber:	10-29101
Reporting Period b	peginning	October 25, 20	10		_	and endin	g	November 21, 2010
		es or bills incurred ar ior to filing the petiti		the filing of the p	etition.			
Date <u>Incurred</u>	Days <u>Outstanding</u>	Vendor	Description					Amount
None								
TOTAL AMOUNT								\$ -
Check here if pre-	petition debts h	nave been paid. Atta	ach an explanatio	n and copies of s	supporting docu	umentation.		<u>·</u>
ACCOUNTS PAY	ABLE RECON	CILIATION (Post F	Petition Unsecu	red Debt Only)	:			
Opening Balance						\$	-	_(a)
PLUS: New Indeb	tedness Incurr	ed This Month					-	_
MINUS: Amount I Accounts Payable		etition,					-	_
PLUS/MINUS: AD	JUSTMENTS						-	*
Ending Month Bala	ance					\$	-	_©
*The Debtors sold		all of their assets and	l liabilities in a clo	osing which concl	uded on Septe	mber 27, 20	10. Therefore	e, the operations of the Debtors were
minima in Novem	bei 2010.			CECUPED DAY	MENTS DEDO	DT		
		cured Creditors and with your attorney			ou have entere	d into a mod		ement with
Secured Creditor/Lessor	Date Payment Due	Payment Amount	Number of Post Petition Payments Delinquent	Total Amount of Post Petition Payments Delinquent				
None			•	•	-			
(a) This number is	carried female	d from last monthle		irct roport only t	hic number wil	l ho zoro		

⁽a) This number is carried forward from last month's report. For the first report only, this number will be zero. (b,c) The total of line (b) must equal line ©. (d)This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 19 of 74

ATTACHMENT 3 INVENTORY AND FIXED ASSETS REPORT HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.) Name of Debtor: Case Number: 10-29101 Reporting Period October 25, 2010 and ending November 21, 2010 beginning INVENTORY REPORT Debtors. INVENTORY BALANCE AT PETITION DATE: \$0 - As the debtor focuses exclusively on temporary staffing services, it does not maintain material levels of inventory. The primary resource with which the debtor operates its business and contracts is a pool of over 19,000 nurses, none of which are exclusive to the debtor. While the debtor utilizes various marketing materials, training manuals, brochures and other items as part of its every day business, it does not maintain any inventories of such materials, primarily because they are of use only to the debtor INVENTORY RECONCILIATION: Inventory Balance at Beginning of Month 0 (a) Inventory Purchased During Month Inventory Used or Sold Inventory Used or Sold Inventory On Hand at End of Month METHOD OF COSTING INVENTORY: N/A FIXED ASSET REPORT FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: 10,378,353.00 (Includes Property, Plant and Equipment) BRIEF DESCRIPTION (First Report Only): Fixed assets consist mainly of Office Furniture, Office Equipment, Internally Developed Software and Leasehold Improvements. FIXED ASSETS RECONCILIATION: Fixed Asset Book Value at Beginning of Month MINUS: Depreciation Expense PLUS: New Purchases PLUS/MINUS: Adjustments or Write-downs Ending Monthly Balance *For any adjustments or write-downs, provide explanation and supporting documentation, if applicable. BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD The Debtors sold substantially all of their assets in a closing which concluded on September 27, 2010. Therefore, the operations of the Debtors were minimal in November 2010.

⁽a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

⁽b)Fair market value is the amount at which fixed assets could be sold under current economic conditions. Book Value

is the cost of the fixed assets minus accumulated depreciation and other adjustments.

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/l	/a Medical Staff	fing Network Holdings, Inc.)	Case Number:	10-29101		
Reporting Period beginning	October 25, 201)		and ending	November 21, 2010		
A separate sheet is re		account, includir	econcilation to this Summary ong all savings and investment a		of		
NAME OF BANK:		Bank of Ameri	ica	BRANCH:	Chicago, IL		
ACCOUNT NAME:		NSIL IP, LLC (f/k/a Medical Staffing Network Assets, LLC)					
ACCOUNT NUMBER:		00587006815	0058700681578				
PURPOSE OF ACCOU	NT:	Operating Aco	count				
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks Minus: Service Charges Ending Balance per Check Register ** Includes Debits			\$ - - - - \$ -		(a)		
Debit cards are used	by	None					
If Closing Balance is	negative, provide expla	nation:	N/A				
The following disburs	sements were paid in C	ash (do not incl	ude items reported as Petty Ca	sh on Attachment 4D):			
Date Amount	Payee	Purpose Re	eason for Cash Disbursement				
None							
	EEN DEBTOR IN POS tstanding Checks and o						
	\$ - \$ -		ransferred to Payroll Account ransferred to Tax Account				
. ,	ine on Attachment 4A, ursements (Page MOR-	•	the total of 4D must equal the	amount reported as "Er	nding Balance" on Schedule		
INVESTMENT ACCO	DUNTS						
Type of Negotiable Instrument	Face Value	<u>Pt</u>	urchase Price	Date of Purchase			

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor: HNI HoldCo, Inc. (f/k		k/a Medical Staffing Network Holdings, Inc.)		Case Number:	10-29101		
Reporting Period beginning	October 25, 2010)	and ending		November 21, 2010		
A separate sheet is re		, -		of Bank Activity. t accounts, i.e. certificates	of		
NAME OF BANK:		Bank of America		BRANCH:	Tampa, FL		
ACCOUNT NAME:		HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.)					
ACCOUNT NUMBER:		003448968361					
PURPOSE OF ACCOUN	NT:	Operating Account	perating Account				
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks ** Minus: Service Charges Ending Balance per Check Register ** Includes Debits				-	(a)		
Debit cards are used b	by	None					
If Closing Balance is n	negative, provide expla	nation:	N/A				
The following disburse	ements were paid in C	ash (do not include item	s reported as Petty	Cash on Attachment 4D):			
Date Amount None	Payee	Purpose Reason for	Cash Disbursemen	t			
		SESSION ACCOUNTS ther debits", listed above Transferree	e, includes: d to Payroll Account d to Tax Account				
` '	ne on Attachment 4A, rsements (Page MOR-	•	of 4D must equal th	ne amount reported as "Er	ding Balance" on Schedule		
INVESTMENT ACCO	UNTS						
Type of Negotiable Instrument	Face Value	Purchase F	<u>Price</u>	<u>Date of Purchase</u>			

Name of Debtor:	HNI HoldCo, Inc. (f/	k/a Medical Staffing Netw	ork Holdings, Inc.)	Case Number:	10-29101				
Reporting Period beginning	October 25, 2010	0		and ending	November 21, 2010				
Attach a copy of curro A separate sheet is re		ment and bank reconcilati account, including all sav nd bonds, etc.			of				
NAME OF BANK:		Bank of America		BRANCH:	Tampa, FL				
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a	Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)						
ACCOUNT NUMBER:		003662599422	003662599422						
PURPOSE OF ACCOUNT	NT:	Operating Account							
Plus: Tota Minus: To Minus: Se	lance per Bank Staten Il Amount of Outstand tal Amount of Outstar rvice Charges Ilance per Check Regis	ing Deposits nding Checks **	\$ - - - - \$ -		(a)				
Debit cards are used	by	None							
If Closing Balance is I	negative, provide expl	anation:	N/A						
The following disburs	ements were paid in (Cash (do not include items	reported as Petty Ca	ash on Attachment 4D):					
Date Amount	Payee	Purpose Reason for	Cash Disbursement						
None									
		SSESSION ACCOUNTS other debits", listed above	e, includes:						
	\$ - \$ -		to Payroll Account to Tax Account						
	ne on Attachment 4A, Irsements (Page MOR		of 4D must equal the	amount reported as "Er	nding Balance" on Schedule				
INVESTMENT ACCO	DUNTS								
Type of Negotiable Instrument	Face Value	<u>Purchase Pi</u>	<u>ice</u>	<u>Date of Purchase</u>					
n/a									

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/	a Medical Staffing	g Network Holdings, Ir	nc.) Case Number:	10-29101		
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010	November 21, 2010	
A separate sheet is re	ent month bank statem equired for each bank a ket accounts, stocks and	ccount, including a		nary of Bank Activity. nent accounts, i.e. certificate	es of		
NAME OF BANK:		Wachovia		BRANCI	H: Charlotte, NC		
ACCOUNT NAME:		HNI Staffing, Inc	c. (f/k/a Medical Staffi	ng Network, Inc.)			
ACCOUNT NUMBER:		2000045445220	l .				
PURPOSE OF ACCOU	NT:	Operating Accou	int				
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks ** Minus: Service Charges Ending Balance per Check Register ** Includes Debits				7,226.74 - - - - 7,226.74	(i	a)	
Debit cards are used	by	None					
If Closing Balance is	negative, provide explai	nation:	N/A				
The following disburs	ements were paid in Ca	sh (do not include	e items reported as Pe	etty Cash on Attachment 4D):	:		
Date Amount	Payee	Purpose Reas	son for Cash Disburse	ment			
None							
	EEN DEBTOR IN POSS estanding Checks and ot	her debits", listed	above, includes:				
	<u>\$</u>		nsferred to Payroll Acc nsferred to Tax Accour				
	ine on Attachment 4A, 4 ursements (Page MOR-2		e total of 4D must equ	al the amount reported as "E	Ending Balance" on Schedule	:	
INVESTMENT ACCC	DUNTS						
Type of Negotiable Instrument	<u>Face Value</u>	<u>Purc</u>	chase Price	<u>Date of Purchase</u>			

Name of Debtor:	HNI HoldCo, Inc. (f/	k/a Medical Staffing Netv	vork Holdings, Inc.)	Case Number:	10-29101	
Reporting Period beginning	October 25, 2010)	_	and ending	November 21, 2010	
	quired for each bank	nent and bank reconcilat account, including all sav nd bonds, etc.			of	
NAME OF BANK:		Bank of America		BRANCH:	Tampa, FL	
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a	a Medical Staffing Netw	ork, Inc.)		
ACCOUNT NUMBER:		898043379832				
PURPOSE OF ACCOUN	IT:	Operating Account				
Plus: Total Minus: Tot Minus: Ser	ance per Bank Staten Amount of Outstandi al Amount of Outstan vice Charges ance per Check Regis	ing Deposits Iding Checks **	\$ 388,282.65 22,951.41 145,757.86 \$ 265,476.20	5		(a)
Debit cards are used b	ру	None				
If Closing Balance is n	egative, provide expla	anation:	N/A			
The following disburse	ements were paid in C	Cash (do not include item	ns reported as Petty Cas	sh on Attachment 4D):		
Date Amount	Payee	Purpose Reason for	Cash Disbursement			
None						
		SSESSION ACCOUNTS other debits", listed above	e, includes:			
	\$ - \$ -		d to Payroll Account d to Tax Account			
(a) The total of this lin of Receipts and Disbur		4B and 4C plus the total -2, Line 7).	of 4D must equal the	amount reported as "End	ding Balance" on Sched	ule
INVESTMENT ACCO	UNTS					
Type of Negotiable Instrument	Face Value	Purchase P	Price	Date of Purchase		
n/a						

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/	a Medical Sta	offing Netwo	rk Holo	lings, Inc.)	Case Number:	10-29101	
Reporting Period beginning	October 25, 2010	ı		_		and ending	November 21, 2010	
A separate sheet is re	ent month bank stateme equired for each bank a ket accounts, stocks and	count, includ			,	,	s of	
NAME OF BANK:		Bank of Ame	erica			BRANCH:	Tampa, FL	
ACCOUNT NAME:		HNI Staffing	ı, Inc. (f/k/a	Medica	al Staffing Ne	twork, Inc.)		
ACCOUNT NUMBER:		0036649203	358					
PURPOSE OF ACCOU	NT:	Operating A	ccount					
Plus: Tota Minus: To Minus: Se	lance per Bank Stateme I Amount of Outstandin tal Amount of Outstand rvice Charges lance per Check Registe	g Deposits ing Checks * [,]	*	\$	335,381.86			(a)
Debit cards are used	by	None						
If Closing Balance is r	negative, provide explar	nation:		N/A				
The following disburs	ements were paid in Ca	sh (do not in	clude items	reporte	ed as Petty Ca	ash on Attachment 4D):		
Date Amount	Payee	Purpose	Reason for	Cash D	isbursement			
None								
	EEN DEBTOR IN POSS standing Checks and ot			, include	es:			
	\$ - \$ -		Transferred Transferred		roll Account Account			
	ne on Attachment 4A, 4 Irsements (Page MOR-2		s the total o	of 4D m	ust equal the	amount reported as "E	nding Balance" on Sch	edule
INVESTMENT ACCC	DUNTS							
Type of Negotiable Instrument	<u>Face Value</u>		<u>Purchase Pi</u>	rice		<u>Date of Purchase</u>		

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	ne of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.)					10-29101	
Reporting Period beginning	October 25, 201	0		_	and ending	November 21, 2010)
A separate sheet is	urrent month bank statem s required for each bank a narket accounts, stocks and	count, including		•	•		
NAME OF BANK:		Bank of Ame	rica		BRANCH:	Chicago, IL	
ACCOUNT NAME:		HNI Staffing,	Inc. (f/k/a	a Medical Staffing Ne	etwork, Inc.)		
ACCOUNT NUMBER	R:	00580032689	93				
PURPOSE OF ACC	DUNT:	Operating Ac	count				
	g Deposits ing Checks **		\$ - - - \$ -				
Debit cards are us	None						
If Closing Balance	is negative, provide explar	nation:		N/A			
The following disb	ursements were paid in Ca	sh (do not inclu	ıde items r	reported as Petty Ca	sh on Attachment 4D):		
Date Amoun	t Payee	Purpose F	Reason for	Cash Disbursement			
None							
	WEEN DEBTOR IN POSS Dutstanding Checks and ot			includes:			
	\$ - \$ -	1		d to Payroll Account d to Tax Account			
	s line on Attachment 4A, 4 sbursements (Page MOR-2		the total of	f 4D must equal the	amount reported as "Endi	ng Balance" on Schedu	ıle
INVESTMENT AC	COUNTS						
Type of Negotiable Instrument	Face Value	E	Purchase P	<u>rice</u>	Date of Purchase		

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f	NI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.				10-29101
Reporting Period beginning	October 25, 201	October 25, 2010				November 21, 2010
A separate sheet is i	rent month bank state required for each bank rket accounts, stocks a	account, incli	uding all savings	,	of Bank Activity. accounts, i.e. certificates	of
NAME OF BANK:		Bank of Am	erica		BRANCH:	Tampa, FL
ACCOUNT NAME:		HNI Staffing	g, Inc. (f/k/a Me	edical Staffing Net	work, Inc.)	
ACCOUNT NUMBER:		005484425	358			
PURPOSE OF ACCOL	JNT:	Operating A	Account			
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks ** Minus: Service Charges Ending Balance per Check Register ** Includes Debits			**			(a)
Debit cards are used by None						
If Closing Balance is	negative, provide exp	lanation:	<u>N/</u>	'A		
The following disbur	sements were paid in	Cash (do not i	include items re	ported as Petty Ca	ash on Attachment 4D):	
Date Amount	Payee	Purpose	Reason for Cas	sh Disbursement		
None						
	/EEN DEBTOR IN PO utstanding Checks and			ncludes:		
	\$ - \$ -		Transferred to Transferred to	Payroll Account Tax Account		
	line on Attachment 4A oursements (Page MOF		lus the total of 4	4D must equal the	amount reported as "En	ding Balance" on Schedule
INVESTMENT ACC	OUNTS					
Type of Negotiable Instrument	Face Value		<u>Purchase Price</u>		Date of Purchase	

Name of Debtor:	HNI HoldCo, Inc. (f/	k/a Medical S	Staffing Network Holdings, Inc.)	Case Number:	10-29101					
Reporting Period beginning	October 25, 201	0		and ending	November 21, 2010					
A separate sheet is re		account, incl	nk reconcilation to this Summary of luding all savings and investment cc.	,	s of					
NAME OF BANK:		Bank of An	nerica	BRANCH:	Chicago, IL					
ACCOUNT NAME:	NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Net									
ACCOUNT NUMBER:		005590055	005590055405							
PURPOSE OF ACCOU	NT:	Operating A	perating Account							
Plus: Tota Minus: To Minus: Se	alance per Bank Stater al Amount of Outstand otal Amount of Outstan ervice Charges alance per Check Regi	ing Deposits nding Checks			(a)					
Debit cards are used	by	None								
If Closing Balance is	negative, provide expl	anation:	N/A							
The College in a distance		9- d. /dk	Seeded States and the Ballace	and an Albandan at 4DV						
Date Amount	Payee	Lasn (do not Purpose	include items reported as Petty C Reason for Cash Disbursement	asn on Attachment 40):						
None										
	EEN DEBTOR IN PO		ACCOUNTS , listed above, includes:							
	\$ - \$ -		_Transferred to Payroll Account _Transferred to Tax Account							
	ine on Attachment 4A, ursements (Page MOR		olus the total of 4D must equal the	e amount reported as "E	Ending Balance" on Schedule					
INVESTMENT ACCO	DUNTS									
Type of Negotiable Instrument	Face Value		<u>Purchase Price</u>	Date of Purchase						
n/a										

Name of Debtor:	HNI HoldCo, Inc. (f/l	k/a Medical Staffing Netw	ork Holdings, Inc.)	Case Number:	10-29101
Reporting Period beginning	October 25, 2010	0	-	and ending	November 21, 2010
	quired for each bank a	nent and bank reconcilation account, including all savi and bonds, etc.			of
NAME OF BANK:		Capital One		BRANCH:	Irving, TX
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a	Medical Staffing Netw	ork, Inc.)	
ACCOUNT NUMBER:		006669700095			
PURPOSE OF ACCOUN	IT:	Operating Account			
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks ** Minus: Service Charges Ending Balance per Check Register ** Includes Debits			\$ 333.76 		(a)
Debit cards are used b	ру	None			
If Closing Balance is n	egative, provide expla	anation:	N/A		
The following disburse	ements were paid in C	Cash (do not include items	reported as Petty Cas	h on Attachment 4D):	
Date Amount	Payee	Purpose Reason for	Cash Disbursement		
None					
		SSESSION ACCOUNTS other debits", listed above	e, includes:		
	\$ - \$ -		I to Payroll Account I to Tax Account		
(a) The total of this lir of Receipts and Disbu			of 4D must equal the a	mount reported as "End	ling Balance" on Schedule
INVESTMENT ACCO	UNTS				
Type of Negotiable Instrument	Face Value	<u>Purchase Pr</u>	r <u>ice</u>	<u>Date of Purchase</u>	
n/a					

Name of Debtor:	HNI HoldCo, Inc. (f/k/	a Medical Staffing Netwo	ork Holdings, Inc.)	Case Number:	10-29101					
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010					
Attach a copy of curre	ent month bank stateme	ent and bank reconcilatio	,	Bank Activity.						
	ket accounts, stocks and		-9							
NAME OF BANK:		Bank of America		BRANCH:	Chicago, IL					
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a	HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)							
ACCOUNT NUMBER:		005590101886	005590101886							
PURPOSE OF ACCOUNT	NT:	Operating Account								
Plus: Tota Minus: To	alance per Bank Stateme al Amount of Outstandin tal Amount of Outstand ervice Charges	g Deposits	\$ 523.08 - - -			- - -				
** Includes Debits	alance per Check Registe	er	\$ 523.08			_(a)				
Debit cards are used	by	None								
If Closing Balance is i	negative, provide explar	ation: N/A								
The following disburs	sements were paid in Ca	sh (do not include items	reported as Petty Cas	h on Attachment 4D):						
Date Amount	Payee	Purpose Reason for	Cash Disbursement							
None										
	EEN DEBTOR IN POSS estanding Checks and ot	ESSION ACCOUNTS her debits", listed above,	includes:							
	\$ - \$ -		to Payroll Account to Tax Account							
	ne on Attachment 4A, 4 ursements (Page MOR-2	B and 4C plus the total o , Line 7).	of 4D must equal the a	amount reported as "End	ding Balance" on Sche	dule				
INVESTMENT ACCO	DUNTS									
Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase P</u>	<u>rice</u>	<u>Date of Purchase</u>						
n/a										

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/a	Medical Sta	iffing Network	(Holdings, Inc.)	Case Number:	10-29101		
Reporting Period beginning	October 25, 2010)		-	and ending	November 21, 2010		
A separate sheet is re	ent month bank stateme Equired for each bank acceet accounts, stocks and	count, includ				s of		
NAME OF BANK:		Bank of America BRANCH: Tampa, FL						
ACCOUNT NAME:		ISHC, Inc.	(f/k/a InteliSi	taf Healthcare, Inc	:.)			
ACCOUNT NUMBER:		898006383	3810					
PURPOSE OF ACCOUNT	NT:	Operating A	perating Account					
Plus: Tota Minus: To Minus: Sei	lance per Bank Statemer I Amount of Outstanding tal Amount of Outstandir rvice Charges lance per Check Register	Deposits ng Checks **	k	\$ - - - - \$ -		(a)	
Debit cards are used	by	None						
If Closing Balance is r	negative, provide explana	ation:		N/A				
The following disburse	ements were paid in Cas	h (do not inc	clude items re	eported as Petty Ca	ash on Attachment 4D):			
Date Amount	Payee	Purpose	Reason for (Cash Disbursemen	t			
	EEN DEBTOR IN POSSI standing Checks and oth	er debits", li	sted above, in _Transferred	to Payroll Account	t			
	\$ -		_Transferred	to Tax Account				
	ne on Attachment 4A, 4E Irsements (Page MOR-2,		s the total of	4D must equal the	e amount reported as "Ei	nding Balance" on Schedu	ule	
INVESTMENT ACCOUNTS								
INVESTMENT ACCO	DUNIS							

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k	x/a Medical Staffing Ne	twork Holdings, Inc.)	Case Number:	10-29101	
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010	
A separate sheet is re		account, including all s	ation to this Summary of avings and investment a	,	of	
NAME OF BANK:		Bank of America		BRANCH:	Chicago, IL	
ACCOUNT NAME:		NSIL OPS, LLC (f/k/a	Medical Staffing Networ	k of Illinois, LLC)		
ACCOUNT NUMBER:		005800681982				
PURPOSE OF ACCOUNT	NT:	Operating Account				
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks ** Minus: Service Charges Ending Balance per Check Register ** Includes Debits			\$ - - - - - \$ -			(a)
Debit cards are used	by	None				
If Closing Balance is r	negative, provide expla	nation:	N/A			
The following disburse	ements were paid in C	ash (do not include ite	ms reported as Petty Cas	sh on Attachment 4D):		
Date Amount	Payee	Purpose Reason for	or Cash Disbursement			
None						
	EEN DEBTOR IN POS standing Checks and o					
	\$ - \$ -		ed to Payroll Account ed to Tax Account			
	ne on Attachment 4A, Irsements (Page MOR-		al of 4D must equal the	amount reported as "En	ding Balance" on Scheo	lule
INVESTMENT ACCO	OUNTS					
Type of Negotiable Instrument	Face Value	<u>Purchase</u>	Price	Date of Purchase		

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k	/a Medical S	taffing Netw	ork Holdings, Inc.)	Case Number:	10-29101	
Reporting Period beginning	October 25, 2010			-	and ending	November 21, 2010	
A separate sheet is re	ent month bank statem quired for each bank a ket accounts, stocks ar	ccount, incl	uding all savi		f Bank Activity. ccounts, i.e. certificates	of	
NAME OF BANK:		Bank of Am	nerica		BRANCH:	Chicago, IL	
ACCOUNT NAME:		NSIL OPS,	LLC (f/k/a M	edical Staffing Networ	k of Illinois, LLC)		
ACCOUNT NUMBER:		005800681	560				
PURPOSE OF ACCOUNT	NT:	Operating A	Account				
Plus: Tota Minus: Tot Minus: Sei	lance per Bank Statem I Amount of Outstandi tal Amount of Outstand vice Charges lance per Check Regist	ng Deposits ding Checks	**	\$ - - - - \$ -			- - - (a)
Debit cards are used	by	None					
If Closing Balance is r	negative, provide expla	nation:		N/A			
The following disburse	ements were paid in C	ash (do not i	include items	reported as Petty Ca	sh on Attachment 4D):		
Date Amount	Payee	Purpose	Reason for	Cash Disbursement			
	EEN DEBTOR IN POS standing Checks and o	ther debits",	listed above	e, includes: to Payroll Account to Tax Account			
	ne on Attachment 4A, rsements (Page MOR-		lus the total	of 4D must equal the	amount reported as "Er	nding Balance" on Sch	edule
INVESTMENT ACCO	UNTS						
Type of Negotiable Instrument	Face Value		Purchase Pr	<u>ice</u>	<u>Date of Purchase</u>		

Name of Debtor:	HNI HoldCo, Inc. (f/k/a	a Medical Staffing Networ	k Holdings, Inc.)	Case Number:	10-29101				
Reporting Period beginning	October 25, 2010)	-	and ending	November 21, 2010				
A separate sheet is re		nt and bank reconcilation count, including all saving bonds, etc.			s of				
NAME OF BANK:	AME OF BANK: BRANCH: Chicago, IL								
ACCOUNT NAME:		NSIL OPS, LLC (f/k/a M	edical Staffing Netv	work of Illinois, LLC)					
ACCOUNT NUMBER:		005800681651)5800681651						
PURPOSE OF ACCOUNT	NT:	Operating Account							
Plus: Tota Minus: To Minus: Se	lance per Bank Stateme I Amount of Outstanding tal Amount of Outstandi rvice Charges lance per Check Registe	p Deposits ng Checks **	\$ 25,114.30 		(a)				
Debit cards are used	by	None							
If Closing Balance is r	negative, provide explan	ation:	N/A						
The following disburs	ements were paid in Cas	sh (do not include items r	reported as Petty C	ash on Attachment 4D)					
Date Amount	Payee	Purpose Reason for	Cash Disbursemen	t					
None									
	EEN DEBTOR IN POSS standing Checks and oth	ESSION ACCOUNTS ner debits", listed above,	includes:						
	\$ - \$ -		to Payroll Account to Tax Account	:					
	ne on Attachment 4A, 4I Irsements (Page MOR-2,		f 4D must equal the	e amount reported as "E	inding Balance" on Schedule				
INVESTMENT ACCC	UNTS								
Type of Negotiable Instrument	<u>Face Value</u>	Purchase Pr	r <u>ice</u>	<u>Date of Purchase</u>					
n/a									

Name of Debtor:	HNI HoldCo, Inc. (f/k	/a Medical Staf	ffing Network Holdings, Inc.)	Case Number:	10-29101				
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010				
1 /	quired for each bank a	account, includi	reconcilation to this Summary of B ing all savings and investment acc	,	of				
NAME OF BANK:		Bank of Amer	rica	BRANCH:	Tampa, FL				
ACCOUNT NAME:		HNI Staffing,	Inc. (f/k/a Medical Staffing Netwo	ork, Inc.)					
ACCOUNT NUMBER:		00366073386	003660733866						
PURPOSE OF ACCOUN	NT:	Payroll Accou	yroll Account						
Plus: Total Minus: Tot Minus: Ser	lance per Bank Statem I Amount of Outstandi tal Amount of Outstan vice Charges lance per Check Regis	ng Deposits ding Checks **	\$ 1,180.96 		(a)				
Debit cards are used I	by	None							
If Closing Balance is n	negative, provide expla	nation: N	N/A						
The following dishures	manta wara naid in C	ach (da nat inc	aluda itama ranartad as Datty Cash	on Attachment 4D)					
-	•	•	clude items reported as Petty Cash Reason for Cash Disbursement	on Attacriment 4D):					
None Amount	Payee	ruipose k	Reason for Cash Disbuisement						
TRANSFERS BETWE									
	\$ - \$ -	T	Fransferred to Payroll Account Fransferred to Tax Account						
(a) The total of this lir of Receipts and Disbu			s the total of 4D must equal the ar	mount reported as "End	ling Balance" on Schedule				
INVESTMENT ACCO	UNTS								
Type of Negotiable Instrument	Face Value	<u>P</u>	Purchase Price	<u>Date of Purchase</u>					
n/a									

Name of D	ebtor:	HNI HoldCo, Inc. (f/k/a	a Medical Staffir	ng Network Holdings, Inc.)	Case Number:	10-29101
Reporting beginning	Period	October 25, 2010)		and ending	November 21, 2010
A separate	sheet is re		count, including	concilation to this Summary o		s of
NAME OF	BANK:		Wachovia		BRANCH:	Charlotte, NC
ACCOUNT	NAME:		HNI Staffing, I	Inc. (f/k/a Medical Staffing N	etwork, Inc.)	
ACCOUNT	NUMBER:		00020000074	01503		
PURPOSE	OF ACCOU	NT:	Payroll Accour	nt		
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks ** Minus: Service Charges Ending Balance per Check Register ** Includes Debits				\$ 4,828.58 		(a)
Debit card	s are used	by	None			
If Closing	Balance is r	negative, provide explan	ation:	N/A		
		•	•	de items reported as Petty Ca	•	
Date None	Amount	Payee	Purpose Re	eason for Cash Disbursement		
		EEN DEBTOR IN POSS standing Checks and oth				
		\$ - \$ -	TrTr	ransferred to Payroll Account ransferred to Tax Account		
		ne on Attachment 4A, 4I Irsements (Page MOR-2,		ne total of 4D must equal the	amount reported as "E	inding Balance" on Schedule
INVESTM	ENT ACCO	UNTS				
Type of Ne Instrument		<u>Face Value</u>	<u>Pt</u>	urchase Price	<u>Date of Purchase</u>	
n/a						

Name of Debtor:	HNI HoldCo, Inc. (f/k/a	Medical Staffing Networ	k Holdings, Inc.)	Case Number:	10-29101
Reporting Period beginning	October 25, 2010)	_	and ending	November 21, 2010
A separate sheet is re	ent month bank statemer Equired for each bank acc set accounts, stocks and	count, including all saving	,	,	s of
NAME OF BANK:		Bank of America		BRANCH:	Tampa, FL
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/	a Medical Staffing N	letwork, Inc.)	
ACCOUNT NUMBER:		003664920316			
PURPOSE OF ACCOUNT	NT:	Payroll Account			
Plus: Tota Minus: To Minus: Se	lance per Bank Statemer I Amount of Outstanding tal Amount of Outstandir rvice Charges lance per Check Register	Deposits ng Checks **	\$ 7,164.08 		(a)
Debit cards are used	by	None			
If Closing Balance is r	negative, provide explana	ition:	N/A		
The following disburs	ements were paid in Cas	h (do not include items r	eported as Petty Ca	sh on Attachment 4D):	
Date Amount	Payee	•	Cash Disbursemen	,	
None	,	•			
	EEN DEBTOR IN POSSI standing Checks and oth		includes:		
	\$ - \$ -		d to Payroll Account d to Tax Account	:	
	ne on Attachment 4A, 4E Irsements (Page MOR-2,		4D must equal the	amount reported as "E	nding Balance" on Schedule
INVESTMENT ACCC	DUNTS				
Type of Negotiable Instrument	Face Value	<u>Purchase F</u>	Price	Date of Purchase	
n/a					

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/a	a Medical Staffing N	etwork Holdings, Inc.)	Case Number:	10-29101			
Reporting Period beginning	October 25, 2010	ı		and ending	November 21, 2010			
A separate sheet is re-		count, including all	ilation to this Summary of savings and investment	of Bank Activity. accounts, i.e. certificates	s of			
NAME OF BANK:		Bank of America		BRANCH:	Tampa, FL			
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)						
ACCOUNT NUMBER:		003664920332						
PURPOSE OF ACCOUN	IT:	Payroll Account						
Plus: Total Minus: Tot Minus: Ser	lance per Bank Statemei I Amount of Outstanding cal Amount of Outstandin vice Charges lance per Check Registe	Deposits ng Checks **	\$ 2,106.69 	7	(a)			
Debit cards are used b	ру	None						
If Closing Balance is n	egative, provide explana	ation:	N/A					
The following disburse	ements were paid in Cas	h (do not include ite	ems reported as Petty C	ash on Attachment 4D):				
Date Amount	Payee	Purpose Reaso	n for Cash Disbursemen	t				
None								
	EEN DEBTOR IN POSSI standing Checks and oth							
	\$ - \$ -		ferred to Payroll Account ferred to Tax Account	t				
	ne on Attachment 4A, 4E rsements (Page MOR-2,		otal of 4D must equal the	e amount reported as "E	nding Balance" on Schedule			
INVESTMENT ACCO	UNTS							
Type of Negotiable Instrument	Face Value	<u>Purcha</u>	ase Price	Date of Purchase				

n/a

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/	a Medical Staffing Netw	ork Holdings, Inc.)	Case Number:	10-29101			
Reporting Period beginning	October 25, 2010		_	and ending	November 21, 2010			
1 /	quired for each bank ac	nt and bank reconciliati count, including all savi bonds, etc.	,	,	es of			
NAME OF BANK:		Bank of America		BRANCH:	Chicago, IL			
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)						
ACCOUNT NUMBER:		005800326919						
PURPOSE OF ACCOUNT:		Payroll Account						
Plus: Total Minus: Tota Minus: Serv	ance per Bank Stateme Amount of Outstanding al Amount of Outstandi vice Charges ance per Check Registe	g Deposits ng Checks **	\$ 4,700.84 		(a)			
Debit cards are used b	У	None						
If Closing Balance is ne	egative, provide explan	ation:	N/A					
The following disburser	ments were paid in Cas	sh (do not include items Purpose Reason for	reported as Petty C	•	:			
None								
TRANSFERS BETWEI "Total Amount of Outsi	tanding Checks and oth	ner debits", listed above	,					
	\$ -	Transferred Transferred	d to Tax Account					
(a) The total of this line of Receipts and Disbur			of 4D must equal the	e amount reported as "	Ending Balance" on Schedule			
INVESTMENT ACCOL	JNTS							
Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase P</u>	rice	<u>Date of Purchase</u>				

n/a

Name of Debtor:	HNI HoldCo, Inc. (f/k)	/a Medical Staffing Net	work Holdings, Inc.)	Case Number:	10-29101			
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010			
A separate sheet is re	ent month bank statem quired for each bank a ket accounts, stocks an	ccount, including all sa	,	f Bank Activity. accounts, i.e. certificates	s of			
NAME OF BANK:		US Bank		BRANCH:	Saint Paul, MN			
ACCOUNT NAME:	CCOUNT NAME: HNI Staffing, Inc. (f/k/a			twork, Inc.)				
ACCOUNT NUMBER:		104756676532						
PURPOSE OF ACCOUNT	NT:	Payroll Account	Payroll Account					
Plus: Tota Minus: To Minus: Sei	lance per Bank Statem I Amount of Outstandin tal Amount of Outstand rvice Charges lance per Check Regist	g Deposits ling Checks **	\$ 16,648.09 		(a)			
Debit cards are used	by	None						
If Closing Balance is r	negative, provide explai	nation:	N/A					
The following disburse	ements were naid in Ca	ash (do not include iten	ns renorted as Petty Ca	ash on Attachment 4D):				
Date Amount	Payee	•	or Cash Disbursement	ish on Attachment 15).				
None	. 4,00	, al posso	, Gas., 5.55a.55					
	EEN DEBTOR IN POSS standing Checks and ot							
	\$ - \$ -	Transferr Transferr	ed to Payroll Account ed to Tax Account					
	ne on Attachment 4A, 4 Irsements (Page MOR-2		l of 4D must equal the	amount reported as "Er	nding Balance" on Schedule			
INVESTMENT ACCO	UNTS							
Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase</u>	<u>Price</u>	<u>Date of Purchase</u>				
n/a								

Name of Debtor:	HNI HoldCo, Inc. (f/	k/a Medical Staffing Ne	twork Holdings, Inc.)	Case Number:	10-29101				
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010				
A separate sheet is re		account, including all s	ation to this Summary of avings and investment	of Bank Activity. accounts, i.e. certificate	s of				
NAME OF BANK:		Bank of America		BRANCH: <u>Tampa</u> , FL					
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)							
ACCOUNT NUMBER:		005484425329							
PURPOSE OF ACCOUNT	NT:	Payroll Account							
Ending Balance per Bank Statement Plus: Total Amount of Outstanding Deposits Minus: Total Amount of Outstanding Checks * Minus: Service Charges Ending Balance per Check Register ** Includes Debits			\$ 5,531.12 - - - - \$ 5,531.12			(a)			
Debit cards are used	by	None							
If Closing Balance is i	negative, provide expl	anation:	N/A						
	•	`		ash on Attachment 4D):					
Date Amount None	Payee	Purpose Reason fo	or Cash Disbursement						
		SSESSION ACCOUNT other debits", listed abo							
	\$ - \$ -	Transferr Transferr	ed to Payroll Account ed to Tax Account						
	ne on Attachment 4A, Irsements (Page MOR		tal of 4D must equal the	e amount reported as "E	nding Balance" on Scho	edule			
INVESTMENT ACCC	DUNTS								
Type of Negotiable Instrument	Face Value	<u>Purchase</u>	<u>Price</u>	Date of Purchase					
n/a									

Name of Debtor:	HNI HoldCo, Inc. (f/l	k/a Medical Staffing Netw	ork Holdings, Inc.)	Case Number:	10-29101				
Reporting Period beginning	October 25, 2010	1		and ending	November 21, 2010				
beginning	October 23, 2010	J	_	and ending	November 21, 2010	'			
A separate sheet is re		nent and bank reconcilati account, including all sav nd bonds, etc.			s of				
NAME OF BANK:		Bank of America		BRANCH:	Chicago, IL				
ACCOUNT NAME:		HNI Staffing, Inc. (f/k/a	a Medical Staffing Net	twork, Inc.)					
ACCOUNT NUMBER:		005800938655							
PURPOSE OF ACCOUNT	NT:	Payroll Account	Payroll Account						
Plus: Tota Minus: To Minus: Se	lance per Bank Staten I Amount of Outstandi tal Amount of Outstan rvice Charges lance per Check Regis	ng Deposits ding Checks **	\$ - - - - \$ -			- - - - (a)			
Debit cards are used	by	None							
If Closing Balance is r the bank.	negative, provide expla	anation: N/A							
	ements were paid in C	Cash (do not include item	s reported as Petty C	ash on Attachment 4D):					
Date Amount	Payee		Cash Disbursement	,					
None	,	·							
		SSESSION ACCOUNTS other debits", listed above	e, includes:						
	\$ - \$ -		d to Payroll Account d to Tax Account						
	ne on Attachment 4A, Irsements (Page MOR-	4B and 4C plus the total 2, Line 7).	of 4D must equal the	e amount reported as "E	nding Balance" on Sch	edule			
INVESTMENT ACCC	OUNTS								
Type of Negotiable Instrument	Face Value	<u>Purchase P</u>	rice_	Date of Purchase					
n/a									

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k	/a Medical S	Staffing Netw	ork Holdings, Inc.)	Case Number:	10-29101	
Reporting Period beginning	October 25, 2010)		_	and ending	November 21, 2010	
A separate sheet is re	ent month bank statem equired for each bank a ket accounts, stocks ar	ccount, incl	uding all savi	,	of Bank Activity. accounts, i.e. certificate	s of	
NAME OF BANK:		Bank of An	nerica		BRANCH:	Chicago, IL	
ACCOUNT NAME:	HNI Staffir	ıg, Inc. (f/k/a	Medical Staffing Ne	etwork, Inc.)			
ACCOUNT NUMBER:		005800682	2337				
PURPOSE OF ACCOU	NT:	Payroll Acc	count				
	ng Deposits ding Checks	**	\$ - - - - \$ -			- - - - (a)	
Debit cards are used	by	None					
If Closing Balance is	negative, provide expla	nation:		N/A			
The following disburs	sements were paid in C	ash (do not	include items	reported as Petty (Cash on Attachment 4D):		
Date Amount	Payee	Purpose	Reason for	Cash Disbursement			
None							
	EEN DEBTOR IN POS estanding Checks and o			e, includes:			
	\$ - \$ -			to Payroll Account to Tax Account			
	ine on Attachment 4A, ursements (Page MOR-		lus the total	of 4D must equal th	e amount reported as "E	inding Balance" on Sch	edule
INVESTMENT ACCO	DUNTS						
Type of Negotiable Instrument	<u>Face Value</u>		Purchase Pi	<u>rice</u>	Date of Purchase		

n/a

Name of Debtor:	HNI HoldCo, Inc. (f/k/a	Medical Staffing	g Network Holdings, Inc.)	Case Number:	10-29101				
Reporting Period beginning	October 25, 2010)		and ending	November 21, 2010				
A separate sheet is re		ount, including	oncilation to this Summary of all savings and investment a	,	of				
NAME OF BANK:		Bank of Amer	rica	BRANCH:	Chicago, IL				
ACCOUNT NAME:		ISHC, Inc. (f/k/a InteliStaf Healthcare, Inc.)							
ACCOUNT NUMBER:		005801038869							
PURPOSE OF ACCOU	INT:	Payroll Accou	int						
Plus: Tota Minus: To Minus: Se	alance per Bank Statemen al Amount of Outstanding otal Amount of Outstandin ervice Charges alance per Check Register	Deposits	\$ - 14.53 \$ (14.53			(a)			
Debit cards are used	by	None							
If Closing Balance is the bank.	negative, provide explana	tion:	The negative bala	ance is related to outsta	nding checks that have	not cleared			
The following disburs	sements were paid in Cash	(do not include	le items reported as Petty Ca	sh on Attachment 4D):					
Date Amount None	Payee	Purpose R	Reason for Cash Disbursemen	t					
TRANSFERS BETW	EEN DEBTOR IN POSSE tstanding Checks and other								
	\$ - \$ -	T	ransferred to Payroll Account ransferred to Tax Account	t					
	ine on Attachment 4A, 4B ursements (Page MOR-2, I		e total of 4D must equal the	amount reported as "Er	nding Balance" on Scheo	lule			
INVESTMENT ACCO	DUNTS								
Type of Negotiable Instrument	Face Value	<u>P</u>	Purchase Price	Date of Purchase					
n/a									

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor:	HNI HoldCo, Inc. (f/k/	a Medical Staffi	ng Network Holdings, Inc.)	Case Number:	10-29101			
Reporting Period beginning	October 25, 2010			and ending	November 21, 2010			
A separate sheet is rec		count, including	concilation to this Summary o	,	es of			
NAME OF BANK:		Bank of Americ	ca	BRANCH:	Chicago, IL			
ACCOUNT NAME:		NSIL OPS, LLC	(f/k/a Medical Staffing Netw	ork of Illinois, LLC)				
ACCOUNT NUMBER:		005800681990						
PURPOSE OF ACCOUN	T:	Payroll Account	t					
Plus: Total Minus: Tota Minus: Ser	ance per Bank Stateme Amount of Outstanding al Amount of Outstandi vice Charges ance per Check Registe	g Deposits ng Checks **	\$ - - - - \$ -		(a)			
Debit cards are used b	у	None						
If Closing Balance is no	egative, provide explan	ation: N/	A					
The following disburse	ments were paid in Cas	sh (do not inclu	de items reported as Petty Ca	ash on Attachment 4D)	:			
Date Amount	Payee	Purpose Re	ason for Cash Disbursement					
None								
	EN DEBTOR IN POSS tanding Checks and oth							
	\$ - \$ -		ansferred to Payroll Account ansferred to Tax Account					
	e on Attachment 4A, 4 rsements (Page MOR-2,		ne total of 4D must equal the	e amount reported as "E	Ending Balance" on Schedule			
INVESTMENT ACCOU	JNTS							
Type of Negotiable Instrument	Face Value	<u>Pu</u>	rchase Price	<u>Date of Purchase</u>				

n/a

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 46 of 74

Name of Debtor:		HNI H	oldCo, Inc. (f/k/a Medical S	Staffing Network Holdings, Inc.)	_Case Number:	10-29101				
Reporting Period be	eginning	Octob	er 25, 2010		and ending	November 21, 2010				
NAME OF BANK:		Bank	of America		BRANCH:	Chicago, IL				
ACCOUNT NAME:		NSIL	ISIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)							
ACCOUNT NUMBER:			00681560							
PURPOSE OF ACCOUNT:			ting Account							
	Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.									
	<u>Date</u>	Check Number	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>					
	None									

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 47 of 74

Name of Debtor:		HNI Hold	dCo, Inc. (f/k/a Medi	cal Staffing Network Holding	gs, Inc.) Case Number:	10-29101				
Reporting Period b	eginning	October	25, 2010		and ending	November 21, 2010				
NAME OF BANK:		Bank of	Bank of America			Chicago, IL				
ACCOUNT NAME:		ISHC, IN	ISHC, INC. (f/k/a INTELISTAF HEALTHCARE, INC.)							
ACCOUNT NUMBER	R:	0055901	01886							
PURPOSE OF ACCO	DUNT:	Operatin	g Account							
Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.										
	<u>Date</u>	Check Number	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>					
	None									

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 48 of 74

Name of Debtor:		HNI HoldCo, Inc. (f/k/a Medi	cal Staffing Network Holding	s, Inc.) Case Number:	10-29101				
Reporting Period beginning		October 25, 2010		and ending	November 21, 2010				
NAME OF BANK:		Bank of America		BRANCH:	Chicago, IL				
ACCOUNT NAME:		HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.)							
ACCOUNT NUMBER:		005590055405							
PURPOSE OF ACCOUNT:		Operating Account							
	ents, including voids, lost check ormation requested below is in		alternative, a computer gen	erated check register can	be attached to this				
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>					
None									

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 49 of 74

Name of Debtor:	HNI Ho	ldCo, Inc. (f/k/a Medic	cal Staffing Network Holdir	ngs, Inc.) Case Number:	10-29101			
Reporting Period beginning		October 25, 2010			November 21, 2010			
NAME OF BANK:	Bank o	Bank of America BRANCH: Tampa, FL						
ACCOUNT NAME:	HNI ST	HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.)						
ACCOUNT NUMBER: 898043379832								
PURPOSE OF ACCOUNT:	Operat	Operating Account						
Account for all disbursements, including report, provided all the information re		ayments, etc. In the all	ternative, a computer gen	erated check register can	be attached to this			
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>				
None								

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 50 of 74

Name of Debtor:		HNI H	HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.)			10-29101			
Reporting Period beginning		Octobe	October 25, 2010			November 21, 2010			
NAME OF BANK:		Bank o	of America		BRANCH:	Chicago, IL			
ACCOUNT NAME:			OPS, LLC (f/k/a Medical	Staffing Network of Illinois,	, LLC)				
ACCOUNT NUMBER:			005800681990						
PURPOSE OF ACCO	OUNT:	Payrol	Payroll Account						
	bursements, including voids Il the information requested			alternative, a computer ge	nerated check register car	n be attached to this			
	<u>Date</u>	Check Number	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>				
	None								

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 51 of 74

Name of Debtor:		HNI HoldCo	, Inc. (f/k/a Med	10-29101				
Reporting Period b	peginning	October 25,	, 2010		and ending	November 21, 2010		
NAME OF BANK:		Bank of Am	Bank of America BRANCH:			Chicago, IL		
ACCOUNT NAME:		ISHC, INC.	(f/k/a INTELISTA	AF HEALTHCARE, INC.)				
ACCOUNT NUMBER	R:	005801038	005801038869					
PURPOSE OF ACCO	OUNT:	Payroll Acco	ount					
	bursements, including voids, Il the information requested l		ments, etc. In t	he alternative, a computer g	enerated check register o	can be attached to this		
		Check	_	_				
	<u>Date</u>	<u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>			
	None							

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 52 of 74

Name of Debtor:		HNI	HoldCo, Inc. (f/k/a Medica	l Staffing Network Holdin	ngs, Inc.) Case Number:	10-29101		
Reporting Period b	peginning		per 25, 2010	<u> </u>	and ending	November 21, 2010		
Reporting Feriou L	Degilling	<u>Octo</u>	DEI 23, 2010		and ending	November 21, 2010		
NAME OF BANK:		Bank	of America		BRANCH:	Tampa, FL		
ACCOUNT NAME:		HNI	STAFFING, INC. (f/k/a ME	DICAL STAFFING NETWO	DRK, INC.)			
ACCOUNT NUMBE	R:	0036	003660733866					
PURPOSE OF ACC	OUNT:	Payre	oll Account					
	bursements, including voids, l Il the information requested b	, , ,	yments, etc. In the alterr	native, a computer gener	ated check register can be	attached to this		
	Date	Check Number	Payon	Purposo	Amount			
	<u>Date</u>	<u>Number</u>	<u>Payee</u>	<u>Purpose</u>	Amount			
	None							

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 53 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 54 of 74

Name of Debtor:		HNI H	łoldCo, Inc. (f/k/a Medic	al Staffing Network Holdin	gs, Inc.) Case Number:	10-29101		
Reporting Period b	beginning	Octob	per 25, 2010		and ending	November 21, 2010		
NAME OF BANK:		Wach	ovia Bank		BRANCH:	Charlotte, NC		
ACCOUNT NAME:		HNI S	STAFFING, INC. (f/k/a M	EDICAL STAFFING NETWO	RK, INC.)			
ACCOUNT NUMBER:			0002000007401503					
PURPOSE OF ACC	OUNT:	Payro	II Account					
	bursements, including voids, ill the information requested b		yments, etc. In the alter	native, a computer genera	ted check register can be	attached to this		
	<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>			
	None							

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 55 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 56 of 74

Name of Debtor:	н	NI HoldCo, Inc. (f/k/a Medica	l Staffing Network Holdin	as Inc.) Case Number	10-29101
Name of Debtor.	<u></u>	vi riolaco, inc. (i/iya ricalca	1 Starring Network Holdin	gs, me.) case Number.	10 25101
Reporting Period beginning	<u>0</u>	ctober 25, 2010		and ending	November 21, 2010
NAME OF BANK:	В	ank of America		BRANCH:	Tampa, FL
ACCOUNT NAME:	<u>H</u>	NI STAFFING, INC. (f/k/a ME	DICAL STAFFING NETWO	RK, INC.)	
ACCOUNT NUMBER:	00	3664920316			
PURPOSE OF ACCOUNT:	Pa	yroll Account			
Account for all disbursements, including report, provided all the information requ			native, a computer genera	ated check register can be	attached to this
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>	
None					

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 57 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 58 of 74

Name of Debtor:			HNI HoldCo, Inc. (f/k/a Medical St	affing Network Holdings	s, Inc.) Case Number:	10-29101
Reporting Period	beginning		October 25, 2010		and ending	November 21, 2010
NAME OF BANK:			Bank of America		BRANCH:	Tampa, FL
ACCOUNT NAME:			HNI STAFFING, INC. (f/k/a MEDIC	AL STAFFING NETWOR	K, INC.)	
ACCOUNT NUMBER: 003664920332						
PURPOSE OF ACC	COUNT:		Payroll Account			
	sbursements, including voids, all the information requested b		stop payments, etc. In the alternatided.	ve, a computer generat	ed check register can be	attached to this
	<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>	
	None					

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 59 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 60 of 74

Name of Debtor:	HNI	HoldCo, Inc. (f/k/a Medic	al Staffing Network Holdin	ngs. Inc.) Case Number:	10-29101		
name or pestor.		rioladdy Indi (ijilya i reald	ar ocarring received in riolan	igo/ xitor) case transcer	10 25101		
Reporting Period beginning	Octo	ber 25, 2010		and ending	November 21, 2010		
NAME OF BANK:	Bank	of America		BRANCH:	Chicago, IL		
ACCOUNT NAME:	HNI	STAFFING, INC. (f/k/a ME	EDICAL STAFFING NETWO	ORK, INC.)			
ACCOUNT NUMBER:	0058	005800326919					
PURPOSE OF ACCOUNT:	Payr	oll Account					
Account for all disbursements, includin report, provided all the information rec	, , , , , , , , , , , , , , , , , , , ,	ayments, etc. In the alter	native, a computer gener	rated check register can be	attached to this		
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>			
None							

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 61 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 62 of 74

Name of Debtor:	HNI H	loldCo, Inc. (f/k/a Med	ical Staffing Network Holdin	gs, Inc.) Case Number:	10-29101		
Reporting Period beginning	Octob	er 25, 2010		and ending	November 21, 2010		
NAME OF BANK:	U.S. E	Bank		BRANCH:	Saint Paul, MN		
ACCOUNT NAME:	HNI S	HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.)					
ACCOUNT NUMBER: 104756676532							
PURPOSE OF ACCOUNT:	Payro	Il Account					
Account for all disbursements, increport, provided all the informatio	, , , ,	yments, etc. In the alt	ernative, a computer genera	ated check register can be	attached to this		
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>			
None							

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 63 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 64 of 74

Name of Debtor:		HNI HoldCo, Inc. (f/k/a Medi	cal Staffing Network Holdin	gs, Inc.) Case Number:	10-29101			
Reporting Period beginning		October 25, 2010		and ending	November 21, 2010			
NAME OF BANK:		Bank of America BRANCH: Tampa, FL						
ACCOUNT NAME: HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.)								
ACCOUNT NUMBER:		005484425329						
PURPOSE OF ACCOUNT:		Payroll Account						
	es, including voids, lost checks, si mation requested below is includ		ernative, a computer genera	ated check register can be	attached to this			
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>				
None								

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 65 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 66 of 74

<u>ATTACHMENT 5B</u> <u>CHECK REGISTER- PAYROLL ACCOUNT</u>

Name of Debtor:	<u> </u>	INI HoldCo, Inc. (f/k/a Medical	Staffing Network Holdin	gs, Inc.) Case Number:	10-29101	
Reporting Period beginning	<u>C</u>	October 25, 2010		and ending	November 21, 2010	
NAME OF BANK:	<u>_</u> E	ank of America		BRANCH:	Chicago, IL	
ACCOUNT NAME:	<u> </u>	INI STAFFING, INC. (f/k/a MEL	DICAL STAFFING NETWO	RK, INC.)		
ACCOUNT NUMBER:	<u>5</u>	800938655				
PURPOSE OF ACCOUNT:	<u> </u>	ayroll Account				
Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.						
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>		
None						

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 67 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 68 of 74

<u>ATTACHMENT 5B</u> <u>CHECK REGISTER- PAYROLL ACCOUNT</u>

Name of Debtor:	<u> </u>	INI HoldCo, Inc. (f/k/a Medical	Staffing Network Holdin	gs, Inc.) Case Number:	10-29101	
Reporting Period beginning	<u>(</u>	October 25, 2010		and ending	November 21, 2010	
NAME OF BANK:	<u>_</u> E	ank of America		BRANCH:	Chicago, IL	
ACCOUNT NAME:	<u>.</u>	INI STAFFING, INC. (f/k/a MED	DICAL STAFFING NETWO	PRK, INC.)		
ACCOUNT NUMBER:	<u> </u>	800682337				
PURPOSE OF ACCOUNT:	<u> </u>	ayroll Account				
Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.						
<u>Date</u>	Check <u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>		
None						

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 69 of 74

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 70 of 74

ATTACHMENT 4D INVESTMENTS ACCOUNTS AND PETTY CASH REPORT

Name of Debtor:		HNI HoldCo, Inc. (f/	/k/a Medical Staffing Net	work Holdings, Inc.)	Case Number:	10-29101	
Reporting Period be	eginning	October 25, 201	0		and ending	November 21, 2010	
Each savings and ir Attach copies of ac		i.e. certificates of de	posits, money market ac	counts, stocks and bor	nds, etc., should be lis	ted separately.	
<u>Instrument</u> None	Face <u>Value</u>	Purchase Price	Date of Purchase			Current <u>Market Value</u>	
TOTAL						<u> </u>	
PETTY CASH REF	PORT						
The following Petty	Cash Drawers/Acc	ounts are maintained	:				
<u>Location</u> None	(Column 2) Max Amount of Cash in Drawer		(Column 3) Amount of Petty Cash on Hand at End of Month	(Column 4) Difference between 2 and Column	/een		
TOTAL			\$ - (b)				
For any Petty Cash receipts, provide ar	n explanation	None	on, attach copies of recei	pts. If there are no			
TOTAL TIMESTIMEN	NI ACCOUNTS AND	FLITT CASH	ap -				

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 71 of 74

ATTACHMENT 6 MONTHLY TAX REPORT

Name of Debtor:	HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.)	Case Number:	10-29101
Reporting Period			
peginning	October 25, 2010	and ending	November 21, 2010

TAXES OWED AND DUE
Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax,
State workmen's compensation, etc.

Taxing <u>Authority</u>	Payment Due Date	<u>Description</u>	Amount	Date Last Tax Return Filed	Tax Return <u>Period</u>
BWC State Insurance Fund		H Workers' Comp - 1/1/10-6/30/10	\$ 56,000.00		1/1/10-6/30/10
BWC State Insurance Fund		H Workers' Comp - 1/1/10-6/30/10	1,000.00	2/19/2010	1/1/10-6/30/10
City of Martinsburg, WV	7/1/10 20	110 Business License	15.00	6/26/2009	7/1/10-6/30/11
City of Orange	7/31/10 20	10 Business License	54.82	7/24/2009	7/1/10-6/30/11
City of Ravenswood, WV	6/30/10 20	10 Business License	25.00	4/29/2009	7/1/10-6/30/11
Iowa Department of Revenue	10/30/10 Q3	3 2010 Sales Tax	75.00	N/A	7/1/10-9/30/10
State of California	4/30/10 20	110 Annual Report	25.00	4/17/2009	2010
State of Hawaii	6/20/10 Ma	ay 2010 Sales Tax	91.52	5/19/2010	5/1/10-5/31/10
State of TN	4/30/10 20	10 Unclaimed Property	111.20	N/A	2009
Workers' Safety and Compensation	10/31/10 W	Y Workers' Comp - Q3 2010	7,599.84	8/9/2010	7/1/10-9/30/10
WV Secretary of State	6/30/10 20	10 Annual Report	25.00	7/1/2009	2010
WV Secretary of State	6/30/10 20	10 Annual Report	25.00	6/29/09	2010
WV State Tax Dept.	6/30/10 20	10 Business Registration - MSN IL	30.00	6/18/08	7/1/10-6/30/12
WV State Tax Dept.	6/30/10 20	10 Business Registration - MSN	30.00	6/18/08	7/1/10-6/30/12
WV State Tax Dept.	6/30/10 20	10 Business Registration	30.00	6/18/08	7/1/10-6/30/12
TOTAL			\$ 65,137.38		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

None

Name of I	Debtor:	HNI HoldCo, Inc. (f/k/a Me	edical Staffing Network Holdings, Inc.)	Case Number:	10-29101			
Reporting Period beginning October 25, 2010		October 25, 2010		and ending		November 21, 2010		
Report all you have		on received during the moni	th. Do not include reimbursement for e	xpenses incurred for which	ch			
Name of Officer or Owner		<u>Title</u>	<u>Title</u>		Amount Paid **			
Lance Bressler			Vice President, Transition Service	ces	\$ 9,000.00			
					\$ 9,000.00	(a)		
** The an	nount paid i	ncludes Salary, 401 K Emplo	yer Match and Relocation expenses.					
		of trade practices, the indivi- een filed to keep this inform	dual compensation to insiders has beer nation confidential.	presented on a consolid	atec			
PERSON	NEL REPOR	RT						
				Full Time		Part Time		
Number of employees at beginning of period				1		0		
Number h	ired during	the period		0		0		
Number terminated or resigned during period				0	(Note 1)	0		
Number o	f employees	on payroll at end of period		1		0		
	The Debtors mal in Nove		assets in a closing which concluded or	September 27, 2010. T	herefore, the operations	s of the Debtor		
CONFIRM	MATION OF	INSURANCE						
comprehe of insuran	ensive, vehic ice. For sub	e, health and life. For the f	t not limited to workers' compensation, irst report, attach a copy of the declara ertificate of insurance for any policy in w mits, renewal, etc.)	tion sheet for each type		Date		
Carrier	Agent & Phone Nu	mber	Policy No.	Coverage <u>Type</u>	Expiration <u>Date</u>	Premium <u>Due</u>		
See Attack	h 7a.							
The follo	wing lapse	in insurance coverage o	occurred this month:					
Policy Type	Date Lapsed	Date Reinstated Reas	son for Lapse					

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 73 of 74

ATTACHMENT 7a

CONFIRMATION OF INSURANCE

COVERAGE	LIMITS	COMPANY / POLICY NO. POLICY TERM	ANNUAL PREMIUM
Health Care Professional Liability For: PCF States Policy - Admitted Form CRNA, NP, PA Professional Staffing of Locum Tenens Patient Compensation Fund States Limit Each Wrongful Act - scheduled, not more than Aggregate Limit - scheduled, not more than Claims Made Form; Retroactive Date: 10/01/89	\$1,000,000 \$3,000,000	National Union Fire Insurance Company of Pittsburgh, PA Policy #HHA 6915475(10) 02/27/2009 - 02/27/2011	\$5,000 Each Annual Installment (Plus statutory assessments)
Directors & Officers Liability - Primary Coverage SIX-YEAR RUN OFF AIG Executive Liability Aggregate Limit of Liability (as of 9/27/10) Retentions: For Claims Other Than Securities Claims: For Securities Claims: Claims Made Form; Pending or Prior Litigation Date: 04/18/02	\$15,000,000 \$75,000 \$100,000	National Union Fire Insurance Company of Pittsburgh, PA Policy #01-766-40-63 09/27/2010 - 09/27/2016	Increase Limit from \$10M to \$15M \$75,000 (Plus statutory assessments) Run Off Coverage Premium \$335,768 (Plus statutory assessments)
Directors & Officers Liability - Excess SIX-YEAR RUN OFF A-Side Management Liability Insurance Claims Made Form; Pending or Prior Litigation Date: 04/18/02	\$5,000,000 XS of \$15,000,000	National Union Fire Insurance Company of Pittsburgh, PA Policy #01-202-10-35 09/27/2010 - 09/27/2016	\$89,601 (Plus statutory assessments)
License / Permit Bonds Obligee: Commonwealth of Massachusetts Obligee: Commonwealth of Massachusetts	\$3,000 \$3,000	Travelers Casualty & Surety Company of America Bond No. 105131635 03/30/2010 - 03/30/2011 Bond No. 105131636 04/07/2010 - 04/07/2011	\$100 \$100

Case 10-29101-EPK Doc 661 Filed 12/30/10 Page 74 of 74

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (attach closing statement); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

No new events.