

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA

In re:	Case No. 10-29101
HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.)	Judge Erik P. Kimball
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

350 East Las Olas Boulevard, Suite 1000
Fort Lauderdale, FL 33301
Telephone No. (954) 525-9900
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Paul Steven Singerman
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(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

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: HNI HOLDCO, INC. (f/k/a MEDICAL STAFFING NETWORK HOLDINGS, INC Case Number 10-29101
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ 53.00 (a)	\$ 53.00 (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. 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)	53.00	53.00
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		-
D. Fixed Asset Payments		-
E. Insurance		-
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		-
J. Payroll - Net		-
K. Professional Fees		-
L. Rent		-
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
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		-
V. Vehicle Expenses		-
W. Other Operating Expenses		-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ 53.00 (c)	\$ 53.00 (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

- (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.
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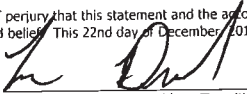
Note - The Debtors sold substantially all of their assets in a closing which concluded on September 27, 2010. Therefore, the operations of the Debtors were minimal in November 2010.

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.), Case Number 10-29102
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	<u>\$ 1,266,996.48</u> (a)	<u>\$ 2,401,188.28</u> (b)
2. RECEIPTS:		
A. Cash Sales	<u>0</u>	<u>0</u>
Less: Cash Refunds	<u>0</u>	<u>0</u>
Net Cash Sales	<u>0</u>	<u>0</u>
B. Accounts Receivable	<u>-</u>	<u>64,216,574.60</u>
D. Other Receipts (Attach List) (If you receive rental income, you must attach a rent roll.)	<u>7,535,735.99</u>	<u>134,863,224.32</u>
3. TOTAL RECEIPTS	<u>7,535,735.99</u>	<u>199,079,798.92</u>
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	<u>8,802,732.47</u>	<u>201,480,987.20</u>
5. DISBURSEMENTS		
A. Advertising	<u>-</u>	<u>4456.06</u>
B. Bank Charges	<u>-</u>	<u>13,063.95</u>
C. Contract Labor	<u>-</u>	<u>4,800,182.85</u>
D. Fixed Asset Payments	<u>-</u>	<u>-</u>
E. Insurance	<u>-</u>	<u>1,050,088.48</u>
F. Inventory Payments	<u>-</u>	<u>-</u>
G. Leases	<u>-</u>	<u>-</u>
H. Manufacturing Supplies	<u>-</u>	<u>-</u>
I. Office Supplies	<u>-</u>	<u>103,399.35</u>
J. Payroll - Net	<u>-</u>	<u>27,911,002.37</u>
K. Professional Fees	<u>-</u>	<u>264.04</u>
L. Rent	<u>-</u>	<u>1,326,664.72</u>
M. Repair and Maintenance	<u>-</u>	<u>-</u>
N. Secured Creditor Payments	<u>-</u>	<u>-</u>
O. Taxes Paid - Payroll	<u>-</u>	<u>3,059,715.59</u>
P. Taxes Paid - Sales & Use	<u>-</u>	<u>55,564.34</u>
Q. Taxes Paid - Other	<u>-</u>	<u>345.19</u>
R. Telephone	<u>-</u>	<u>29,818.91</u>
S. Travel & Entertainment	<u>-</u>	<u>15,444.02</u>
T. U.S. Trustee Quarterly Fees	<u>-</u>	<u>-</u>
U. Utilities	<u>-</u>	<u>127,701.36</u>
V. Vehicle Expenses	<u>-</u>	<u>-</u>
W. Other Operating Expenses	<u>8,018,996.19</u>	<u>162,199,539.69</u>
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	<u>8,018,996.19</u>	<u>200,697,250.92</u>
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	<u>\$ 783,736.28</u> ©	<u>\$ 783,736.28</u> ©

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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Note - 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.

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	\$ 7,535,735.99	\$ 134,863,224.32
Total other receipts	<u>\$ 7,535,735.99</u>	<u>\$ 134,863,224.32</u>

"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>
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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	\$ 8,018,996.19	\$ 94,756,317.78
Sweep to General Electric Capital Corporation ²	-	67,443,221.91
Total other operating expenses	<u>\$ 8,018,996.19</u>	<u>\$ 162,199,539.69</u>

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

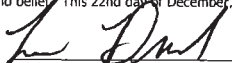
(2) Due to the Debtors' credit agreement all receipts are swept to GE's account and the Debtors' request daily cash draws to cover operating activities

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: ISHC, INC. (f/k/a INTELISTAF HEALTHCARE, INC.) Case Number 10-29103
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ 74,182.13 (a)	\$ 126,925.85 (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	-	7,915,589.23
D. Other Receipts (Attach List) (IF you receive rental income, you must attach a rent roll.)	213,654.15	4,960,581.66
3. TOTAL RECEIPTS	213,654.15	12,876,170.89
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	287,836.28	13,003,096.74
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		13,782.77
D. Fixed Asset Payments		-
E. Insurance		1,864,539.91
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		64,989.38
J. Payroll - Net		1,646,315.52
K. Professional Fees		1,284.27
L. Rent		162,015.48
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
O. Taxes Paid - Payroll		213,283.12
P. Taxes Paid - Sales & Use		15,503.63
Q. Taxes Paid - Other		550.46
R. Telephone		35,279.67
S. Travel & Entertainment		118,181.09
T. U.S. Trustee Quarterly Fees		-
U. Utilities		62,959.69
V. Vehicle Expenses		-
W. Other Operating Expenses	287,313.20	8,803,888.67
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	287,313.20	13,002,573.66
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ 523.08 ©	\$ 523.08 ©

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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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	<u>\$ 213,654.15</u>	<u>\$ 4,960,581.66</u>

"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>
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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	\$ 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	<u>\$ 287,313.20</u>	<u>\$ 8,803,888.67</u>

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

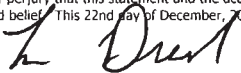
(2) Due to the Debtors' credit agreement all receipts are swept to GE's account and the the Debtors's request daily cash draws to cover operating activities.

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: NSIL OPS, LLC (f/k/a MEDICAL STAFFING NETWORK OF ILLINOIS, LLC.) Case Number 10-29104
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ 111,835.55 (a)	\$ 248,436.96 (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	-	3,762,330.76
D. Other Receipts (Attach List) (If you receive rental income, you must attach a rent roll.)	-	81,728,894.92
3. TOTAL RECEIPTS	-	85,491,225.68
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	111,835.55	85,739,662.64
5. DISBURSEMENTS		
A. Advertising	-	0
B. Bank Charges	-	-
C. Contract Labor	-	670,294.65
D. Fixed Asset Payments	-	-
E. Insurance	-	-
F. Inventory Payments	-	-
G. Leases	-	-
H. Manufacturing Supplies	-	-
I. Office Supplies	-	12,506.75
J. Payroll - Net	-	318,559.72
K. Professional Fees	-	-
L. Rent	-	94,608.22
M. Repair and Maintenance	-	-
N. Secured Creditor Payments	-	708,118.36
O. Taxes Paid - Payroll	-	-
P. Taxes Paid - Sales & Use	-	-
Q. Taxes Paid - Other	-	-
R. Telephone	-	260.89
S. Travel & Entertainment	-	78,327.11
T. U.S. Trustee Quarterly Fees	-	-
U. Utilities	-	20,398.87
V. Vehicle Expenses	-	-
W. Other Operating Expenses	86,721.25	83,811,473.77
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	86,721.25	85,714,548.34
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ 25,114.30 ©	\$ 25,114.30 ©

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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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>
Transfer in from General Electric Capital Corporation ¹	\$ -	\$ 75,765,346.38
Interbank Transfers ²	-	5,963,548.54
	_____	_____
Total other receipts	<u>\$ -</u>	<u>\$ 81,728,894.92</u>

"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>
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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 ²	\$ 86,721.25	\$ 83,811,473.77
	_____	_____
Total other operating expenses	<u>\$ 86,721.25</u>	<u>\$ 83,811,473.77</u>

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

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: NSIL IP, LLC (f/k/a MEDICAL STAFFING NETWORK ASSETS, LLC.) Case Number 10-29105
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. Other Receipts (Attach List) (If you receive rental income, you must attach a rent roll.)	0	0.00
3. TOTAL RECEIPTS	-	-
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	-	-
5. DISBURSEMENTS		
A. Advertising	-	0
B. Bank Charges	-	-
C. Contract Labor	-	-
D. Fixed Asset Payments	-	-
E. Insurance	-	-
F. Inventory Payments	-	-
G. Leases	-	-
H. Manufacturing Supplies	-	-
I. Office Supplies	-	-
J. Payroll - Net	-	-
K. Professional Fees	-	-
L. Rent	-	-
M. Repair and Maintenance	-	-
N. Secured Creditor Payments	-	-
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	-	-
V. Vehicle Expenses	-	-
W. Other Operating Expenses	-	-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

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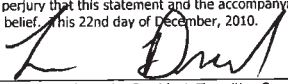
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SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: ITSG, INC. (f/k/a INTELISTAF GROUP, INC.) Case Number 10-29106
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. 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)	-	-
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		-
D. Fixed Asset Payments		-
E. Insurance		-
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		-
J. Payroll - Net		-
K. Professional Fees		-
L. Rent		-
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
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		-
V. Vehicle Expenses		-
W. Other Operating Expenses		-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

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 Lance Bressler - Vice President, Transition Services

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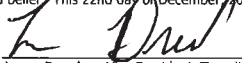
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SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: ITSP I, LLC (f/k/a INTELSTAF PARTNERS NO. 1, LLC.) Case Number 10-29107
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. 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)	-	-
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		-
D. Fixed Asset Payments		-
E. Insurance		-
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		-
J. Payroll - Net		-
K. Professional Fees		-
L. Rent		-
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
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		-
V. Vehicle Expenses		-
W. Other Operating Expenses		-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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


Note - 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.

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: HNI HOLDINGS, 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. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. 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)	-	-
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		-
D. Fixed Asset Payments		-
E. Insurance		-
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		-
J. Payroll - Net		-
K. Professional Fees		-
L. Rent		-
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
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		-
V. Vehicle Expenses		-
W. Other Operating Expenses		-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: NILH, INC. (f/k/a MSN-ILLINOIS HOLDINGS, INC.) Case Number 10-29109
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. Other Receipts (Attach List) (If you receive rental income, you must attach a rent roll.)	0	0.00
3. TOTAL RECEIPTS	-	-
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	-	-
5. DISBURSEMENTS		
A. Advertising	-	0
B. Bank Charges	-	-
C. Contract Labor	-	-
D. Fixed Asset Payments	-	-
E. Insurance	-	-
F. Inventory Payments	-	-
G. Leases	-	-
H. Manufacturing Supplies	-	-
I. Office Supplies	-	-
J. Payroll - Net	-	-
K. Professional Fees	-	-
L. Rent	-	-
M. Repair and Maintenance	-	-
N. Secured Creditor Payments	-	-
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	-	-
V. Vehicle Expenses	-	-
W. Other Operating Expenses	-	-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief. This 22nd day of December, 2010.

Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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SCHEDULE OF RECEIPTS AND DISBURSEMENTS

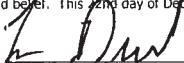
FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010

Name of Debtor: ITSP II, LLC (f/k/a INTELISTAF PARTNERS NO. 2, LLC.) Case Number 10-29110

Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. Other Receipts (Attach List) (If you receive rental income, you must attach a rent roll.)	0	0.00
3. TOTAL RECEIPTS	-	-
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	-	-
5. DISBURSEMENTS		
A. Advertising	-	0
B. Bank Charges	-	-
C. Contract Labor	-	-
D. Fixed Asset Payments	-	-
E. Insurance	-	-
F. Inventory Payments	-	-
G. Leases	-	-
H. Manufacturing Supplies	-	-
I. Office Supplies	-	-
J. Payroll - Net	-	-
K. Professional Fees	-	-
L. Rent	-	-
M. Repair and Maintenance	-	-
N. Secured Creditor Payments	-	-
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	-	-
V. Vehicle Expenses	-	-
W. Other Operating Expenses	-	-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

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Signature:  Date: 12/22/2010
Lance Bressler - Vice President, Transition Services

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SCHEDULE OF RECEIPTS AND DISBURSEMENTS

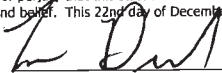
FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010

Name of Debtor: IHCM, L.P. (f/k/a INTELISTAF HEALTHCARE MANAGEMENT, L.P.) Case Number 10-29111

Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. 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)	-	-
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		-
D. Fixed Asset Payments		-
E. Insurance		-
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		-
J. Payroll - Net		-
K. Professional Fees		-
L. Rent		-
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
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		-
V. Vehicle Expenses		-
W. Other Operating Expenses		-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - ©	\$ - ©

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Signature:  Date: 12/22/2010
Lance Bressler - Vice President, Transition Services

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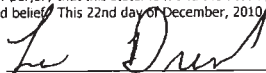
Note - The Debtors sold substantially all of their assets in a closing which concluded on September 27, 2010. Therefore, the operations of the Debtors were minimal in November 2010.

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING October 25, 2010 AND ENDING November 21, 2010
 Name of Debtor: ITSH, INC. (f/k/a INTELISTAF HOLDINGS, INC.) Case Number 10-29112
 Date of Petition: July 2, 2010

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD *	\$ - (a)	\$ - (b)
2. RECEIPTS:		
A. Cash Sales	0	0
Less: Cash Refunds	0	0
Net Cash Sales	0	0
B. Accounts Receivable	0	0
D. 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)	-	-
5. DISBURSEMENTS		
A. Advertising		0
B. Bank Charges		-
C. Contract Labor		-
D. Fixed Asset Payments		-
E. Insurance		-
F. Inventory Payments		-
G. Leases		-
H. Manufacturing Supplies		-
I. Office Supplies		-
J. Payroll - Net		-
K. Professional Fees		-
L. Rent		-
M. Repair and Maintenance		-
N. Secured Creditor Payments		-
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		-
V. Vehicle Expenses		-
W. Other Operating Expenses		-
6. TOTAL CASH DISBURSEMENTS (Sum of 5A thru W)	-	-
7. ENDING CASH BALANCE (LINE 4 - LINE 6)	\$ - (c)	\$ - (c)

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Signature:  Date: 12/22/2010
 Lance Bressler - Vice President, Transition Services

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Note - 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.

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE AGING AND RECONCILIATION

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

ACCOUNTS RECEIVABLE AT PETITION DATE: \$ 40,667,515.00

ACCOUNTS RECEIVABLE RECONCILIATION (Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	<u>\$ -</u>	(a)
PLUS: Current Month New Billings	<u>\$ -</u>	(b)
MINUS: Collection During the Month	<u>\$ -</u>	(b)
PLUS/MINUS: Adjustments or Write-offs	<u>\$ -</u>	*
End of Month Balance	<u>\$ -</u>	©

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

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.

POST PETITION ACCOUNTS RECEIVABLE AGING

AGING: (Show the total amount for each age group of accounts 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 provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u>
-----------------	------------------------	---------------

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.

**ATTACHMENT 2
MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT**

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

In the space below list all invoices or bills incurred and not paid since the filing of the petition.
 Do not include amounts owed prior to filing the petition.

Date Incurred	Days Outstanding	Vendor	Description	Amount
None				

TOTAL AMOUNT \$ -

Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only):

Opening Balance	\$ -	(a)
PLUS: New Indebtedness Incurred This Month	-	
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	-	
PLUS/MINUS: ADJUSTMENTS	-	*
Ending Month Balance	\$ -	©

*The Debtors sold substantially all of their assets and liabilities in a closing which concluded on September 27, 2010. Therefore, the operations of the Debtors were minimal in November 2010.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section.

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 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).

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

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

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	0	

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.

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: NSIL IP, LLC (f/k/a Medical Staffing Network Assets, LLC)
 ACCOUNT NUMBER: 0058700681578
 PURPOSE OF ACCOUNT: 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	\$ -	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

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 ACCOUNT: Operating Account

Ending Balance per Bank Statement	<u>\$ 53.00</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>-</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 53.00</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 003662599422
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS
 "Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
-------------------------------	-------------------	-----------------------	-------------------------

n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Wachovia BRANCH: Charlotte, NC
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 2000045445220
 PURPOSE OF ACCOUNT: Operating Account

Ending Balance per Bank Statement	<u>\$ 17,226.74</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>-</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 17,226.74</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 898043379832
 PURPOSE OF ACCOUNT: Operating Account

Ending Balance per Bank Statement	\$ 388,282.65	
Plus: Total Amount of Outstanding Deposits	22,951.41	
Minus: Total Amount of Outstanding Checks **	145,757.86	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 265,476.20	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
n/a			

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 003664920358
 PURPOSE OF ACCOUNT: Operating Account

Ending Balance per Bank Statement	\$ 335,381.86	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	-	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 335,381.86	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS
 "Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 005800326893
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 005484425358
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

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

Ending Balance per Bank Statement	<u>\$ 350.91</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>-</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 350.91</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Capital One BRANCH: Irving, TX
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 006669700095
 PURPOSE OF ACCOUNT: Operating Account

Ending Balance per Bank Statement	<u>\$ 333.76</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>-</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 333.76</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 005590101886
 PURPOSE OF ACCOUNT: Operating Account

Ending Balance per Bank Statement	\$ 523.08	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	-	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 523.08	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: ISHC, Inc. (f/k/a InteliStaf Healthcare, Inc.)
 ACCOUNT NUMBER: 898006383810
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: NSIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)
 ACCOUNT NUMBER: 005800681982
 PURPOSE OF ACCOUNT: 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	\$ -	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
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None

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: NSIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)
 ACCOUNT NUMBER: 005800681560
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS
 "Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4a

MONTHLY BANK ACCOUNT RECONCILIATION

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.) Case Number: 10-29101

Reporting Period beginning October 25, 2010 and ending November 21, 2010

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL

ACCOUNT NAME: NSIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)

ACCOUNT NUMBER: 005800681651

PURPOSE OF ACCOUNT: Operating Account

Ending Balance per Bank Statement	\$ 25,114.30	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	-	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 25,114.30	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 003660733866
 PURPOSE OF ACCOUNT: Payroll Account

Ending Balance per Bank Statement	<u>\$ 1,180.96</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>812.93</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 368.03</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Wachovia BRANCH: Charlotte, NC
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 0002000007401503
 PURPOSE OF ACCOUNT: Payroll Account

Ending Balance per Bank Statement	\$	4,828.58	
Plus: Total Amount of Outstanding Deposits		-	
Minus: Total Amount of Outstanding Checks **		-	
Minus: Service Charges		-	
Ending Balance per Check Register	\$	4,828.58	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument Face Value Purchase Price Date of Purchase

n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Tampa, FL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 003664920316
 PURPOSE OF ACCOUNT: Payroll Account

Ending Balance per Bank Statement	\$ 7,164.08	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	-	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 7,164.08	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

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 ACCOUNT: Payroll Account

Ending Balance per Bank Statement	\$ 2,106.69	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	152.67	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 1,954.02	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

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

Ending Balance per Bank Statement	\$ 4,700.84	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	-	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ 4,700.84	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: US Bank BRANCH: Saint Paul, MN
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 104756676532
 PURPOSE OF ACCOUNT: Payroll Account

Ending Balance per Bank Statement	<u>\$ 16,648.09</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>-</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 16,648.09</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

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

Ending Balance per Bank Statement	<u>\$ 5,531.12</u>	
Plus: Total Amount of Outstanding Deposits	<u>-</u>	
Minus: Total Amount of Outstanding Checks **	<u>-</u>	
Minus: Service Charges	<u>-</u>	
Ending Balance per Check Register	<u>\$ 5,531.12</u>	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

<u>\$ -</u>	Transferred to Payroll Account
<u>\$ -</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 005800938655
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A
 the bank.

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: HNI Staffing, Inc. (f/k/a Medical Staffing Network, Inc.)
 ACCOUNT NUMBER: 005800682337
 PURPOSE OF ACCOUNT: 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	\$	-	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
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None

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	-	Transferred to Payroll Account
\$	-	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	Face Value	Purchase Price	Date of Purchase
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: ISHC, Inc. (f/k/a InteliStaf Healthcare, Inc.)
 ACCOUNT NUMBER: 005801038869
 PURPOSE OF ACCOUNT: Payroll Account

Ending Balance per Bank Statement	\$ -	
Plus: Total Amount of Outstanding Deposits	-	
Minus: Total Amount of Outstanding Checks **	14.53	
Minus: Service Charges	-	
Ending Balance per Check Register	\$ (14.53)	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: The negative balance is related to outstanding checks that have not cleared the bank.

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 4B

MONTHLY BANK ACCOUNT RECONCILIATION

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

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
 A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: Bank of America BRANCH: Chicago, IL
 ACCOUNT NAME: NSIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)
 ACCOUNT NUMBER: 005800681990
 PURPOSE OF ACCOUNT: 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	\$ -	(a)

** Includes Debits

Debit cards are used by None

If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D):

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
None				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ -	Transferred to Payroll Account
\$ -	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

INVESTMENT ACCOUNTS

Type of Negotiable Instrument	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>
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n/a

ATTACHMENT 5A
CHECK REGISTER- OPERATING ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: NSIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)

ACCOUNT NUMBER: 005800681560

PURPOSE OF ACCOUNT: Operating 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5A
CHECK REGISTER- OPERATING ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: ISHC, INC. (f/k/a INTELISTAF HEALTHCARE, INC.)

ACCOUNT NUMBER: 005590101886

PURPOSE OF ACCOUNT: Operating 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5A
CHECK REGISTER- OPERATING ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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

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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

**ATTACHMENT 5A
CHECK REGISTER- OPERATING ACCOUNT**

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 898043379832

PURPOSE OF ACCOUNT: Operating 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: NSIL OPS, LLC (f/k/a Medical Staffing Network of Illinois, LLC)

ACCOUNT NUMBER: 005800681990

PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: ISHC, INC. (f/k/a INTELISTAF HEALTHCARE, INC.)

ACCOUNT NUMBER: 005801038869

PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 003660733866
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.) Case Number: 10-29101
 Reporting Period beginning October 25, 2010 and ending November 21, 2010
 NAME OF BANK: Wachovia Bank BRANCH: Charlotte, NC
 ACCOUNT NAME: HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.)
 ACCOUNT NUMBER: 0002000007401503
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 003664920316
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 003664920332
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 005800326919
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, Inc.) Case Number: 10-29101
 Reporting Period beginning October 25, 2010 and ending November 21, 2010
 NAME OF BANK: U.S. Bank BRANCH: Saint Paul, MN
 ACCOUNT NAME: HNI STAFFING, INC. (f/k/a MEDICAL STAFFING NETWORK, INC.)
 ACCOUNT NUMBER: 104756676532
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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

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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 5800938655
 PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 5B
CHECK REGISTER- PAYROLL ACCOUNT

Name of Debtor: HNI HoldCo, Inc. (f/k/a Medical Staffing Network Holdings, 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: 5800682337

PURPOSE OF ACCOUNT: Payroll 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>	<u>Check Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
None				

ATTACHMENT 4D
INVESTMENTS ACCOUNTS AND PETTY CASH REPORT

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

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately.
 Attach copies of account statements.

<u>Instrument</u>	<u>Face Value</u>	<u>Purchase Price</u>	<u>Date of Purchase</u>	<u>Current Market Value</u>
None				
TOTAL				<u>\$ -</u> (a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

<u>Location</u>	(Column 2) Max Amount of <u>Cash in Drawer</u>	(Column 3) Amount of Petty Cash on Hand <u>at End of Month</u>	(Column 4) Difference between <u>Column 2 and Column 3</u>
None			
TOTAL			<u>\$ -</u> (b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation None

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH \$ -

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 beginning 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 Authority	Payment Due Date	Description	Amount	Date Last Tax Return Filed	Tax Return Period
BWC State Insurance Fund	9/25/10	OH Workers' Comp - 1/1/10-6/30/10	\$ 56,000.00	5/28/2010	1/1/10-6/30/10
BWC State Insurance Fund	9/25/10	OH 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	2010 Business License	15.00	6/26/2009	7/1/10-6/30/11
City of Orange	7/31/10	2010 Business License	54.82	7/24/2009	7/1/10-6/30/11
City of Ravenswood, WV	6/30/10	2010 Business License	25.00	4/29/2009	7/1/10-6/30/11
Iowa Department of Revenue	10/30/10	Q3 2010 Sales Tax	75.00	N/A	7/1/10-9/30/10
State of California	4/30/10	2010 Annual Report	25.00	4/17/2009	2010
State of Hawaii	6/20/10	May 2010 Sales Tax	91.52	5/19/2010	5/1/10-5/31/10
State of TN	4/30/10	2010 Unclaimed Property	111.20	N/A	2009
Workers' Safety and Compensation	10/31/10	WY Workers' Comp - Q3 2010	7,599.84	8/9/2010	7/1/10-9/30/10
WV Secretary of State	6/30/10	2010 Annual Report	25.00	7/1/2009	2010
WV Secretary of State	6/30/10	2010 Annual Report	25.00	6/29/09	2010
WV State Tax Dept.	6/30/10	2010 Business Registration - MSN IL	30.00	6/18/08	7/1/10-6/30/12
WV State Tax Dept.	6/30/10	2010 Business Registration - MSN	30.00	6/18/08	7/1/10-6/30/12
WV State Tax Dept.	6/30/10	2010 Business Registration	30.00	6/18/08	7/1/10-6/30/12
TOTAL			<u>\$ 65,137.38</u>		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

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

Report all compensation received during the month. Do not include reimbursement for expenses incurred for which you have receipts.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Amount Paid **</u>
Lance Bressler	Vice President, Transition Services	\$ 9,000.00
		<u>\$ 9,000.00 (a)</u>

** The amount paid includes Salary, 401 K Employer Match and Relocation expenses.

(a) For confidentiality of trade practices, the individual compensation to insiders has been presented on a consolidated basis. A Motion has been filed to keep this information confidential.

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	<u>1</u>	<u>0</u>
Number hired during the period	<u>0</u>	<u>0</u>
Number terminated or resigned during period	<u>0</u> (Note 1)	<u>0</u>
Number of employees on payroll at end of period	<u>1</u>	<u>0</u>

Note 1 - The Debtors sold substantially all of their assets in a closing which concluded on September 27, 2010. Therefore, the operations of the Debtor were minimal in November 2010.

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.)

<u>Carrier</u>	<u>Agent & Phone Number</u>	<u>Policy No.</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Premium Due</u>	<u>Date</u>
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See Attach 7a.

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
None			

ATTACHMENT 7a

CONFIRMATION OF INSURANCE

COVERAGE	LIMITS	COMPANY / POLICY NO. POLICY TERM	ANNUAL PREMIUM
Health Care Professional Liability <i>For: PCF States Policy - Admitted Form</i> 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	<u>Increase Limit from \$10M to \$15M</u> \$75,000 (Plus statutory assessments) <u>Run Off Coverage Premium</u> \$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

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.
