Fill	in this information to ident	ify your case:		
Un	ited States Bankruptcy Court	for the:		
ΕA	STERN DISTRICT OF OKLA	НОМА		
Ca	se number (if known)		Chapter 9	
				Check if this an amended filing
V(ore space is needed, attach	on for Non-Individu n a separate sheet to this form. On the tte document, Instructions for Bankru	top of any additional pages, write th	e debtor's name and case number (if known).
1.	Debtor's name	Pushmataha County - City of Ar	tlers Hospital Authority	
2.	All other names debtor used in the last 8 years			
	Include any assumed names, trade names and doing business as names			
3.	Debtor's federal Employer Identification Number (EIN)	45-0608064		
4.	Debtor's address	Principal place of business	Mailing addr business	ess, if different from principal place of
		510 East Main Street Antlers, OK 74523		
		Number, Street, City, State & ZIP Code	P.O. Box, Nui	mber, Street, City, State & ZIP Code
		Pushmataha County	Location of place of busi	orincipal assets, if different from principal iness
			Number, Stre	et, City, State & ZIP Code
5.	Debtor's website (URL)	www.pushhospital.com		
6.	Type of debtor	☐ Corporation (including Limited Liab	ility Company (LLC) and Limited Liabili	ty Partnership (LLP))

☐ Partnership (excluding LLP)

Other. Specify:

Municipality

Debtor

Pushmataha County - City of Antlers Hospital Authority Case number (if known)

7.	Describe debtor's business	A. Chec	k one:						
		■ Health Care Business (as defined in 11 U.S.C. § 101(27A))							
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))							
		☐ Railı	road (as de	efined	in 11 U.S.C. § 101(44))			
		☐ Stoc	kbroker (a	s defir	ned in 11 U.S.C. § 101	(53A))			
		☐ Com	nmodity Bro	oker (a	as defined in 11 U.S.C.	§ 101(6))			
		☐ Clea	aring Bank	(as de	fined in 11 U.S.C. § 78	31(3))			
		_	e of the ab	,	•	· //			
		B. Check all that apply							
		Tax-exempt entity (as described in 26 U.S.C. §501)							
		_						s defined in 15 U.S.C. §80	a-3)
		☐ Inve	stment adv	visor (a	as defined in 15 U.S.C	. §80b-2(a)(11))			
					an Industry Classificati			st describes debtor.	
8.	Under which chapter of the	Check o	one:						
	Bankruptcy Code is the debtor filing?	□ Chapter 7							
		Chapter 9							
		☐ Chapter 11. Check all that apply:							
		— Ona	pto: 11. 0/	_		oncontingent lig	uidated debts (ex	cluding debts owed to ins	ders or affiliates)
				_			,	ent on 4/01/19 and every 3	,
					business debtor, attac	ch the most rece al income tax re	ent balance shee	U.S.C. § 101(51D). If the t, statement of operations, see documents do not exis	cash-flow
					A plan is being filed w	ith this petition.			
					Acceptances of the place accordance with 11 U			m one or more classes of c	reditors, in
					Exchange Commission	on according to ary Petition for N	§ 13 or 15(d) of the	nple, 10K and 10Q) with the Securities Exchange Adilling for Bankruptcy under	t of 1934. File the
					The debtor is a shell of	company as def	fined in the Secur	rities Exchange Act of 1934	1 Rule 12b-2.
		☐ Cha	pter 12						
9.	Were prior bankruptcy	-							
-	cases filed by or against	■ No.							
	the debtor within the last 8 years?	☐ Yes.							
	If more than 2 cases, attach a		5						
	separate list.		District			When			
			District			When		Case number	
10.	Are any bankruptcy cases	■ No							
	pending or being filed by a business partner or an	☐ Yes.							
	affiliate of the debtor?	— 163.							
	List all cases. If more than 1,		Debtor				1	Relationship	
	attach a separate list		District			When		Case number, if known	
			וווטווטוע			_ vvii c ii		Case Hullibel, II KNOWN _	

11. Why is the case filed in this district? Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district for 180 days than in any other district. No	Debtor		ty - City	of Antlers Hospital Autho	ority Case number (if known					
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■ 100-199 □ 10,001-10,000 □ 50,001-100,000 □ More than 100,000			□ 1-49)	1 ,000-5,000	☐ 25,001-50,000				
	cr	editors								
□ 200-999			1 00-	-199	☐ 10,001-25,000	☐ More than100,000				
			□ 200-	-999						
15. Estimated Assets	15. Es	stimated Assets	1 ¢o	\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
□ \$50,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion										
\$50,007 - \$100,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion										
□ \$500,001 - \$1 million □ \$100,000,001 - \$500 million □ More than \$50 billion					□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
16. Estimated liabilities ☐ \$0 - \$50 000 ■ \$1 000 001 \$10 million ☐ \$500 000 001 - \$1 billion	16 F	stimated liabilities	П 🚓	#50.000	. .	П фгоо ооо оод - фд - IIII				
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10. 68	Junated Habilities				_ · · · · ·				
						□ \$10,000,000,001 - \$10 billion				
□ \$100,001 - \$500,000 □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$500,001 - \$100 million □ \$100,000,001 - \$50 billion										

Debtor

Pushmataha County - City of Antlers Hospital Authority

Case number (if known)

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

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

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

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

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

Executed on September 23, 2016 MM / DD / YYYY

X /s/ David Smith

David Smith

Signature of authorized representative of debtor

Printed name

Chairman, Pushmataha County-City of Title **Antlers Hosp. Authority**

18. Signature of attorney

X /s/ Jeffrey E. Tate

Date September 23, 2016 Signature of attorney for debtor

MM / DD / YYYY

Jeffrey E. Tate

Printed name

Christensen Law Group, P.L.L.C.

Firm name

The Parkway Building 3401 N.W. 63rd Street Oklahoma City, OK 73116

Number, Street, City, State & ZIP Code

405-232-2020 jeffrey@christensenlawgroup.com Contact phone **Email address**

17150

Bar number and State

Fill in this info			1
Debtor name	ormation to identify the case: Pushmataha County - City of Antlers	Hospital Authority	
United States I	Bankruptcy Court for the: EASTERN DISTRIC	CT OF OKLAHOMA	
Case number (if known)		☐ Check if this is an amended filing
Official Fo		Perjury for Non-Individu	ıal Debtors 12/15
An individual value form for the so amendments cand the date.	who is authorized to act on behalf of a non-inhedules of assets and liabilities, any other of those documents. This form must state the Bankruptcy Rules 1008 and 9011.	individual debtor, such as a corporation or partne document that requires a declaration that is not in the individual's position or relationship to the debter a false statement, concealing property, or obtain	ership, must sign and submit this ncluded in the document, and any tor, the identity of the document,
	h a bankruptcy case can result in fines up t	to \$500,000 or imprisonment for up to 20 years, o	
De	eclaration and signature		
	president, another officer, or an authorized age serving as a representative of the debtor in thi	ent of the corporation; a member or an authorized age is case.	ent of the partnership; or another

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

Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)

Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

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

Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)

☐ Schedule H: Codebtors (Official Form 206H)

☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)

☐ Amended Schedule

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

☐ Other document that requires a declaration

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

Executed on September 23, 2016

X /s/ David Smith

Signature of individual signing on behalf of debtor

David Smith

Printed name

Chairman, Pushmataha County-City of Antlers Hosp. Authority

Position or relationship to debtor

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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Fill in this information to identify the case		
Debtor name Pushmataha County - C	City of Antlers Hospital Authority	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF OKLAHOMA	Check if this is an
Case number (if known):		amended filing

Official Form 204

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

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.			
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
AIRGAS USA LLC 1 WEST CHOCTAW McAlester, OK 74501						\$24,579.42	
AT&T PO BOX 5001 Carol Stream, IL 60197						\$101,790.87	
ATOKA COUNTY MEDICAL CENTER PO BOX 1107 Atoka, OK 74525						\$295,385.83	
BKD LLP 6120 S YALE AVE SUITE 1400 Tulsa, OK 74136						\$31,665.15	
CONNER AND WINTERS LLP 400 ONE WILLIAMS CENTER Tulsa, OK 74172						\$36,827.94	
CPSI 6600 WALL STREET Mobile, AL 36695						\$54,908.09	
CROWE AND DUNLEVY 324 N ROBINSON AVE STE 100 Oklahoma City, OK 73102						\$38,795.90	
EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126						\$36,391.80	

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 1

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Debtor

Pushmataha County - City of Antlers Hospital Authority

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	claim is partially secu	secured, fill in only unsecu red, fill in total claim amou setoff to calculate unsecure	nt and deduction for
		professional services,	uisputeu	Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GE MEDICAL SYSTEMS PO BOX 843553						\$50,066.63
Dallas, TX 75284 HEARTLAND PATHOLOGY CONSULTANT						\$37,494.18
PO BOX 26343 Oklahoma City, OK 73126						
HOSPIRA WORLDWIDE INC 75 REMITTANCE DRIVE SUITE 6136 Chicago, IL 60675						\$27,586.83
INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT			Disputed			\$65,000.00
06176-7941 LEGACY THERAPY RT 1 BOX 1330						\$57,999.96
Antlers, OK 74523 OK EMPLOYMENT SECURITY COMMISSION PO BOX 52004 Oklahoma City, OK						\$44,669.55
73152-2004 OK HEALTH CARE ASSOCIATION PREMIUM LOCK BOX PO BOX 2038 Oklahoma City, OK						\$35,457.24
73101 OLYMPUS AMERICA INC 3500 CORPORATE PARKWAY Center Valley, PA						\$225,213.88
18034 OLYMPUS FINANCIAL SERVICE PO BOX 200183 Pittsburgh, PA						\$151,957.46
15251-0183 PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC 261 WEST HWY 3 Atoka, OK 74525						\$139,679.68

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 2

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Pushmataha County - City of Antlers Hospital Authority

Case number (if known)	

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	claim is partially secure	cured, fill in only unsecur d, fill in total claim amour toff to calculate unsecure Deduction for value of collateral or setoff	nt and deduction for
ROWLAND FLATT CLINIC 603 NE 2ND STREET Antlers, OK 74523						\$1,464,415.03
SOUTHEASTERN EMERGENCY SERVICE 1201 E JACKSON Hugo, OK 74743						\$270,000.00

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 3

Fill in this information to identify the	case:		
Debtor name Pushmataha Count	y - City of Antlers Hospital Authority		
United States Bankruptcy Court for the:	EASTERN DISTRICT OF OKLAHOMA		
Case number (if known)			
		_	Check if this is an
			amended filing
Official Form 206D		_	
Schedule D: Creditors	Who Have Claims Secured by Pr	operty	12/15
Be as complete and accurate as possible.			
Do any creditors have claims secured by Do Chock this box and submit to	debtor's property? age 1 of this form to the court with debtor's other schedules.	Dobtor has nothing also to	rapart on this form
Yes. Fill in all of the information by		Debior has nothing else to	report on this form.
Part 1: List Creditors Who Have Se			
	ho have secured claims. If a creditor has more than one secured	Column A	Column B
claim, list the creditor separately for each clair	m.	Amount of claim	Value of collateral that supports this
		Do not deduct the value of collateral.	claim
2.1 FIRSTBANK ANTLERS	Describe debtor's property that is subject to a lien	\$402,096.12	\$0.00
Creditor's Name			
PO BOX 458 Antlers, OK 74523			
Creditor's mailing address	Describe the lien		
	Is the creditor an insider or related party?		
	■ No		
Creditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
Date debt was incurred	No		
	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		
■ No	☐ Contingent		
☐ Yes. Specify each creditor,	☐ Unliquidated		
including this creditor and its relative priority.	☐ Disputed		
2.2 FIRSTBANK ATOKA	Describe debtor's property that is subject to a lien	\$200,000.00	\$0.00
Creditor's Name		Ψ200,000.00	
701 S MISSISSIPPI			
Atoka, OK 74525	Describe the lien		
Creditor's mailing address	Describe the lien		
	Is the creditor an insider or related party?		
Creditor's email address, if known	No □ Yes		
Sistanti o ornan addition, il Miomii	Is anyone else liable on this claim?		
Date debt was incurred	■ No		
Last 4 digits of account number	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

Debtor	,	ty of Antlers Hospital Case number ((if know)	
[ir	Yes. Specify each creditor, acluding this creditor and its relative	☐ Contingent ☐ Unliquidated ☐ Disputed		
Debtor No Yes includis priority 2.3 INTE Creditor Creditor Date d Last 4 Do mu interes No Yes includis priority 2.4 USD Creditor Creditor Creditor	NTERBANK reditor's Name	Describe debtor's property that is subject to a lien	\$2,372,890.43	Unknown
C	reditor's mailing address	Describe the lien		
_		Is the creditor an insider or related party? ■ No		
С	reditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
	ate debt was incurred ast 4 digits of account number	■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
ir E ir	Yes. Specify each creditor, acluding this creditor and its relative	As of the petition filing date, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed		
	JSDA reditor's Name	Describe debtor's property that is subject to a lien	\$2,885,961.52	Unknown
C	reditor's mailing address	Describe the lien Is the creditor an insider or related party?		
C	reditor's email address, if known	■ No □ Yes Is anyone else liable on this claim?		
	ate debt was incurred	■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
ir I C ir	o multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor and its relative riority.	As of the petition filing date, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed		
3. Tot	al of the dollar amounts from Part 1	, Column A, including the amounts from the Additional Page, if any	\$5,860,948.0 7	

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

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

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

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Authority Case number (if know)

	Authority		
N	Name		
	e and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
СН	WYATT JR		
309	S RANCHWOOD BLVD	Line _ 2.4 _	
PO I	BOX 851220		
Yuk	on, OK 73085		
СН	WYATT JR		
309	S RANCHWOOD BLVD	Line <u>2.3</u>	
PO E	BOX 851220		
Yuk	on, OK 73085		
ROE	BERT LUTTRELL III		
211	N ROBINSON	Line 2.4	
SUIT	TE 1000		
TWC	O LEADERSHIP SQUARE 10TH FLOOR		
Okla	ahoma City, OK 73102		
ROE	BERT LUTTRELL III		
211	N ROBINSON	Line 2.3	
SUIT	TE 1000		
TWC	O LEADERSHIP SQUARE 10TH FLOOR		
_	ahoma City, OK 73102		

Fill i	n this information to identify the case:		
Debt	or name Pushmataha County - City of Antlers He	ospital Authority	
Unite	ed States Bankruptcy Court for the: EASTERN DISTRICT	OF OKLAHOMA	
Case	e number (if known)		☐ Check if this is an amended filing
Off	icial Form 206E/F		
	hedule E/F: Creditors Who Have	Unsecured Claims	12/15
Be as List th <i>Perso</i> 2 in th	complete and accurate as possible. Use Part 1 for creditors with the other party to any executory contracts or unexpired leases the nal Property (Official Form 206A/B) and on Schedule G: Execute boxes on the left. If more space is needed for Part 1 or Part 2	th PRIORITY unsecured claims and Part 2 for creditors with that could result in a claim. Also list executory contracts on tory Contracts and Unexpired Leases (Official Form 206G). It, fill out and attach the Additional Page of that Part include	Schedule A/B: Assets - Real and Number the entries in Parts 1 and
Part	1: List All Creditors with PRIORITY Unsecured Claim	ns	
1.	Do any creditors have priority unsecured claims? (See 11 U.S	S.C. § 507).	
	■ No. Go to Part 2.		
	☐ Yes. Go to line 2.		
	<u></u>		
Part	2: List All Creditors with NONPRIORITY Unsecured (3. List in alphabetical order all of the creditors with nonpriority		th nonpriority unsecured claims, fill
	out and attach the Additional Page of Part 2.		Amount of claim
2.4	New relation and itagle name and molling address	As of the potition filling date the claim in St. 1994	¢E EEO 40
3.1	Nonpriority creditor's name and mailing address ADMINISTRATIVE CONSULTANT SERVICES	As of the petition filing date, the claim is: Check all that app Contingent	y. \$5,550.10
	LLC	☐ Unliquidated	
	PO BOX 3368	☐ Disputed	
	Shawnee, OK 74802	Basis for the claim:	
	Date(s) debt was incurred _	Is the claim subject to offset? ■ No □ Yes	
	Last 4 digits of account number _	is the daint subject to diset: — No — Tes	
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that app	ly. \$14,400.00
	ADVANCED MOLECULAR DIAGNOSTICS	Contingent	
	535 EAST CRESENT AVENUE Ramsey, NJ 07446	Unliquidated	
	Date(s) debt was incurred	☐ Disputed	
	<u>-</u>	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that app	ly. \$24,579.42
	AIRGAS USA LLC	☐ Contingent	·
	1 WEST CHOCTAW	☐ Unliquidated	
	McAlester, OK 74501	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that app	ly. \$95.00
	ALBERT C WITT JR	☐ Contingent	
	5275 LAWRENCE 1225	☐ Unliquidated	
	Ash Grove, MO 65604	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor		Spital Case number (if known)	
	Name		
3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$8,300.80
	ALERE NORTH AMERICA INC	Contingent	
	PO BOX 846153	Unliquidated	
	Boston, MA 02284-6153	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$238.32
	ALL PHASE BUSINESS INC	☐ Contingent	
	1920 E GLADWICK STREET	☐ Unliquidated	
	RANCHO DOMINQUEZ, CA 90220	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$618.98
	ALLIANCE COMMUNICATION	☐ Contingent	
	PO BOX 9090	☐ Unliquidated	
	Tyler, TX 75711	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to offset? • No • Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$501.59
	ALLIANCE HEALTH	☐ Contingent	
	1800 W UNIVERSITY BLVD	☐ Unliquidated	
	Durant, OK 74701	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	-	
		Is the claim subject to offset? ■ No ☐ Yes	
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$926.04
	ALLSTATE CANCER ACCIDENT	☐ Contingent	
	PO BOX 650514	☐ Unliquidated	
	Dallas, TX 75265	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$115.50
	AMANDA BREWER	☐ Contingent	
	575 E BLACKJACK	☐ Unliquidated	
	Atoka, OK 74525	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$454.96
	AMBU INC	☐ Contingent	
	PO BOX 64118	☐ Unliquidated	
	Baltimore, MD 21264-4118	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the ciain subject to onset? 💻 NO 🔲 Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital Case number (if known)	
	Name		
3.12	Nonpriority creditor's name and mailing address AMERICAN ASSOCIATION OF BIOANA 205 WEST LEVEE STREET Brownsville, TX 78520	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$119.00
	Date(s) debt was incurred	Disputed	
	Last 4 digits of account number	Basis for the claim: _	
-	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.13	Nonpriority creditor's name and mailing address AMERICAN HOSPITAL ASSOCIATION PO BOX 92247 CHICAGO, IL 60675	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$1,315.00
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.14	Nonpriority creditor's name and mailing address AMN HEALTHCARE INC FILE 56157 Los Angeles, CA 90074	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$4,546.50
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.15	Nonpriority creditor's name and mailing address ANESTHESIA SERVICES INC 1821 N CLASSEN BLVD SUITE 100 Oklahoma City, OK 73106 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ☐ Is the claim subject to offset? ☐ No ☐ Yes	\$2,940.00
3.16	Nonpriority creditor's name and mailing address ANTHEM BLUE CROSS PO BOX 70000 Van Nuys, CA 91470	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$50.80
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.17	Nonpriority creditor's name and mailing address ANTLERS AMERICA PO BOX 578 Antlers, OK 74523	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$113.80
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.18	Nonpriority creditor's name and mailing address ANTLERS HARDWARE 103 N HIGH ST Antlers, OK 74523 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$504.74
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the cialiti subject to choet: — INC 🗀 165	

Debtor		spital Case number (if known)	
	Name		*
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$447.74
	ANTLERS PHARMACY	Contingent	
	PO BOX 487 Antlers, OK 74523	Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$14,798.10
	ANTLERS PUBLIC WORKS	☐ Contingent	
	100 S E 2ND STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$404.30
	ANTLERS ROOF AND TRUST CO	☐ Contingent	4 10 1100
	1010 N E 5TH STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	1		
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,001.50
	ARMSTRONG MEDICAL INDUSTRIES	Contingent	
	575 KNIGHTBRIDGE PARKWAY	Unliquidated	
	Lincolnshire, IL 60069	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$39.62
	ARROW MACHINERY CO	☐ Contingent	
	121 MARTIN LUTHER KING AVE	☐ Unliquidated	
	Oklahoma City, OK 73117	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$113.37
	AT&T	☐ Contingent	
	PO BOX 105068	☐ Unliquidated	
	Atlanta, GA 30348	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$101,790.87
	AT&T	Contingent	Ţ.J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PO BOX 5001	☐ Unliquidated	
	Carol Stream, IL 60197	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim:	
	Last - argits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor		case number (if known)	
	Name		
3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$49.86
	AT&T	Contingent	
	PO BOX 105068 Atlanta, GA 30348	Unliquidated	
	,	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$16,642.13
	AT&T	☐ Contingent	
	PO BOX 5001	☐ Unliquidated	
	Carol Stream, IL 60197	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,631.46
	AT&T LONG DISTANCE	☐ Contingent	
	PO BOX 5017	☐ Unliquidated	
	Carol Stream, IL 60197	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$695.62
	AT&T WIRELESS	☐ Contingent	_
	PO BOX 537104	☐ Unliquidated	
	Atlanta, GA 30353-7104	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	-	
		Is the claim subject to offset? ■ No □ Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,232.00
	ATCO INTERNATIONAL ATTN ACCT REC	☐ Contingent	
	1401 BARCLAY CIRCLE, SE	☐ Unliquidated	
	MARIETTA, GA 03006-0250	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$295,385.83
	ATOKA COUNTY MEDICAL CENTER	☐ Contingent	
	PO BOX 1107	☐ Unliquidated	
	Atoka, OK 74525	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,237.30
	AUREUS RADIOLOGY LLC	Contingent	
	PO BOX 3037	☐ Unliquidated	
	Omaha, NE 68103	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		.55 Sidini 600j000 to 611000 - 110 - 100	

Debto	Pushmataha County - City of Antlers Hosp Authority Name	Dital Case number (if known)	
3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$593.25
3.33	BANCFIRST		\$393.23
	501 E CARL ALBERT PKWY	☐ Contingent ☐ Unliquidated	
	McAlester, OK 74501	_ `	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,584.22
	BECKMAN COULTER INC	☐ Contingent	
	DEPT CH 10164	☐ Unliquidated	
	Palatine, IL 60055	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$8,793.34
	BIO RAD LABORATORIES INC CLINICAL	☐ Contingent	
	DIAG	☐ Unliquidated	
	DEPT 9740	☐ Disputed	
	Los Angeles, CA 90084		
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,198.83
	BIOMERIEUX VITEK INC	☐ Contingent	
	PO BOX 500308	☐ Unliquidated	
	Saint Louis, MO 63150	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	-	
		Is the claim subject to offset? ■ No □ Yes	
3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$31,665.15
	BKD LLP	Contingent	
	6120 S YALE AVE SUITE 1400	Unliquidated	
	Tulsa, OK 74136	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$899.95
	BRENTS HEAT AND AIR	☐ Contingent	
	HC 83 BOX 125	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No □ Yes	
3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$102.14
	BRIGGS CORPORATION	☐ Contingent	
	PO BOX 1355	☐ Unliquidated	
	Des Moines, IA 50305	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital Case number (if known)	
	Name		
3.40	Nonpriority creditor's name and mailing address BRUMMITT AND ASSOCIATES INC 4418 MONTECELLO PLACE Enid, OK 73703	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$1,500.00
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.41	Nonpriority creditor's name and mailing address BUDDYS PLUMBING APPLIANCE 114 E MAIN STREET Antlers, OK 74523 Date(s) debt was incurred	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$361.69
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.42	Nonpriority creditor's name and mailing address BYTESPEED 3131 24TH AVE S MOOREHEAD, MN 56560 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$504.00
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No ☐ Yes	
3.43	Nonpriority creditor's name and mailing address CARDINAL HEALTH DALLAS DIVISION PO BOX 847384 Dallas, TX 75284 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Is the claim subject to offset? ■ No ☐ Yes	\$14,174.09
3.44	Nonpriority creditor's name and mailing address CARE LEARNING 6820 DEERPATH ROAD Elkridge, MD 21075	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$3,750.00
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.45	Nonpriority creditor's name and mailing address CAREFUSION 25146 NETWORK PLACE Chicago, IL 60673-1250	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$510.18
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.46	Nonpriority creditor's name and mailing address CARESTREAM HEALTH INC DEPT CH 19286 Palatine, IL 60055 Date(s) debt was incurred	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$3,919.30
	Last 4 digits of account number	Basis for the claim:	
	East → aigns of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority	oital Case number (if known)	
	Name		
3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$41.62
	CARQUEST AUTO PARTS	☐ Contingent	
	604 EAST MAIN	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
		Is the claim subject to offset? ■ No □ Yes	
3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,468.44
	CDW GOVERNMENT INC	☐ Contingent	
	75 REMITTANCE DRIVE SUITE 1515	☐ Unliquidated	
	Chicago, IL 60675	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	CECILIA SUTTERFIELD PERSONAL REP	Contingent	<u> </u>
	CO JON ED BROWN	☐ Unliquidated	
	102 WEST JACKSON STREET	☐ Disputed	
	Hugo, OK 74743		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.50	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$254.69
	CENTERPOINT ENERGY SERVICES INC	☐ Contingent	*
	PO BOX 301149	☐ Unliquidated	
	Dallas, TX 75303	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.51	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$77.00
	CHARLOTTE MCANALLY	☐ Contingent	
	155 N 4325 RD	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.52	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$181.23
	CHEMSEARCH	☐ Contingent	
	PO BOX 971269	☐ Unliquidated	
	Dallas, TX 75397	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	_	
		Is the claim subject to offset? ■ No □ Yes	
3.53	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$17,893.21
	CHOCTAW MEMORIAL HOSPITAL	☐ Contingent	
	1405 EAST KIRK	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital Case number (if known)	
20010.	Name		
3.54	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,402.00
	CLIA LABORATORY PROGRAM	□ Contingent	,
	PO BOX 530882	☐ Unliquidated	
	Atlanta, GA 30353	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	<u> </u>	
		Is the claim subject to offset? ■ No ☐ Yes	
3.55	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$600.00
	CNA SURETY	☐ Contingent	
	PO BOX 802876	☐ Unliquidated	
	600, IL 60680	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.56	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,638.29
	COBRA ONE	☐ Contingent	
	1350 SOUTH BOULDER SUITE 300	☐ Unliquidated	
	Tulsa, OK 74119	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	-	
		Is the claim subject to offset? ■ No ☐ Yes	
3.57	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,200.00
	COMPLIANCE CONSULTANTS	☐ Contingent	
	67 EARNHARDT CIRCLE	☐ Unliquidated	
	Cabot, AR 72023	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to offset? No Yes	
3.58	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$36,827.94
	CONNER AND WINTERS LLP	☐ Contingent	
	400 ONE WILLIAMS CENTER	☐ Unliquidated	
	Tulsa, OK 74172	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.59	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$816.49
	COOK MEDICAL INC	☐ Contingent	
	22988 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		is the claim subject to offset? No Yes	
3.60	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,217.18
_	COOPER SURGICAL	☐ Contingent	
	PO BOX 712280	☐ Unliquidated	
	Cincinnati, OH 45271	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the ciaim subject to Oliset! — NO 🗀 185	

Debto		Case number (if known)	
0.04	Name		454 000 00
3.61	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$54,908.09
	6600 WALL STREET	☐ Contingent	
	Mobile, AL 36695	☐ Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.62	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$38,795.90
	CROWE AND DUNLEVY	☐ Contingent	
	324 N ROBINSON AVE STE 100	☐ Unliquidated	
	Oklahoma City, OK 73102	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.63	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,330.00
	DANIEL O ROWLAND	☐ Contingent	
	1201 E JACKSON	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	-	
		Is the claim subject to offset? ■ No ☐ Yes	
3.64	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,264.00
	DANWELL COMPANIES	☐ Contingent	* ,
	PO BOX 5304	☐ Unliquidated	
	Durant, OK 74702	☐ Disputed	
	Date(s) debt was incurred _		
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,615.72
	DELTA DENTAL	☐ Contingent	
	PO BOX 960020	☐ Unliquidated	
	Oklahoma City, OK 73196	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$90.00
	DEYTA	☐ Contingent	
	7400 NEW LAGRANGE ROAD SUITE 200	☐ Unliquidated	
	Louisville, KY 40222	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	1	•	
3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$10,074.00
	DIAGNOSTIC IMAGING ASSOC	Contingent	
	4500 S GARNETT STE 919	Unliquidated	
	Tulsa, OK 74146	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority	ital Case number (if known)	
	Name		
3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$102.00
	DIAGNOSTIC IMAGING ASSOCIATES INC	☐ Contingent	• • • • • • • • • • • • • • • • • • • •
	PO BOX 973038	☐ Unliquidated	
	Dallas, TX 75397	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	<u> </u>	
		Is the claim subject to offset? ■ No ☐ Yes	
3.69	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$444.88
	DIRECT SUPPLY	☐ Contingent	
	BOX 88201	☐ Unliquidated	
	Milwaukee, WI 53288	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.70	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$461.07
	DJO LLC	☐ Contingent	
	PO BOX 650777	☐ Unliquidated	
	Dallas, TX 75265	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
		is the claim subject to onset? — No	
3.71	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,600.00
	DURANT ANESTHESIA ASSOC	☐ Contingent	·
	PO BOX 5125	☐ Unliquidated	
	Durant, OK 74702	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	-	
		Is the claim subject to offset? ■ No ☐ Yes	
3.72	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,704.86
	EDWARD SLOAN AND ASSOCIATES	☐ Contingent	
	PO BOX 788	☐ Unliquidated	
	Winnsboro, TX 75494	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.73	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,000.00
	EDWIN FRENCH ELLIS	☐ Contingent	
	PO BOX 277	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the ciaim subject to cliset: - NO - (62)	
3.74	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,312.52
	ELECTRONIC DICTATION OF TULSA INC	☐ Contingent	
	9717 E 42ND ST STE 142	☐ Unliquidated	
	Tulsa, OK 74146	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority	Case number (if known)	
	Nonpriority creditor's name and mailing address EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$36,391.80
	Date(s) debt was incurred	1,	
	Last 4 digits of account number	Basis for the claim: _	
	Luci 4 digite of decodific fidings.	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address ESOLUTIONS INC CO BESSENDACHER COMM PO BOX 480108 Kansas City, MO 64148 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$1,500.00
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address ESTATE OF PHILLIP CHAMBERS CO JON ED BROWN 102 WEST JACKSON STREET Hugo, OK 74743 Date(s) debt was incurred _ Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Is the claim subject to offset? No Yes	\$0.00
	Nonpriority creditor's name and mailing address ESTES EXPRESS LINES PO BOX 25612 Richmond, VA 23260 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$711.20
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address ETHEL M HAUGEN 2128 N 14TH STREET 1 BOX 267 Ponca City, OK 74601 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Is the claim subject to offset? No Yes	\$17,000.00
	Nonpriority creditor's name and mailing address FARM BUREAU MUTUAL INSURANCE COMPANY BOX 53332 Oklahoma City, OK 73152 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Is the claim subject to offset? ■ No ☐ Yes	\$25.00
	Nonpriority creditor's name and mailing address FASTHEALTH CORPORATION 1001 23RD AVE SUITE C Tuscaloosa, AL 35401 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Is the claim subject to offset? ■ No ☐ Yes	\$2,824.96

Debtor	Pushmataha County - City of Antlers Hospit Authority Name	Case number (if known)	
0.00			4407.00
3.82	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$167.99
	FEDEX	Contingent	
	PO BOX 660481 Dallas, TX 75266	Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.83	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,168.00
	FIRST INSURANCE AN AFFILIATE OF FIRST	☐ Contingent	
	BA BOY 060	☐ Unliquidated	
	PO BOX 960	☐ Disputed	
	ATOKA, OK 74525	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.84	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$931.05
	FIRSTBANK ANTLERS	☐ Contingent	
	PO BOX 458	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
		Is the claim subject to offset? ■ No ☐ Yes	
3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,568.95
	FISHER HEALTHCARE ACCT 5151710001	☐ Contingent	
	PO BOX 404705	☐ Unliquidated	
	Atlanta, GA 30384-4000	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	-	
		Is the claim subject to offset? ■ No ☐ Yes	
3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,483.53
	FIVE STAR OFFICE SUPPLY	☐ Contingent	
	127 W MAIN	☐ Unliquidated	
	Durant, OK 74701	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$77.29
	GCX CORPORATION	☐ Contingent	
	PO BOX 1410	☐ Unliquidated	
	Suisun City, CA 94585	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$11,737.16
0.00	GE HEALTHCARE		ψ11,131.10
	PO BOX 641419	☐ Contingent ☐ Unliquidated	
	Pittsburgh, PA 15264	☐ Unilquidated ☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos	Spital Case number (if known)	
	Name Nonpriority creditor's name and mailing address GE MEDICAL SYSTEMS PO BOX 843553 Dallas, TX 75284	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$50,066.63
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address GE MEDICAL SYSTEMS 5517 COLLECTIONS CENTER DR Chicago, IL 60693 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ☐ Is the claim subject to offset? ■ No ☐ Yes	\$247.80
	Nonpriority creditor's name and mailing address GLOBAL EQUIPMENT CO PO BOX 905713 Charlotte, NC 28290	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$455.09
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address GLOBAL GOVT ED SYX SERVICES PO BOX 442949 Miami, FL 33144 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: ☐ Is the claim subject to offset? ☐ No ☐ Yes	\$303.88
	Nonpriority creditor's name and mailing address GRIFFIN COMMUNICATIONS PO BOX 160 Point, TX 75472 Date(s) debt was incurred	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$450.00
	Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address HEALTHCARE FIRST PO BOX 202975 Dallas, TX 75320	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$375.00
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address HEALTHCARE LOGISTICS PO BOX 400 Circleville, OH 43113 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$1,394.18
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Official Form 206 E/F

Debtor	Pushmataha County - City of Antlers Hosp Authority	ital Case number (if known)	
	Name		
3.96	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$37,494.18
	HEARTLAND PATHOLOGY CONSULTANT	☐ Contingent	
	PO BOX 26343	☐ Unliquidated	
	Oklahoma City, OK 73126	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.97	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$31.16
	HILL ROM	☐ Contingent	
	PO BOX 643592	☐ Unliquidated	
	Pittsburgh, PA 15264	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.98	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$944.75
	HMS HEALTH LLC	☐ Contingent	
	740 SPIRIT 40 PARK DRIVE	☐ Unliquidated	
	Chesterfield, MO 63005	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.99	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$27,586.83
	HOSPIRA WORLDWIDE INC	☐ Contingent	
	75 REMITTANCE DRIVE SUITE 6136	☐ Unliquidated	
	Chicago, IL 60675	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.100	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$65,000.00
	INTERNAL REVENUE SERVICE	□ Contingent	, ,
	PO BOX 37941	☐ Unliquidated	
	Hartford, CT 06176-7941	■ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.101	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$5.00
	IPFS CORPORATION	☐ Contingent	
	PO BOX 730223	☐ Unliquidated	
	Dallas, TX 75373-0223	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.102	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$50.60
0.102	JASON MARONEY	Contingent	φ30.00
	PO BOX 175	☐ Contingent ☐ Unliquidated	
	Finley, OK 74543	☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
	Last 7 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Official Form 206 E/F

Debtor	Pushmataha County - City of Antlers Hos Authority	pital Case number (if known)	
	Name		
3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,166.00
	JETSCRIBE SOUTHEASTERN RADIO	☐ Contingent	
	215 E CHOCTAW STE 103	☐ Unliquidated	
	McAlester, OK 74501	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$765.40
	JOHNSON & JOHNSON HEALTH CARE	☐ Contingent	
	SYSTEMS	☐ Unliquidated	
	5972 COLLECTIONS CTR DR	☐ Disputed	
	Chicago, IL 60693	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$24.20
	KANION JONES	☐ Contingent	· · · · · · · · · · · · · · · · · · ·
	413 S DOK RD	☐ Unliquidated	
	Lane, OK 74555	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number	<u> </u>	
		Is the claim subject to offset? ■ No ☐ Yes	
3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$13,467.88
	LABCORP	☐ Contingent	
	PO BOX 12140	☐ Unliquidated	
	Burlington, NC 27216-2140	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	-	
		Is the claim subject to offset? ■ No ☐ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,900.00
	LABORATORY SUPPLY CO	☐ Contingent	
	1951 BISHOP LANE	☐ Unliquidated	
	SUITE 300	☐ Disputed	
	Louisville, KY 40218	Basis for the claim:	
	Date(s) debt was incurred _	-	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$843.41
	LANDAUER INC	☐ Contingent	
	PO BOX 809051	☐ Unliquidated	
	Chicago, IL 60680-9051	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$57,999.96
	LEGACY THERAPY	☐ Contingent	
	RT 1 BOX 1330	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital Case number (if known)	
	Name		
3.110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$621.46
	MAILFINANCE	☐ Contingent	
	25881 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673-1258	□ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.111	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$335.39
	MAINE STANDARDS	☐ Contingent	
	765 ROOSEVELT TRAIL	☐ Unliquidated	
	SUITE 9A	☐ Disputed	
	Windham, ME 04062	Rasis for the claim:	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.112	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$759.58
	MCALESTER NEWS CAPITAL	☐ Contingent	
	PO BOX 987	☐ Unliquidated	
	McAlester, OK 74502	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
	_	Is the claim subject to offset? ■ No ☐ Yes	
3.113	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,907.50
	MED TECH SOLUTIONS	☐ Contingent	
	1116 S 129 EAST AVENUE	☐ Unliquidated	
	Tulsa, OK 74108	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	-	
		Is the claim subject to offset? ■ No ☐ Yes	
3.114	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,827.44
	MEDISCRIBES INC	☐ Contingent	
	12806 TOWNEPARK WAY	☐ Unliquidated	
	Louisville, KY 40243	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.115	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$876.52
	MEDIVATORS INC	□ Contingent	
	14605 28TH AVENUE NORTH	☐ Unliquidated	
	Minneapolis, MN 55447-4822	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
		Is the claim subject to offset? ■ No ☐ Yes	
3.116	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$13,625.19
	MEDLINE INDUSTRIES	☐ Contingent	
	DEPT 1080	☐ Unliquidated	
	PO BOX 121080	☐ Disputed	
	Dallas, TX 75312-1080	·	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

Debto	Pushmataha County - City of Antlers Hosp Authority Name	ital Case number (if known)	
3.117	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,598.61
0.117	METROPOLITAN TELECOMMUNICATION	Contingent	φ3,390.01
	PO BOX 9660	☐ Unliquidated	
	Manchester, NH 03108-9660	☐ Disputed	
	Date(s) debt was incurred	□ Disputed	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No ☐ Yes	
3.118	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$320.00
	MICHAEL B EARLS & KRISTINA	☐ Contingent	
	PO BOX 1033	☐ Unliquidated	
	JENKS, OK 74137	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.119	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$295.00
011.10	MILLER OFFICE EQUIPMENT	Contingent	Ψ200.00
	900 E WYANDOTTE		
	McAlester, OK 74501	Unliquidated	
	Date(s) debt was incurred	☐ Disputed	
		Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.120	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$16,160.70
	MINDRAY DS US INC	☐ Contingent	
	ATTN ELLIOT SILVER	☐ Unliquidated	
	190 SYLVAN AVENUE	_ `	
	Englewood Cliffs, NJ 07632	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.121	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,088.11
	MUTUAL OF OMAHA - POLICYHOLDER	□ Contingent	. ,
	SERVICE	☐ Unliquidated	
	PO BOX 2147	·	
	Omaha, NE 68103-2147	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.122	Nonpriority creditor's name and mailing address MYHEALTH ACCESS NETWORK	As of the petition filing date, the claim is: Check all that apply.	\$2,970.47
	ATTN DENISE DENNIS	☐ Contingent	
	16 E 16 STREET	☐ Unliquidated	
	SUITE 405	☐ Disputed	
	Tulsa, OK 74119	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.123	Nonpriority creditor's name and mailing address NATIONAL ASSOCIATION OF CPSI CLIENTS	As of the petition filling date, the claim is: Check all that apply.	\$200.00
	INC	Contingent	
	REESE BAKER	☐ Unliquidated	
	520 WEST GUM STREET	☐ Disputed	
	Marion, KY 42064	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

Official Form 206 E/F

Debtor		tal Case number (if known)	
0.404	Name		40.054.50
3.124	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,951.56
	NATIONAL RESEARCH CORP PO BOX 809030	☐ Contingent	
	Chicago, IL 60680-9030	☐ Unliquidated	
	•	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.125	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,100.00
	NEOPOST USA INC	☐ Contingent	
	25880 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673-1258	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.126	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$243.26
	NETWORK SERVICES COMPANY	☐ Contingent	
	LOCKBOX 231805	☐ Unliquidated	
	1805 MOMENTUM PLACE	Disputed	
	Chicago, IL 60689-5318	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.127	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,768.73
	NUMED INC	☐ Contingent	
	PO BOX 1098	☐ Unliquidated	
	Denton, TX 76202	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.128	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$312.30
	OFFICE EQUIPMENT CENTER	☐ Contingent	***
	PO BOX 1246	☐ Unliquidated	
	Paris, TX 75461-1246	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.129	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$65.06
	OHLIN SALES INC.	☐ Contingent	
	6024 CULLIGAN WAY	☐ Unliquidated	
	Minnetonka, MN 55345	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digite of decount number _	Is the claim subject to offset? ■ No ☐ Yes	
3.130	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$44,669.55
	OK EMPLOYMENT SECURITY COMMISSION	☐ Contingent	
	PO BOX 52004	☐ Unliquidated	
	Oklahoma City, OK 73152-2004	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hospin Authority Name	tal Case number (if known)	
0.404		A set of the set of th	* 05 457 04
3.131	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$35,457.24
	OK HEALTH CARE ASSOCIATION	☐ Contingent	
	PREMIUM LOCK BOX	☐ Unliquidated	
	PO BOX 2038 Oklahoma City, OK 73101	☐ Disputed	
		Basis for the claim: _	
	Date(s) debt was incurred _	Is the claim subject to offset? ■ No □ Yes	
	Last 4 digits of account number _	is the claim subject to onset: — No	
3.132	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$100.00
	OK STATE DEPT OF HEALTH	☐ Contingent	
	ATTN FINANCIAL MGMT-RECEIPTING UNIT	☐ Unliquidated	
	PO BOX 268823	☐ Disputed	
	Oklahoma City, OK 73126-8816		
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.133	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,016.94
	OKLAHOMA ASSOC OF HEALTH CARE	☐ Contingent	
	200 NE 28TH	☐ Unliquidated	
	Oklahoma City, OK 73105	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.134	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,335.00
	OKLAHOMA BLOOD INSTITUTE	☐ Contingent	
	DEPT 96 0115	☐ Unliquidated	
	Oklahoma City, OK 73196-0115	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.135	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$140.00
	OKLAHOMA DEPT OF LABOR	☐ Contingent	
	3017 N STILES SUITE 100	☐ Unliquidated	
	Oklahoma City, OK 73105	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
2.400	I Name to the second test of the	As of the matition filling date the delay to the control of	#0.400.00
3.136	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,122.00
	OKLAHOMA HOSPITAL ASSOCIATION	Contingent	
	DEPT 96 0298	Unliquidated	
	Oklahoma City, OK 73196-0298	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.137	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$154.50
0.101	OKLAHOMA LABOR LAW POSTER SERV		φ134.30
	5830 NW EXPRESSWAY NO. 211	☐ Contingent	
	Oklahoma City, OK 73132-5239	☐ Unliquidated	
	-	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital Case number (if known)	
	Name		
3.138	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$958.75
	OKLAHOMA NATURAL GAS	☐ Contingent	
	ATTN DT O	☐ Unliquidated	
	PO BOX 401	Disputed	
	Oklahoma City, OK 73101	□ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
	_		
3.139	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$225,213.88
	OLYMPUS AMERICA INC	☐ Contingent	
	3500 CORPORATE PARKWAY	☐ Unliquidated	
	Center Valley, PA 18034	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	-	
		Is the claim subject to offset? ■ No □ Yes	
3.140	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$151,957.46
	OLYMPUS FINANCIAL SERVICE	☐ Contingent	· ,
	PO BOX 200183	☐ Unliquidated	
	Pittsburgh, PA 15251-0183	☐ Disputed	
	Date(s) debt was incurred	□ Disputed	
	• • • • • • • • • • • • • • • • • • • •	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.141	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$312.30
	OLYMPUS MEDICAL	Contingent	
	5900 FIRST SO	<u> </u>	
	Seattle, WA 98108	☐ Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.142	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,314.00
	OPTIMUM ENERGY SOLUTIONS INC	☐ Contingent	· ,
	PO BOX 23678	☐ Unliquidated	
	Oklahoma City, OK 73123	Disputed	
	Date(s) debt was incurred	•	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No ☐ Yes	
3.143	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$432.95
	OPTUM	☐ Contingent	
	PO BOX 88050	☐ Unliquidated	
	Chicago, IL 60680-1050	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
		Is the claim subject to offset? ■ No □ Yes	
3.144	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$912.71
	OPTUMINSIGHT	☐ Contingent	
	BOX 88227	☐ Unliquidated	
	Milwaukee, WI 53288-0227	Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No □ Yes	

Debtor	7109	spital Case number (if known)	
	Name		
3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,831.78
	ORTHO CLINICAL DIAGNOSTIC	☐ Contingent	
	LOCK BOX 10	☐ Unliquidated	
	PO BOX 406663	☐ Disputed	
	Atlanta, GA 30384-6663	Basis for the claim:	
	Date(s) debt was incurred _	_	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,303.46
	OWENS & MINOR	☐ Contingent	
	PO BOX 841420	☐ Unliquidated	
	Dallas, TX 75284-1420	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to onset? — No	
3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$42.48
	OZARKA WATER	☐ Contingent	
	217 NORTH HIGH STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the daim subject to offset? — No	
3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$444.99
	PACIFIC MEDICAL LLC	☐ Contingent	
	REPAIRS AND EQUIPMENT	☐ Unliquidated	
	32981 CALLE PERFACTO	☐ Disputed	
	San Juan Capistrano, CA 92675	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$213.89
	PAGE PLUS	☐ Contingent	
	10222 E 41ST STREET	☐ Unliquidated	
	Tulsa, OK 74146	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$175.00
3.130	PANSONIC NORTH AMERICA		\$175.00
	1300 MICHEAL DRIVE	Contingent	
	SUITE A	Unliquidated	
	Wood Dale, IL 60191	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
2 4 5 4		As of the natition filling date the state in the state of	£4 000 47
3.151	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,266.47
	PARTS SOURCE	Contingent	
	777 LENA DRIVE	Unliquidated	
	Aurora, OH 44202	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hospital or Authority Case number (if known)		
	Name		
3.152	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,010.00
	PENDERGRAPH SYSTEMS INC.	☐ Contingent	·
	6916 E 12TH STREET	☐ Unliquidated	
	Tulsa, OK 74112	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
		Is the claim subject to offset? ■ No ☐ Yes	
3.153	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,725.35
	PHYSICIAN SALES & SERVICES	☐ Contingent	
	3125 N GREAT SOUTHWEST PARKWAY	☐ Unliquidated	
	SUITE 200 Grand Prairie, TX 75050	☐ Disputed	
		Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.154	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$483.83
	PRECISION DYNAMICS CORP	□ Contingent	· ·
	4193 SOLUTIONS CENTER	☐ Unliquidated	
	CHICAGO, IL 60677-4001	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the daim subject to onset? — No	
3.155	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$458.21
	PRUETT'S CUT RATE PHARMACY	☐ Contingent	
	906 E MAIN STREET	☐ Unliquidated	
	ANTLERS, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.156	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,881.89
	PRUETT'S FOOD STORE	☐ Contingent	
	1002 E MAIN	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.157	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$139,679.68
	PTR HEALTHCARE MANAGEMENT	☐ Contingent	
	SOLUTIONS, LLC	☐ Unliquidated	
	261 WEST HWY 3	☐ Disputed	
	Atoka, OK 74525	Pagin for the plains	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.158	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$11,989.88
	PUBLIC SERVICE COMPANY OF	Contingent	•
	OKLAHOMA	☐ Unliquidated	
	PO BOX 24421	☐ Disputed	
	Canton, OH 44701-4421	·	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor		pital Case number (if known)	
	Name		
3.159	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$240.00
	PUSHMATAHA COUNTY CHAMBER OF	☐ Contingent	
	COMMERCE	☐ Unliquidated	
	PO BOX 25	☐ Disputed	
	Atoka, OK 74525		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.160	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$100.00
	PUSHMATAHA COUNTY HEALTH DEPT	☐ Contingent	<u> </u>
	318 WEST MAIN STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$18.40
	PUSHMATAHA FAMILY MEDICAL	☐ Contingent	<u> </u>
	1020 LAWSON BLVD	☐ Unliquidated	
	Clayton, OK 74536	☐ Disputed	
	Date(s) debt was incurred _	·	
	-	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.162	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$264.71
	PUSHMATAHA HOSPITAL	☐ Contingent	
	510 E MAIN STREET		
	Antlers, OK 74523	☐ Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.163	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$12,000.00
	QUALITY RX CONSULTING	☐ Contingent	
	PO BOX 1184	☐ Unliquidated	
	Atoka, OK 74525	Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number _	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.164	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,073.43
	RELIANT MEDICAL SERVICES	☐ Contingent	
	2620 W 15TH COURT	☐ Unliquidated	
	Pompano Beach, FL 33069	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to offset? - No - Yes	
3.165	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,408.00
	RESOURCE ONE	☐ Contingent	
	PO BOX 4830	☐ Unliquidated	
	Tulsa, OK 74159-4830	☐ Disputed	
	Date(s) debt was incurred _		
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No □ Yes	

Debtor		ital Case number (if known)	
0.455	Name		*.= -
3.166	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$150.00
	RICHIE BLEVINS	Contingent	
	PO BOX 556	Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.167	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,464,415.03
	ROWLAND FLATT CLINIC	☐ Contingent	
	603 NE 2ND STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.168	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$748.14
	SHRED IT	☐ Contingent	
	PO BOX 731238	☐ Unliquidated	
	Dallas, TX 75373-1238	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.169	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,955.64
0.103	SIMPLEX GRINNELL LP	☐ Contingent	Ψ0,300.0+
	DEPT CH 10320	☐ Unliquidated	
	Palatine, IL 60055-0320	☐ Disputed	
	Date(s) debt was incurred		
	-	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.170	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,886.00
	SMITH MEDICAL EQUIPMENT INC	☐ Contingent	
	2014 HIDDEN PARK ROAD	☐ Unliquidated	
	FORT SMITH, AR 72916	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.171	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$270,000.00
	SOUTHEASTERN EMERGENCY SERVICE	☐ Contingent	
	1201 E JACKSON	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.172	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$1,800.00
	SOUTHWEST TEST & BALANCE	Contingent	* /
	200 NW 132ND STREET	☐ Unliquidated	
	Oklahoma City, OK 73114	☐ Disputed	
	Date(s) debt was incurred	•	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hospital Authority Case number (if known)				
	Name		44 000 00		
3.173	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,388.89		
	SPECTRON CORPORATION	☐ Contingent			
	FOX PLAZA SUITE 650	☐ Unliquidated			
	5416 SOUTH YALE	☐ Disputed			
	Tulsa, OK 74135-6244	·			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.174	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,241.00		
	SSM HEALTHCARE OF OKLAHOMA INC	☐ Contingent	. ,		
	7106 SOLUTION CENTER	☐ Unliquidated			
	Chicago, IL 60677-7001				
	_	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _				
		Is the claim subject to offset? ■ No ☐ Yes			
3.175	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$175.00		
	STAMPER PERRIN PLLC	☐ Contingent			
	PO BOX 100	☐ Unliquidated			
	Antlers, OK 74523	☐ Disputed			
		□ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.176	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,136.58		
	STAPLES ADVANTAGE	☐ Contingent	V 1,100.00		
	PO BOX 71217	<u> </u>			
	Chicago, IL 60694-1217	Unliquidated			
	Cilicago, IL 00034-1217	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.177	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4.623.03		
	STERICYCLE INC	☐ Contingent	· ,		
	PO BOX 6575	☐ Unliquidated			
	Carol Stream, IL 60197-6575	<u> </u>			
		☐ Disputed			
	Date(s) debt was incurred Last 4 digits of account number	Basis for the claim: _			
	Last 4 digits of associate number _	Is the claim subject to offset? ■ No ☐ Yes			
3.178	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$250.96		
	STRYKER ENDOSCOPY SUPPLIES	☐ Contingent			
	STRYKER SALES CORPORATION	☐ Unliquidated			
	PO BOX 93276	☐ Disputed			
	Chicago, IL 60673	□ Disputed			
	Date(s) debt was incurred	Basis for the claim: _			
	<u>-</u>	Is the claim subject to offset? ■ No □ Yes			
	Last 4 digits of account number _	is the cidim subject to onser? — No			
3.179	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$132.07		
	TEXASIA CORPORATION	☐ Contingent			
	PO BOX 1443	☐ Unliquidated			
	Atoka, OK 74525	☐ Disputed			
		□ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			

Debtor	Pushmataha County - City of Antlers Hospital Authority Case number (if known)				
	Name				
3.180	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$430.90		
	THE AUTO PARTS STORE	☐ Contingent			
	118 EAST MAIN	☐ Unliquidated			
	ANTLERS, OK 74523	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	<u> </u>			
		Is the claim subject to offset? ■ No ☐ Yes			
3.181	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,216.80		
	THE DALLAS MARKETING GROUP	☐ Contingent			
	12221 MERIT DRIVE	□ Unliquidated			
	SUITE 850	Disputed			
	Dallas, TX 75251	·			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes			
3.182	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$726.00		
	THE HARTFORD	☐ Contingent			
	PO BOX 660916	☐ Unliquidated			
	Dallas, TX 75266-0916	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	_			
		Is the claim subject to offset? ■ No □ Yes			
3.183	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$325.00		
	THE PHONE SPECIALIST	☐ Contingent			
	24084 NCR 3387	☐ Unliquidated			
	Stratford, OK 74872	Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	——————————————————————————————————————			
		Is the claim subject to offset? ■ No □ Yes			
3.184	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$335.70		
	TIPPS ELECTRICAL SERVICES	☐ Contingent			
	PO BOX 237	☐ Unliquidated			
	Antlers, OK 74523	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.185	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$221.35		
	TOUCHSTONE COMMUNICATIONS	☐ Contingent	<u> </u>		
	PO BOX 27772	☐ Unliquidated			
	Newark, NJ 07101-7772	Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
		is the claim subject to offset? — No			
3.186	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,430.29		
	TRANE US INC	☐ Contingent			
	PO BOX 845053	☐ Unliquidated			
	Dallas, TX 75284-5053	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			

Debtor	Authority					
3.187	Name Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$95.00			
	UNIVERSAL LICENSING SE		Ψ00.00			
	4401 A CONNETICUT AVE NW	☐ Contingent				
NO 232		Unliquidated				
	Washington, DC 20008-2358	☐ Disputed				
	Date(s) debt was incurred	Basis for the claim: _				
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes				
3.188	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$96.38			
	UPS	☐ Contingent	<u> </u>			
	SYNTER RESOURCE GROUP LLC	☐ Unliquidated				
	PO BOX 63247					
	North Charleston, SC 29419-3247	☐ Disputed				
		Basis for the claim: _				
	Date(s) debt was incurred _ Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes				
2 100		As of the notition filling date the plain in Charlett the south	£0.47.20			
3.189	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$947.29			
	US ENDOSCOPY	Contingent				
	5976 HEISLEY ROAD	☐ Unliquidated				
	Mentor, OH 44060	☐ Disputed				
	Date(s) debt was incurred _	Basis for the claim:				
	Last 4 digits of account number _	<u>-</u>				
		Is the claim subject to offset? ■ No ☐ Yes				
3.190	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$15,315.59			
	US FOODSERVICE	☐ Contingent				
	OKLAHOMA DIVISION	☐ Unliquidated				
	PO BOX 973118	☐ Disputed				
	Dallas, TX 75397-3118	□ Disputed				
	Date(s) debt was incurred	Basis for the claim: _				
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes				
3.191	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$538.74			
	WELLS FARGO FINANCIAL LEASING	☐ Contingent	*****			
	PO BOX 6434	☐ Unliquidated				
	Carol Stream, IL 60197-6434					
	Date(s) debt was incurred	☐ Disputed				
	Last 4 digits of account number	Basis for the claim:				
		Is the claim subject to offset? ■ No ☐ Yes				
3.192	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$24,463.27			
	WERFEN USA LLC	☐ Contingent				
	PO BOX 347934	☐ Unliquidated				
	Pittsburgh, PA 15251-4934	☐ Disputed				
	Date(s) debt was incurred _	Basis for the claim:				
	Last 4 digits of account number	Dasis for the Claim				
		Is the claim subject to offset? ■ No ☐ Yes				
3.193	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,003.34			
	WINDSTREAM COMMUNICATIONS	☐ Contingent				
	PO BOX 9001950	☐ Unliquidated				
	Louisville, KY 40290-1950	☐ Disputed				
	Date(s) debt was incurred					
	Last 4 digits of account number _	Basis for the claim: _				
		Is the claim subject to offset? ■ No □ Yes				

Debto	Pushmataha County - City of Antlers Hos Authority Name	pital Case number (if known)					
3.194	Nonpriority creditor's name and mailing address	As of the petition fil	ing date, t	the claim is: Check all that apply.	\$247.66		
	ZEP MANUFACTURING COMPANY	☐ Contingent					
	PO BOX 841508	Unliquidated					
	Dallas, TX 75284-1508	☐ Disputed	•				
	Date(s) debt was incurred _		Basis for the claim: _				
	Last 4 digits of account number	Basis for the claim:					
	Is the claim subject to		o offset?	No ☐ Yes			
Part 3	List Others to Be Notified About Unsecured Cla	aims					
	n alphabetical order any others who must be notified for c gnees of claims listed above, and attorneys for unsecured credi		1 2. Examp	les of entities that may be listed ar	e collection agencies,		
If no	others need to be notified for the debts listed in Parts 1 ar	nd 2, do not fill out or sub	mit this pa	age. If additional pages are need	led, copy the next page.		
	Name and mailing address			ch line in Part1 or Part 2 is the creditor (if any) listed?	Last 4 digits of account number, if any		
4.1	ELI SARFATY		_	_	•		
	1 NORTH SHERRI LANE		Line <u>3</u> .	<u>.2</u>	_		
	Wesley Hills, NY 10977		□ No	ot listed. Explain			
4.2	JASON MCCART						
	101 PARK AVENUE		Line 3	<u>.88</u>	_		
	SUITE 1010		_				
	Oklahoma City, OK 73102		∐ No	ot listed. Explain			
4.3	JASON MCCART		_				
	101 PARK AVENUE		Line <u>3</u>	<u>.99</u>	_		
	SUITE 1010		□ No	ot listed. Explain			
	Oklahoma City, OK 73102			it listed. Explain			
4.4	MARK R REENTS - SPECTRON CORP		3	472			
	5416 S YALE AVE		Line <u>3</u>	.173	_		
	SUITE 600		□ No	ot listed. Explain			
	Tulsa, OK 74135						
4.5	REBECCA J PRICE		_				
	515 HAMILTON STREET		Line <u>3</u>	<u>.139</u>	_		
	SUITE 502		□ No	ot listed. Explain			
	Allentown, PA 18101			ilsted. Explain			
Part 4	Total Amounts of the Priority and Nonpriority L	Jnsecured Claims					
5. Add	the amounts of priority and nonpriority unsecured claims.						
50 To	tal claims from Part 1		50	Total of claim amounts	0.00		
	tal claims from Part 1 tal claims from Part 2		5a. 5b.	·	0.00		
JU. 10	tai CiaimS IIVIII Falt Z		SD.	+ \$ 3,690,9	da.10t		
5c. To	tal of Parts 1 and 2				0.007.66		
	nes 5a + 5h - 5c		5c.	\$ 3,690	0,907.66		

United States Bankruptcy Court Eastern District of Oklahoma

Case No.

In re Pushmataha County - City of Antlers Hospital Authority

		Debtor(s)	Chapter	9
	VERIFICAT	TION OF CREDITOR	MATRIX	
	nairman, Pushmataha County-City of Antlernat the attached list of creditors is true and co	-	•	debtor in this case, hereby
Date:	September 23, 2016	/s/ David Smith David Smith/Chairman, Push Authority Signer/Title	mataha County-0	City of Antlers Hosp.

ADMINISTRATIVE CONSULTANT SERVICES LLC PO BOX 3368 Shawnee, OK 74802

ADVANCED MOLECULAR DIAGNOSTICS 535 EAST CRESENT AVENUE Ramsey, NJ 07446

AIRGAS USA LLC 1 WEST CHOCTAW McAlester, OK 74501

ALBERT C WITT JR 5275 LAWRENCE 1225 Ash Grove, MO 65604

ALERE NORTH AMERICA INC PO BOX 846153 Boston, MA 02284-6153

ALL PHASE BUSINESS INC 1920 E GLADWICK STREET RANCHO DOMINQUEZ, CA 90220

ALLIANCE COMMUNICATION PO BOX 9090 Tyler, TX 75711

ALLIANCE HEALTH 1800 W UNIVERSITY BLVD Durant, OK 74701

ALLSTATE CANCER ACCIDENT PO BOX 650514 Dallas, TX 75265

AMANDA BREWER 575 E BLACKJACK Atoka, OK 74525

AMBU INC PO BOX 64118 Baltimore, MD 21264-4118

AMERICAN ASSOCIATION OF BIOANA 205 WEST LEVEE STREET Brownsville, TX 78520

AMERICAN HOSPITAL ASSOCIATION PO BOX 92247 CHICAGO, IL 60675

AMN HEALTHCARE INC FILE 56157 Los Angeles, CA 90074 ANESTHESIA SERVICES INC 1821 N CLASSEN BLVD SUITE 100 Oklahoma City, OK 73106

ANTHEM BLUE CROSS PO BOX 70000 Van Nuys, CA 91470

ANTLERS AMERICA PO BOX 578 Antlers, OK 74523

ANTLERS HARDWARE 103 N HIGH ST Antlers, OK 74523

ANTLERS PHARMACY PO BOX 487 Antlers, OK 74523

ANTLERS PUBLIC WORKS 100 S E 2ND STREET Antlers, OK 74523

ANTLERS ROOF AND TRUST CO 1010 N E 5TH STREET Antlers, OK 74523

ARMSTRONG MEDICAL INDUSTRIES 575 KNIGHTBRIDGE PARKWAY Lincolnshire, IL 60069

ARROW MACHINERY CO 121 MARTIN LUTHER KING AVE Oklahoma City, OK 73117

AT&T PO BOX 105068 Atlanta, GA 30348

AT&T PO BOX 5001 Carol Stream, IL 60197

AT&T PO BOX 105068 Atlanta, GA 30348

AT&T
PO BOX 5001
Carol Stream, IL 60197

AT&T LONG DISTANCE PO BOX 5017 Carol Stream, IL 60197 AT&T WIRELESS PO BOX 537104 Atlanta, GA 30353-7104

ATCO INTERNATIONAL ATTN ACCT REC 1401 BARCLAY CIRCLE, SE MARIETTA, GA 03006-0250

ATOKA COUNTY MEDICAL CENTER PO BOX 1107 Atoka, OK 74525

AUREUS RADIOLOGY LLC PO BOX 3037 Omaha, NE 68103

BANCFIRST 501 E CARL ALBERT PKWY McAlester, OK 74501

BECKMAN COULTER INC DEPT CH 10164 Palatine, IL 60055

BIO RAD LABORATORIES INC CLINICAL DIAG DEPT 9740 Los Angeles, CA 90084

BIOMERIEUX VITEK INC PO BOX 500308 Saint Louis, MO 63150

BKD LLP 6120 S YALE AVE SUITE 1400 Tulsa, OK 74136

BRENTS HEAT AND AIR HC 83 BOX 125 Antlers, OK 74523

BRIGGS CORPORATION PO BOX 1355 Des Moines, IA 50305

BRUMMITT AND ASSOCIATES INC 4418 MONTECELLO PLACE Enid, OK 73703

BUDDYS PLUMBING APPLIANCE 114 E MAIN STREET Antlers, OK 74523

BYTESPEED 3131 24TH AVE S MOOREHEAD, MN 56560 C H WYATT JR 309 S RANCHWOOD BLVD PO BOX 851220 Yukon, OK 73085

C H WYATT JR 309 S RANCHWOOD BLVD PO BOX 851220 Yukon, OK 73085

CARDINAL HEALTH DALLAS DIVISION PO BOX 847384 Dallas, TX 75284

CARE LEARNING 6820 DEERPATH ROAD Elkridge, MD 21075

CAREFUSION
25146 NETWORK PLACE
Chicago, IL 60673-1250

CARESTREAM HEALTH INC DEPT CH 19286 Palatine, IL 60055

CARQUEST AUTO PARTS 604 EAST MAIN Antlers, OK 74523

CDW GOVERNMENT INC 75 REMITTANCE DRIVE SUITE 1515 Chicago, IL 60675

CECILIA SUTTERFIELD PERSONAL REP CO JON ED BROWN 102 WEST JACKSON STREET Hugo, OK 74743

CENTERPOINT ENERGY SERVICES INC PO BOX 301149 Dallas, TX 75303

CHARLOTTE MCANALLY 155 N 4325 RD Hugo, OK 74743

CHEMSEARCH PO BOX 971269 Dallas, TX 75397

CHOCTAW MEMORIAL HOSPITAL 1405 EAST KIRK Hugo, OK 74743

CLIA LABORATORY PROGRAM PO BOX 530882 Atlanta, GA 30353

CNA SURETY PO BOX 802876 600, IL 60680

COBRA ONE 1350 SOUTH BOULDER SUITE 300 Tulsa, OK 74119

COMPLIANCE CONSULTANTS 67 EARNHARDT CIRCLE Cabot, AR 72023

CONNER AND WINTERS LLP 400 ONE WILLIAMS CENTER Tulsa, OK 74172

COOK MEDICAL INC 22988 NETWORK PLACE Chicago, IL 60673

COOPER SURGICAL PO BOX 712280 Cincinnati, OH 45271

CPSI 6600 WALL STREET Mobile, AL 36695

CROWE AND DUNLEVY 324 N ROBINSON AVE STE 100 Oklahoma City, OK 73102

DANIEL O ROWLAND 1201 E JACKSON Hugo, OK 74743

DANWELL COMPANIES PO BOX 5304 Durant, OK 74702

DELTA DENTAL PO BOX 960020 Oklahoma City, OK 73196

DEYTA
7400 NEW LAGRANGE ROAD SUITE 200
Louisville, KY 40222

DIAGNOSTIC IMAGING ASSOC 4500 S GARNETT STE 919 Tulsa, OK 74146

DIAGNOSTIC IMAGING ASSOCIATES INC PO BOX 973038
Dallas, TX 75397

DIRECT SUPPLY BOX 88201 Milwaukee, WI 53288

DJO LLC PO BOX 650777 Dallas, TX 75265

DURANT ANESTHESIA ASSOC PO BOX 5125 Durant, OK 74702

EDWARD SLOAN AND ASSOCIATES PO BOX 788 Winnsboro, TX 75494

EDWIN FRENCH ELLIS PO BOX 277 Antlers, OK 74523

ELECTRONIC DICTATION OF TULSA INC 9717 E 42ND ST STE 142 Tulsa, OK 74146

ELI SARFATY 1 NORTH SHERRI LANE Wesley Hills, NY 10977

EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126

ESOLUTIONS INC CO BESSENDACHER COMM PO BOX 480108 Kansas City, MO 64148

ESTATE OF PHILLIP CHAMBERS CO JON ED BROWN 102 WEST JACKSON STREET Hugo, OK 74743

ESTES EXPRESS LINES PO BOX 25612 Richmond, VA 23260

ETHEL M HAUGEN 2128 N 14TH STREET 1 BOX 267 Ponca City, OK 74601 FARM BUREAU MUTUAL INSURANCE COMPANY BOX 53332 Oklahoma City, OK 73152

FASTHEALTH CORPORATION 1001 23RD AVE SUITE C Tuscaloosa, AL 35401

FEDEX PO BOX 660481 Dallas, TX 75266

FIRST INSURANCE AN AFFILIATE OF FIRST BA PO BOX 960 ATOKA, OK 74525

FIRSTBANK ANTLERS PO BOX 458 Antlers, OK 74523

FIRSTBANK ANTLERS PO BOX 458 Antlers, OK 74523

FIRSTBANK ATOKA 701 S MISSISSIPPI Atoka, OK 74525

FISHER HEALTHCARE ACCT 5151710001 PO BOX 404705 Atlanta, GA 30384-4000

FIVE STAR OFFICE SUPPLY 127 W MAIN Durant, OK 74701

GCX CORPORATION PO BOX 1410 Suisun City, CA 94585

GE HEALTHCARE PO BOX 641419 Pittsburgh, PA 15264

GE MEDICAL SYSTEMS PO BOX 843553 Dallas, TX 75284

GE MEDICAL SYSTEMS 5517 COLLECTIONS CENTER DR Chicago, IL 60693

GLOBAL EQUIPMENT CO PO BOX 905713 Charlotte, NC 28290

GLOBAL GOVT ED SYX SERVICES PO BOX 442949 Miami, FL 33144

GRIFFIN COMMUNICATIONS PO BOX 160 Point, TX 75472

HEALTHCARE FIRST PO BOX 202975 Dallas, TX 75320

HEALTHCARE LOGISTICS PO BOX 400 Circleville, OH 43113

HEARTLAND PATHOLOGY CONSULTANT PO BOX 26343 Oklahoma City, OK 73126

HILL ROM
PO BOX 643592
Pittsburgh, PA 15264

HMS HEALTH LLC 740 SPIRIT 40 PARK DRIVE Chesterfield, MO 63005

HOSPIRA WORLDWIDE INC 75 REMITTANCE DRIVE SUITE 6136 Chicago, IL 60675

INTERBANK

INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT 06176-7941

IPFS CORPORATION
PO BOX 730223
Dallas, TX 75373-0223

JASON MARONEY PO BOX 175 Finley, OK 74543

JASON MCCART
101 PARK AVENUE
SUITE 1010
Oklahoma City, OK 73102

JASON MCCART 101 PARK AVENUE SUITE 1010 Oklahoma City, OK 73102

JETSCRIBE SOUTHEASTERN RADIO 215 E CHOCTAW STE 103 McAlester, OK 74501

JOHNSON & JOHNSON HEALTH CARE SYSTEMS 5972 COLLECTIONS CTR DR Chicago, IL 60693

KANION JONES 413 S DOK RD Lane, OK 74555

LABCORP PO BOX 12140 Burlington, NC 27216-2140

LABORATORY SUPPLY CO 1951 BISHOP LANE SUITE 300 Louisville, KY 40218

LANDAUER INC PO BOX 809051 Chicago, IL 60680-9051

LEGACY THERAPY RT 1 BOX 1330 Antlers, OK 74523

MAILFINANCE 25881 NETWORK PLACE Chicago, IL 60673-1258

MAINE STANDARDS 765 ROOSEVELT TRAIL SUITE 9A Windham, ME 04062

MARK R REENTS - SPECTRON CORP 5416 S YALE AVE SUITE 600 Tulsa, OK 74135

MCALESTER NEWS CAPITAL PO BOX 987 McAlester, OK 74502

MED TECH SOLUTIONS 1116 S 129 EAST AVENUE Tulsa, OK 74108 MEDISCRIBES INC 12806 TOWNEPARK WAY Louisville, KY 40243

MEDIVATORS INC 14605 28TH AVENUE NORTH Minneapolis, MN 55447-4822

MEDLINE INDUSTRIES
DEPT 1080
PO BOX 121080
Dallas, TX 75312-1080

METROPOLITAN TELECOMMUNICATION PO BOX 9660 Manchester, NH 03108-9660

MICHAEL B EARLS & KRISTINA PO BOX 1033 JENKS, OK 74137

MILLER OFFICE EQUIPMENT 900 E WYANDOTTE McAlester, OK 74501

MINDRAY DS US INC ATTN ELLIOT SILVER 190 SYLVAN AVENUE Englewood Cliffs, NJ 07632

MUTUAL OF OMAHA - POLICYHOLDER SERVICE PO BOX 2147 Omaha, NE 68103-2147

MYHEALTH ACCESS NETWORK ATTN DENISE DENNIS 16 E 16 STREET SUITE 405 Tulsa, OK 74119

NATIONAL ASSOCIATION OF CPSI CLIENTS INC REESE BAKER 520 WEST GUM STREET Marion, KY 42064

NATIONAL RESEARCH CORP PO BOX 809030 Chicago, IL 60680-9030

NEOPOST USA INC 25880 NETWORK PLACE Chicago, IL 60673-1258 NETWORK SERVICES COMPANY LOCKBOX 231805 1805 MOMENTUM PLACE Chicago, IL 60689-5318

NUMED INC PO BOX 1098 Denton, TX 76202

OFFICE EQUIPMENT CENTER PO BOX 1246 Paris, TX 75461-1246

OHLIN SALES INC. 6024 CULLIGAN WAY Minnetonka, MN 55345

OK EMPLOYMENT SECURITY COMMISSION PO BOX 52004 Oklahoma City, OK 73152-2004

OK HEALTH CARE ASSOCIATION PREMIUM LOCK BOX PO BOX 2038 Oklahoma City, OK 73101

OK STATE DEPT OF HEALTH ATTN FINANCIAL MGMT-RECEIPTING UNIT PO BOX 268823 Oklahoma City, OK 73126-8816

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OKLAHOMA BLOOD INSTITUTE DEPT 96 0115 Oklahoma City, OK 73196-0115

OKLAHOMA DEPT OF LABOR 3017 N STILES SUITE 100 Oklahoma City, OK 73105

OKLAHOMA HOSPITAL ASSOCIATION DEPT 96 0298 Oklahoma City, OK 73196-0298

OKLAHOMA LABOR LAW POSTER SERV 5830 NW EXPRESSWAY NO. 211 Oklahoma City, OK 73132-5239

OKLAHOMA NATURAL GAS ATTN DT O PO BOX 401 Oklahoma City, OK 73101 OLYMPUS AMERICA INC 3500 CORPORATE PARKWAY Center Valley, PA 18034

OLYMPUS FINANCIAL SERVICE PO BOX 200183 Pittsburgh, PA 15251-0183

OLYMPUS MEDICAL 5900 FIRST SO Seattle, WA 98108

OPTIMUM ENERGY SOLUTIONS INC PO BOX 23678
Oklahoma City, OK 73123

OPTUM PO BOX 88050 Chicago, IL 60680-1050

OPTUMINSIGHT
BOX 88227
Milwaukee, WI 53288-0227

ORTHO CLINICAL DIAGNOSTIC LOCK BOX 10 PO BOX 406663 Atlanta, GA 30384-6663

OWENS & MINOR PO BOX 841420 Dallas, TX 75284-1420

OZARKA WATER 217 NORTH HIGH STREET Antlers, OK 74523

PACIFIC MEDICAL LLC REPAIRS AND EQUIPMENT 32981 CALLE PERFACTO San Juan Capistrano, CA 92675

PAGE PLUS 10222 E 41ST STREET Tulsa, OK 74146

PANSONIC NORTH AMERICA 1300 MICHEAL DRIVE SUITE A Wood Dale, IL 60191

PARTS SOURCE 777 LENA DRIVE Aurora, OH 44202 PENDERGRAPH SYSTEMS INC. 6916 E 12TH STREET Tulsa, OK 74112

PHYSICIAN SALES & SERVICES 3125 N GREAT SOUTHWEST PARKWAY SUITE 200 Grand Prairie, TX 75050

PRECISION DYNAMICS CORP 4193 SOLUTIONS CENTER CHICAGO, IL 60677-4001

PRUETT'S CUT RATE PHARMACY 906 E MAIN STREET ANTLERS, OK 74523

PRUETT'S FOOD STORE 1002 E MAIN Antlers, OK 74523

PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC 261 WEST HWY 3 Atoka, OK 74525

PUBLIC SERVICE COMPANY OF OKLAHOMA PO BOX 24421 Canton, OH 44701-4421

PUSHMATAHA COUNTY CHAMBER OF COMMERCE PO BOX 25 Atoka, OK 74525

PUSHMATAHA COUNTY HEALTH DEPT 318 WEST MAIN STREET Antlers, OK 74523

PUSHMATAHA FAMILY MEDICAL 1020 LAWSON BLVD Clayton, OK 74536

PUSHMATAHA HOSPITAL 510 E MAIN STREET Antlers, OK 74523

QUALITY RX CONSULTING PO BOX 1184 Atoka, OK 74525

REBECCA J PRICE 515 HAMILTON STREET SUITE 502 Allentown, PA 18101 RELIANT MEDICAL SERVICES 2620 W 15TH COURT Pompano Beach, FL 33069

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ROWLAND FLATT CLINIC 603 NE 2ND STREET Antlers, OK 74523

SHRED IT PO BOX 731238 Dallas, TX 75373-1238

SIMPLEX GRINNELL LP DEPT CH 10320 Palatine, IL 60055-0320

SMITH MEDICAL EQUIPMENT INC 2014 HIDDEN PARK ROAD FORT SMITH, AR 72916

SOUTHEASTERN EMERGENCY SERVICE 1201 E JACKSON Hugo, OK 74743

SOUTHWEST TEST & BALANCE 200 NW 132ND STREET Oklahoma City, OK 73114

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STAMPER PERRIN PLLC PO BOX 100 Antlers, OK 74523

STAPLES ADVANTAGE PO BOX 71217 Chicago, IL 60694-1217

STERICYCLE INC PO BOX 6575 Carol Stream, IL 60197-6575

STRYKER ENDOSCOPY SUPPLIES STRYKER SALES CORPORATION PO BOX 93276 Chicago, IL 60673

TEXASIA CORPORATION PO BOX 1443 Atoka, OK 74525

THE AUTO PARTS STORE 118 EAST MAIN ANTLERS, OK 74523

THE DALLAS MARKETING GROUP 12221 MERIT DRIVE SUITE 850 Dallas, TX 75251

THE HARTFORD PO BOX 660916 Dallas, TX 75266-0916

THE PHONE SPECIALIST 24084 NCR 3387 Stratford, OK 74872

TIPPS ELECTRICAL SERVICES PO BOX 237 Antlers, OK 74523

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US FOODSERVICE OKLAHOMA DIVISION PO BOX 973118 Dallas, TX 75397-3118

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WERFEN USA LLC PO BOX 347934 Pittsburgh, PA 15251-4934

WINDSTREAM COMMUNICATIONS PO BOX 9001950 Louisville, KY 40290-1950

ZEP MANUFACTURING COMPANY PO BOX 841508 Dallas, TX 75284-1508