

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF OKLAHOMA

Case number (if known) _____ Chapter 9

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name Pushmataha County - City of Antlers 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: 510 East Main Street Antlers, OK 74523
Number, Street, City, State & ZIP Code
Pushmataha
County
Mailing address, if different from principal place of business: _____
P.O. Box, Number, Street, City, State & ZIP Code
Location of principal assets, if different from principal place of business: _____
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.pushhospital.com

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

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

11. Why is the case filed in this district?

Check all that apply:

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

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

No

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

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

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

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

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

Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

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

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor Pushmataha County - City of Antlers Hospital Authority
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 23, 2016
MM / DD / YYYY

X /s/ David Smith
Signature of authorized representative of debtor

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

David Smith
Printed name

18. Signature of attorney

X /s/ Jeffrey E. Tate
Signature of attorney for debtor

Date **September 23, 2016**
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

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

17150
Bar number and State

Fill in this information to identify the case:

Debtor name Pushmataha County - 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 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 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

Fill in this information to identify the case:

Debtor name Pushmataha County - 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 204

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

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
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

Debtor **Pushmataha County - City of Antlers Hospital Authority**
Name

Case number (if known) _____

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

Debtor **Pushmataha County - City of Antlers Hospital Authority**
 Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
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

Fill in this information to identify the case:

Debtor name Pushmataha County - 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 Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	
2.1	FIRSTBANK ANTLERS <small>Creditor's Name</small> PO BOX 458 Antlers, OK 74523 <small>Creditor's mailing address</small> _____ <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien _____ Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$402,096.12	\$0.00

2.2	FIRSTBANK ATOKA <small>Creditor's Name</small> 701 S MISSISSIPPI Atoka, OK 74525 <small>Creditor's mailing address</small> _____ <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien _____ Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$200,000.00	\$0.00
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Debtor **Pushmataha County - City of Antlers Hospital Authority**

Case number (if know) _____

Name

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

2.3 INTERBANK

Creditor's Name

Describe debtor's property that is subject to a lien

\$2,372,890.43

Unknown

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

2.4 USDA

Creditor's Name

Describe debtor's property that is subject to a lien

\$2,885,961.52

Unknown

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

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

\$5,860,948.07

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.

Debtor **Pushmataha County - City of Antlers Hospital**
Authority
Name

Case number (if know) _____

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

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

Line 2.4

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

Line 2.3

ROBERT LUTTRELL III
211 N ROBINSON
SUITE 1000
TWO LEADERSHIP SQUARE 10TH FLOOR
Oklahoma City, OK 73102

Line 2.4

ROBERT LUTTRELL III
211 N ROBINSON
SUITE 1000
TWO LEADERSHIP SQUARE 10TH FLOOR
Oklahoma City, OK 73102

Line 2.3

Fill in this information to identify the case:

Debtor name Pushmataha County - 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 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
- No. Go to Part 2.
- Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address ADMINISTRATIVE CONSULTANT SERVICES LLC PO BOX 3368 Shawnee, OK 74802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> \$5,550.10 <hr/> \$14,400.00 <hr/> \$24,579.42 <hr/> \$95.00

Pushmataha County - City of Antlers Hospital

Debtor Authority

Name

Case number (if known)

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

Debtor **Pushmataha County - City of Antlers Hospital Authority**
Name

Case number (if known)

3.12	Nonpriority creditor's name and mailing address AMERICAN ASSOCIATION OF BIOANA 205 WEST LEVEE STREET Brownsville, TX 78520 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$119.00</u>
3.13	Nonpriority creditor's name and mailing address AMERICAN HOSPITAL ASSOCIATION PO BOX 92247 CHICAGO, IL 60675 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,315.00</u>
3.14	Nonpriority creditor's name and mailing address AMN HEALTHCARE INC FILE 56157 Los Angeles, CA 90074 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,546.50</u>
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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,940.00</u>
3.16	Nonpriority creditor's name and mailing address ANTHEM BLUE CROSS PO BOX 70000 Van Nuys, CA 91470 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.80</u>
3.17	Nonpriority creditor's name and mailing address ANTLERS AMERICA PO BOX 578 Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$113.80</u>
3.18	Nonpriority creditor's name and mailing address ANTLERS HARDWARE 103 N HIGH ST Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$504.74</u>

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3.19	Nonpriority creditor's name and mailing address ANTLERS PHARMACY PO BOX 487 Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$447.74</u>
3.20	Nonpriority creditor's name and mailing address ANTLERS PUBLIC WORKS 100 S E 2ND STREET Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,798.10</u>
3.21	Nonpriority creditor's name and mailing address ANTLERS ROOF AND TRUST CO 1010 N E 5TH STREET Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$404.30</u>
3.22	Nonpriority creditor's name and mailing address ARMSTRONG MEDICAL INDUSTRIES 575 KNIGHTBRIDGE PARKWAY Lincolnshire, IL 60069 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,001.50</u>
3.23	Nonpriority creditor's name and mailing address ARROW MACHINERY CO 121 MARTIN LUTHER KING AVE Oklahoma City, OK 73117 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$39.62</u>
3.24	Nonpriority creditor's name and mailing address AT&T PO BOX 105068 Atlanta, GA 30348 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$113.37</u>
3.25	Nonpriority creditor's name and mailing address AT&T PO BOX 5001 Carol Stream, IL 60197 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$101,790.87</u>

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

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

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3.40	Nonpriority creditor's name and mailing address BRUMMITT AND ASSOCIATES INC 4418 MONTECELLO PLACE Enid, OK 73703 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.41	Nonpriority creditor's name and mailing address BUDDYS PLUMBING APPLIANCE 114 E MAIN STREET Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.69
3.42	Nonpriority creditor's name and mailing address BYTESPEED 3131 24TH AVE S MOOREHEAD, MN 56560 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.00
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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,174.09
3.44	Nonpriority creditor's name and mailing address CARE LEARNING 6820 DEERPATH ROAD Elkridge, MD 21075 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
3.45	Nonpriority creditor's name and mailing address CAREFUSION 25146 NETWORK PLACE Chicago, IL 60673-1250 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.18
3.46	Nonpriority creditor's name and mailing address CARESTREAM HEALTH INC DEPT CH 19286 Palatine, IL 60055 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,919.30

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3.47	Nonpriority creditor's name and mailing address CARQUEST AUTO PARTS 604 EAST MAIN Antlers, OK 74523 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.62
3.48	Nonpriority creditor's name and mailing address CDW GOVERNMENT INC 75 REMITTANCE DRIVE SUITE 1515 Chicago, IL 60675 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,468.44
3.49	Nonpriority creditor's name and mailing address CECILIA SUTTERFIELD PERSONAL REP 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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.50	Nonpriority creditor's name and mailing address CENTERPOINT ENERGY SERVICES INC PO BOX 301149 Dallas, TX 75303 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.69
3.51	Nonpriority creditor's name and mailing address CHARLOTTE MCANALLY 155 N 4325 RD Hugo, OK 74743 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
3.52	Nonpriority creditor's name and mailing address CHEMSEARCH PO BOX 971269 Dallas, TX 75397 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.23
3.53	Nonpriority creditor's name and mailing address CHOCTAW MEMORIAL HOSPITAL 1405 EAST KIRK Hugo, OK 74743 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,893.21

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3.54	Nonpriority creditor's name and mailing address CLIA LABORATORY PROGRAM PO BOX 530882 Atlanta, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,402.00
3.55	Nonpriority creditor's name and mailing address CNA SURETY PO BOX 802876 600, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.56	Nonpriority creditor's name and mailing address COBRA ONE 1350 SOUTH BOULDER SUITE 300 Tulsa, OK 74119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,638.29
3.57	Nonpriority creditor's name and mailing address COMPLIANCE CONSULTANTS 67 EARNHARDT CIRCLE Cabot, AR 72023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.58	Nonpriority creditor's name and mailing address CONNER AND WINTERS LLP 400 ONE WILLIAMS CENTER Tulsa, OK 74172 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,827.94
3.59	Nonpriority creditor's name and mailing address COOK MEDICAL INC 22988 NETWORK PLACE Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$816.49
3.60	Nonpriority creditor's name and mailing address COOPER SURGICAL PO BOX 712280 Cincinnati, OH 45271 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,217.18

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

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3.68	Nonpriority creditor's name and mailing address DIAGNOSTIC IMAGING ASSOCIATES INC PO BOX 973038 Dallas, TX 75397 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.00
3.69	Nonpriority creditor's name and mailing address DIRECT SUPPLY BOX 88201 Milwaukee, WI 53288 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.88
3.70	Nonpriority creditor's name and mailing address DJO LLC PO BOX 650777 Dallas, TX 75265 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.07
3.71	Nonpriority creditor's name and mailing address DURANT ANESTHESIA ASSOC PO BOX 5125 Durant, OK 74702 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,600.00
3.72	Nonpriority creditor's name and mailing address EDWARD SLOAN AND ASSOCIATES PO BOX 788 Winnsboro, TX 75494 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,704.86
3.73	Nonpriority creditor's name and mailing address EDWIN FRENCH ELLIS PO BOX 277 Antlers, OK 74523 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
3.74	Nonpriority creditor's name and mailing address ELECTRONIC DICTATION OF TULSA INC 9717 E 42ND ST STE 142 Tulsa, OK 74146 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,312.52

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3.75	Nonpriority creditor's name and mailing address EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,391.80
3.76	Nonpriority creditor's name and mailing address ESOLUTIONS INC CO BESSENDACHER COMM PO BOX 480108 Kansas City, MO 64148 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.77	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.78	Nonpriority creditor's name and mailing address ESTES EXPRESS LINES PO BOX 25612 Richmond, VA 23260 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$711.20
3.79	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,000.00
3.80	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.81	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,824.96

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3.82 Nonpriority creditor's name and mailing address **FEDEX**
PO BOX 660481
Dallas, TX 75266
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$167.99**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

3.83 Nonpriority creditor's name and mailing address **FIRST INSURANCE AN AFFILIATE OF FIRST BA**
PO BOX 960
ATOKA, OK 74525
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$4,168.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

3.84 Nonpriority creditor's name and mailing address **FIRSTBANK ANTLERS**
PO BOX 458
Antlers, OK 74523
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$931.05**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

3.85 Nonpriority creditor's name and mailing address **FISHER HEALTHCARE ACCT 5151710001**
PO BOX 404705
Atlanta, GA 30384-4000
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$3,568.95**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

3.86 Nonpriority creditor's name and mailing address **FIVE STAR OFFICE SUPPLY**
127 W MAIN
Durant, OK 74701
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$2,483.53**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

3.87 Nonpriority creditor's name and mailing address **GCX CORPORATION**
PO BOX 1410
Suisun City, CA 94585
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$77.29**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

3.88 Nonpriority creditor's name and mailing address **GE HEALTHCARE**
PO BOX 641419
Pittsburgh, PA 15264
 Date(s) debt was incurred _
 Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$11,737.16**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _
 Is the claim subject to offset? No Yes

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3.89	Nonpriority creditor's name and mailing address GE MEDICAL SYSTEMS PO BOX 843553 Dallas, TX 75284 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,066.63</u>
3.90	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$247.80</u>
3.91	Nonpriority creditor's name and mailing address GLOBAL EQUIPMENT CO PO BOX 905713 Charlotte, NC 28290 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$455.09</u>
3.92	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$303.88</u>
3.93	Nonpriority creditor's name and mailing address GRIFFIN COMMUNICATIONS PO BOX 160 Point, TX 75472 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$450.00</u>
3.94	Nonpriority creditor's name and mailing address HEALTHCARE FIRST PO BOX 202975 Dallas, TX 75320 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$375.00</u>
3.95	Nonpriority creditor's name and mailing address HEALTHCARE LOGISTICS PO BOX 400 Circleville, OH 43113 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,394.18</u>

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

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

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3.110 Nonpriority creditor's name and mailing address **MAILFINANCE**
25881 NETWORK PLACE
Chicago, IL 60673-1258
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$621.46**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

3.111 Nonpriority creditor's name and mailing address **MAINE STANDARDS**
765 ROOSEVELT TRAIL
SUITE 9A
Windham, ME 04062
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$335.39**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

3.112 Nonpriority creditor's name and mailing address **MCALESTER NEWS CAPITAL**
PO BOX 987
McAlester, OK 74502
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$759.58**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

3.113 Nonpriority creditor's name and mailing address **MED TECH SOLUTIONS**
1116 S 129 EAST AVENUE
Tulsa, OK 74108
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$4,907.50**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

3.114 Nonpriority creditor's name and mailing address **MEDISCRIBES INC**
12806 TOWNEPARK WAY
Louisville, KY 40243
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$9,827.44**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

3.115 Nonpriority creditor's name and mailing address **MEDIVATORS INC**
14605 28TH AVENUE NORTH
Minneapolis, MN 55447-4822
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$876.52**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

3.116 Nonpriority creditor's name and mailing address **MEDLINE INDUSTRIES**
DEPT 1080
PO BOX 121080
Dallas, TX 75312-1080
Date(s) debt was incurred __
Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.* **\$13,625.19**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
Is the claim subject to offset? No Yes

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3.117 Nonpriority creditor's name and mailing address **METROPOLITAN TELECOMMUNICATION**
PO BOX 9660
Manchester, NH 03108-9660
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$5,598.61**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.118 Nonpriority creditor's name and mailing address **MICHAEL B EARLS & KRISTINA**
PO BOX 1033
JENKS, OK 74137
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$320.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.119 Nonpriority creditor's name and mailing address **MILLER OFFICE EQUIPMENT**
900 E WYANDOTTE
McAlester, OK 74501
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$295.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.120 Nonpriority creditor's name and mailing address **MINDRAY DS US INC**
ATTN ELLIOT SILVER
190 SYLVAN AVENUE
Englewood Cliffs, NJ 07632
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$16,160.70**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.121 Nonpriority creditor's name and mailing address **MUTUAL OF OMAHA - POLICYHOLDER**
SERVICE
PO BOX 2147
Omaha, NE 68103-2147
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,088.11**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.122 Nonpriority creditor's name and mailing address **MYHEALTH ACCESS NETWORK**
ATTN DENISE DENNIS
16 E 16 STREET
SUITE 405
Tulsa, OK 74119
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,970.47**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.123 Nonpriority creditor's name and mailing address **NATIONAL ASSOCIATION OF CPSI CLIENTS**
INC
REESE BAKER
520 WEST GUM STREET
Marion, KY 42064
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$200.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

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

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3.131	Nonpriority creditor's name and mailing address OK HEALTH CARE ASSOCIATION PREMIUM LOCK BOX PO BOX 2038 Oklahoma City, OK 73101 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$35,457.24</u>
3.132	Nonpriority creditor's name and mailing address OK STATE DEPT OF HEALTH ATTN FINANCIAL MGMT-RECEIPTING UNIT PO BOX 268823 Oklahoma City, OK 73126-8816 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
3.133	Nonpriority creditor's name and mailing address OKLAHOMA ASSOC OF HEALTH CARE 200 NE 28TH Oklahoma City, OK 73105 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,016.94</u>
3.134	Nonpriority creditor's name and mailing address OKLAHOMA BLOOD INSTITUTE DEPT 96 0115 Oklahoma City, OK 73196-0115 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,335.00</u>
3.135	Nonpriority creditor's name and mailing address OKLAHOMA DEPT OF LABOR 3017 N STILES SUITE 100 Oklahoma City, OK 73105 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$140.00</u>
3.136	Nonpriority creditor's name and mailing address OKLAHOMA HOSPITAL ASSOCIATION DEPT 96 0298 Oklahoma City, OK 73196-0298 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,122.00</u>
3.137	Nonpriority creditor's name and mailing address OKLAHOMA LABOR LAW POSTER SERV 5830 NW EXPRESSWAY NO. 211 Oklahoma City, OK 73132-5239 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$154.50</u>

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

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3.145	Nonpriority creditor's name and mailing address ORTHO CLINICAL DIAGNOSTIC LOCK BOX 10 PO BOX 406663 Atlanta, GA 30384-6663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,831.78
3.146	Nonpriority creditor's name and mailing address OWENS & MINOR PO BOX 841420 Dallas, TX 75284-1420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,303.46
3.147	Nonpriority creditor's name and mailing address OZARKA WATER 217 NORTH HIGH STREET Antlers, OK 74523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.48
3.148	Nonpriority creditor's name and mailing address PACIFIC MEDICAL LLC REPAIRS AND EQUIPMENT 32981 CALLE PERFECTO San Juan Capistrano, CA 92675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.99
3.149	Nonpriority creditor's name and mailing address PAGE PLUS 10222 E 41ST STREET Tulsa, OK 74146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.89
3.150	Nonpriority creditor's name and mailing address PANSONIC NORTH AMERICA 1300 MICHEAL DRIVE SUITE A Wood Dale, IL 60191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.151	Nonpriority creditor's name and mailing address PARTS SOURCE 777 LENA DRIVE Aurora, OH 44202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,266.47

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

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

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

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3.173 Nonpriority creditor's name and mailing address **SPECTRON CORPORATION
FOX PLAZA SUITE 650
5416 SOUTH YALE
Tulsa, OK 74135-6244** As of the petition filing date, the claim is: *Check all that apply.* **\$1,388.89**
 Contingent
 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

3.174 Nonpriority creditor's name and mailing address **SSM HEALTHCARE OF OKLAHOMA INC
7106 SOLUTION CENTER
Chicago, IL 60677-7001** As of the petition filing date, the claim is: *Check all that apply.* **\$1,241.00**
 Contingent
 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

3.175 Nonpriority creditor's name and mailing address **STAMPER PERRIN PLLC
PO BOX 100
Antlers, OK 74523** As of the petition filing date, the claim is: *Check all that apply.* **\$175.00**
 Contingent
 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

3.176 Nonpriority creditor's name and mailing address **STAPLES ADVANTAGE
PO BOX 71217
Chicago, IL 60694-1217** As of the petition filing date, the claim is: *Check all that apply.* **\$1,136.58**
 Contingent
 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

3.177 Nonpriority creditor's name and mailing address **STERICYCLE INC
PO BOX 6575
Carol Stream, IL 60197-6575** As of the petition filing date, the claim is: *Check all that apply.* **\$4,623.03**
 Contingent
 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

3.178 Nonpriority creditor's name and mailing address **STRYKER ENDOSCOPY SUPPLIES
STRYKER SALES CORPORATION
PO BOX 93276
Chicago, IL 60673** As of the petition filing date, the claim is: *Check all that apply.* **\$250.96**
 Contingent
 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

3.179 Nonpriority creditor's name and mailing address **TEXASIA CORPORATION
PO BOX 1443
Atoka, OK 74525** As of the petition filing date, the claim is: *Check all that apply.* **\$132.07**
 Contingent
 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

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

Debtor **Pushmataha County - City of Antlers Hospital**
Name **Authority**

Case number (if known) _____

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

Debtor **Pushmataha County - City of Antlers Hospital Authority**
Name _____

Case number (if known) _____

3.194 Nonpriority creditor's name and mailing address
ZEP MANUFACTURING COMPANY
PO BOX 841508
Dallas, TX 75284-1508
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$247.66

- Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

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

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

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ELI SARFATY 1 NORTH SHERRI LANE Wesley Hills, NY 10977	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	JASON MCCART 101 PARK AVENUE SUITE 1010 Oklahoma City, OK 73102	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	JASON MCCART 101 PARK AVENUE SUITE 1010 Oklahoma City, OK 73102	Line <u>3.99</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	MARK R REENTS - SPECTRON CORP 5416 S YALE AVE SUITE 600 Tulsa, OK 74135	Line <u>3.173</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	REBECCA J PRICE 515 HAMILTON STREET SUITE 502 Allentown, PA 18101	Line <u>3.139</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>0.00</u>
5b. Total claims from Part 2	5b. + \$ <u>3,690,907.66</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>3,690,907.66</u>

**United States Bankruptcy Court
Eastern District of Oklahoma**

In re Pushmataha County - City of Antlers Hospital Authority
Debtor(s)

Case No. _____
Chapter 9

VERIFICATION OF CREDITOR MATRIX

I, the Chairman, Pushmataha County-City of Antlers Hosp. Authority of the Municipality named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: September 23, 2016

/s/ David Smith
David Smith/Chairman, Pushmataha County-City of Antlers Hosp.
Authority
Signer/Title

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

BRENDS 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

OKLAHOMA ASSOC OF HEALTH CARE
200 NE 28TH
Oklahoma City, OK 73105

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 PERFECTO
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

RESOURCE ONE
PO BOX 4830
Tulsa, OK 74159-4830

RICHIE BLEVINS
PO BOX 556
Antlers, OK 74523

ROBERT LUTTRELL III
211 N ROBINSON
SUITE 1000
TWO LEADERSHIP SQUARE 10TH FLOOR
Oklahoma City, OK 73102

ROBERT LUTTRELL III
211 N ROBINSON
SUITE 1000
TWO LEADERSHIP SQUARE 10TH FLOOR
Oklahoma City, OK 73102

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

SPECTRON CORPORATION
FOX PLAZA SUITE 650
5416 SOUTH YALE
Tulsa, OK 74135-6244

SSM HEALTHCARE OF OKLAHOMA INC
7106 SOLUTION CENTER
Chicago, IL 60677-7001

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

TOUCHSTONE COMMUNICATIONS
PO BOX 27772
Newark, NJ 07101-7772

TRANE US INC
PO BOX 845053
Dallas, TX 75284-5053

UNIVERSAL LICENSING SE
4401 A CONNETICUT AVE NW
NO 232
Washington, DC 20008-2358

UPS
SYNTER RESOURCE GROUP LLC
PO BOX 63247
North Charleston, SC 29419-3247

US ENDOSCOPY
5976 HEISLEY ROAD
Mentor, OH 44060

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

USDA

WELLS FARGO FINANCIAL LEASING
PO BOX 6434
Carol Stream, IL 60197-6434

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