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*Attorneys for the Reorganized Debtor*

**UNITED STATES BANKRUPTCY COURT  
 EASTERN DISTRICT OF WASHINGTON**

In re:

Chapter 11  
 Case No. 19-01189-11

ASTRIA HEALTH,

Debtor and Debtor in  
 Possession.

**REORGANIZED DEBTOR'S OMNIBUS  
 NOTICE OF SATISFACTION AND/OR  
 RESOLUTION OF SECURED AND/OR  
 PRIORITY CLAIMS**

**CLAIMANTS RECEIVING THIS NOTICE ARE DIRECTED TO LOCATE THEIR  
 CLAIMS IN THE ATTACHED EXHIBIT A TO DETERMINE HOW THE  
 REORGANIZED DEBTORS STATE THEIR CLAIMS HAVE BEEN SATISFIED  
 AND/OR RESOLVED.**

**PLEASE TAKE NOTICE** that Astria Health (“Astria” or the “Reorganized Debtor”), formerly a debtor and debtor in possession (as such, collectively with its affiliated former debtor entities, the “Debtors” and, as reorganized, the “Reorganized

**OMNIBUS NOTICE OF SATISFACTION  
 AND/OR RESOLUTION OF  
 SECURED AND/OR PRIORITY CLAIMS**

1



1 Debtors”)<sup>1</sup> in the above-captioned chapter 11 bankruptcy case, has fully satisfied  
2 and/or resolved the secured and/or priority claims as set forth more fully herein and  
3 in Exhibit A attached hereto, and as supported by the attached Declaration of  
4 Maxwell Owens.

5 **PLEASE TAKE FURTHER NOTICE** that if a Claimant or any other party  
6 disputes the Reorganized Debtor’s determination that the Claim has been satisfied  
7 and/or resolved, the Claimant must file a response (a “Response”) with this Court  
8 and serve a copy of it on the Reorganized Debtor, the GUC Distribution Trustee (as  
9 defined in and appointed pursuant to the Plan), and the office of the United States  
10 Trustee, Region 18: Eastern District of Washington no later than **October 28, 2022**  
11 **at 4:00 p.m.** (Pacific Time) (the “Response Deadline”). A Response must be a  
12 complete written statement of all reasons supporting the responding party’s dispute,  
13 declarations and copies of all evidence on which the responding party intends to rely,  
14 and any responding memorandum of points and authorities. The Reorganized Debtor  
15 will then make a good faith effort to review the disputed Claim with the Claimant to  
16 determine what indebtedness, if any, remains outstanding thereunder.

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19 <sup>1</sup> In addition to Astria, the other Reorganized Debtors, along with their case numbers, were as follows (the “Affiliated  
20 Cases”): Glacier Canyon, LLC (19-01193-11), Kitchen and Bath Furnishings, LLC (19-01194-11), Oxbow Summit,  
21 LLC (19-01195-11), SHC Holdco, LLC (19-01196-11), SHC Medical Center - Toppenish (19-01190-11), SHC  
Medical Center - Yakima (19-01192-11), Sunnyside Community Hospital Association (19-01191-11), Sunnyside  
Community Hospital Home Medical Supply, LLC (19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside  
Professional Services, LLC (19-01199-11), Yakima Home Care Holdings, LLC (19-01201-11), and Yakima HMA  
Home Health, LLC (19-01200-11). On June 30, 2021, the Court entered a Final Decree [Docket No. 2590] closing the  
Affiliated Cases.

**OMNIBUS NOTICE OF SATISFACTION  
AND/OR RESOLUTION OF SECURED  
AND/OR PRIORITY CLAIMS**

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1       **PLEASE TAKE FURTHER NOTICE** that to the extent a Response is filed  
2 regarding the Claim and the Reorganized Debtor is unable to resolve the Response,  
3 this Notice shall be deemed a supplemental objection by the Reorganized Debtor to  
4 such Claim. The Reorganized Debtor reserves the right to contest any new assertion  
5 of liability against the Debtors or the Reorganized Debtors made by the holders of  
6 the Claim with respect thereto.

7       **PLEASE TAKE FURTHER NOTICE** that in the event that the parties are  
8 unable to reach a resolution, a hearing on the disputed Claim will be held on  
9 **November 2, 2022, at 11:00 a.m.** (Pacific Time) (the “Hearing”). The Hearing will  
10 be telephonic only, with the following call-in details: (877) 402-9757; conference  
11 code 7036041.

12       **PLEASE TAKE FURTHER NOTICE** that if the Claimant fails to file and  
13 serve a timely Response by the Response Deadline, (a) the Claimant is deemed to  
14 have consented to the Reorganized Debtor’s determinations with respect to its Claim,  
15 as set forth herein, and (b) this Notice shall serve as a request for the Court to enter  
16 an order, without further notice to any party (including the Claimant), directing that  
17 the Claim be reflected as fully satisfied on the official claims register.

18       **PLEASE TAKE FURTHER NOTICE** that the Reorganized Debtor  
19 expressly reserves its rights to amend, modify, or supplement this Notice or file a  
20 new objection to assert additional objections to the Claim or any other proofs of claim  
21 (filed or not) that may be asserted by the Claimant.

**OMNIBUS NOTICE OF SATISFACTION  
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1 Dated: October 11, 2022

/s/ Sam J. Alberts

2 JAMES L. DAY (WSBA #20474)  
3 THOMAS A. BUFORD (WSBA  
#52969)  
4 BUSH KORNFELD LLP

5 SAMUEL R. MAIZEL (Admitted *Pro*  
6 *Hac Vice*)  
7 SAM J. ALBERTS (WSBA #22255)  
8 DENTONS US LLP

9 *Attorneys for the Reorganized Debtor*

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**OMNIBUS NOTICE OF SATISFACTION  
AND/OR RESOLUTION OF SECURED  
AND/OR PRIORITY CLAIMS**

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1. I am the Senior Vice President and Chief Financial Officer of Astria Health (“CFO”). I began as the Senior Vice President, Finance with Astria Health in July 2020 and was promoted to CFO by the Astria Health Board in January 2021.

3. This declaration is prepared in support of the *Reorganized Debtor's*

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1 *Omnibus Notice Of Satisfaction And/Or Resolution Of Secured And/Or Priority*  
2 *Claims* (the “Notice”).<sup>1</sup>

3 4. The statements herein are based upon my personal knowledge of the  
4 facts and information gathered by me in my capacity as CFO for Astria Health.

5 5. The Reorganized Debtor has fully satisfied the priority and/or secured  
6 claim (the “Claim”) asserted by each of claimants set forth in **Exhibit A** attached to  
7 the Notice (each, a “Claimant”) and in the manner listed therein.

8 I declare under penalty of perjury under the laws of the United States of  
9 America that the foregoing is true and correct to the best of my knowledge,  
10 information, and belief.

11 Dated: October 11, 2022

ASTRIA HEALTH

12 By: Maxwell Owens  
13 Maxwell Owens  
14 Senior Vice President and  
15 Chief Financial Officer  
16  
17  
18  
19  
20

21 <sup>1</sup> All capitalized terms not otherwise defined herein have the meanings ascribed to them in the Notice.

**DECLARATION ISO OMNIBUS NOTICE  
OF SATISFACTION AND/OR  
RESOLUTION OF SECURED AND/OR  
PRIORITY CLAIMS**

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## **Exhibit A**

**Exhibit A: Schedule of Reduced,<sup>1</sup> Resolved,<sup>2</sup> and Satisfied<sup>3</sup> Claims**

	<b>Claimant Name and Number<sup>4</sup></b>	<b>Debtor (Case Number)</b>	<b>Claim Number<sup>1</sup></b>	<b>Filed Claim Amount and Priority</b>		<b>Comments</b>
1.	A. Frankovic 4163190	Astria Health (19-01189)	605	\$11,455.48	P	<b>Reduced</b> (\$3,463.33) <b>Resolved</b> (Agreed 6/21/2021) <b>Satisfied</b> (Paid in full as reduced/agreed 6/21/2021)
2.	Bank of the West as Successor in Interest to GE Capital	Sunnyside Community Hospital Association (19-01191)	69	\$54,970.41	S	<b>Resolved</b> (Under the Plan of Reorganization at Section II.E.2. [Docket No. 2196], the Debtors elected to return the collateral and notified this Claimant of the need to pick up the collateral.)
3.	Benton County Treasurer	Sunnyside Community Hospital Association (19-01191)	23	\$1,384.74	S	<b>Satisfied</b> (Paid in full 2/28/2020 via Check No. 282228)
4.	City of Sunnyside	Astria Health (19-01189)	399	\$1,044.41	S	<b>Resolved</b> (Agreement confirmed on 7/6/2022) <b>Satisfied</b> (Paid in full prior to 7/6/2022)

<sup>1</sup> “Reduced” means total amount was reduced to the dollar amount listed.

<sup>2</sup> “Resolved” means either the parties reached an agreement regarding resolution of the secured or priority claim, and/or the Debtors elected to treat the claim pursuant to the authority granted under the Confirmation Order [Docket No. 2217].

<sup>3</sup> “Satisfied” means the Debtors paid all secured or priority obligations in full.

<sup>4</sup> Claimant and claim numbers refer to the official claims register maintained in Case Nos. 19-01189 (Astria Health).



	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
5.	City of Yakima	Astria Health (19-01189)	243	\$84,009.00	S	<b>Reduced</b> (\$0.00 pursuant to §§ 363(b) and 363(f) sale of property to which lien attached [Docket No. 1950])
6.	Evergreen Anesthesia Associates LLC 4063045	Astria Health (19-01189)	356	\$13,650.00	P	<b>Resolved</b> (Cure Agreement entered 10/22/2020)
				\$67,707.26	GUC	<b>Claim Satisfied in Full</b> (debt acknowledged and rolled up into post-confirmation agreement)
7.	Evergreen Anesthesia Associates LLC 4063045	Astria Health (19-01189)	357	\$13,650.00	P	<b>Resolved</b> (Cure Agreement entered 10/22/2020)
				\$16,991.21	GUC	<b>Claim Satisfied in Full</b> (debt acknowledged and rolled up into post-confirmation agreement)
8.	GreatAmerica Financial Services Corporation	Sunnyside Community Hospital Association (19-01191)	8	\$2,700.78	S	<b>Resolved</b> (Agreement reached on 4/30/2022) <b>Claim Satisfied in Full</b> (Paid in full as of 5/6/2022)
9.	Miranda Wellner RN, CEN 4136262	Astria Health (19-01189)	537	\$3,278.18	P	<b>Reduced</b> (\$2,758.35) <b>Resolved</b> (Agreed 6/21/2021) <b>Satisfied</b> (Paid in full as reduced/agreed 6/21/2021)
10.	Lapis Advisers, LP, as Agent	Glacier Canyon, LLC (19-01193)	2	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	<b>Claimant Name and Number<sup>4</sup></b>	<b>Debtor (Case Number)</b>	<b>Claim Number<sup>1</sup></b>	<b>Filed Claim Amount and Priority</b>		<b>Comments</b>
11.	Lapis Advisers, LP, as Agent	Oxbow Summit, LLC (19-01195)	2	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
12.	Lapis Advisers, LP, as Agent	Sunnyside Professional Services, LLC (19-01199)	2	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
13.	Lapis Advisers, LP, as Agent	Yakima Home Care Holdings, LLC (19-01201)	2	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
14.	Lapis Advisers, LP, as Agent	Kitchen and Bath Furnishings, LLC (19-01194)	3	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
15.	Lapis Advisers, LP, as Agent	SHC Holdco, LLC (19-01196)	3	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	<b>Claimant Name and Number<sup>4</sup></b>	<b>Debtor (Case Number)</b>	<b>Claim Number<sup>1</sup></b>	<b>Filed Claim Amount and Priority</b>		<b>Comments</b>
16.	Lapis Advisers, LP, as Agent	Sunnyside Community Hospital Home Medical Supply, LLC (19-01197)	3	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
17.	Lapis Advisers, LP, as Agent	Sunnyside Home Health (19-01198)	3	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
18.	Lapis Advisers, LP, as Agent	Yakima HMA Home Health, LLC (19-01200)	7	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
19.	Lapis Advisers, LP, as Agent	SHC Medical Center-Toppenish (19-01190)	28	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
20.	Lapis Advisers, LP, as Agent	SHC Medical Center-Yakima (19-01192)	36	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	<b>Claimant Name and Number<sup>4</sup></b>	<b>Debtor (Case Number)</b>	<b>Claim Number<sup>1</sup></b>	<b>Filed Claim Amount and Priority</b>		<b>Comments</b>
21.	Lapis Advisers, LP, as Agent	Sunnyside Community Hospital Association (19-01191)	37	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
22.	Lapis Advisers, LP, as Agent	Astria Health (19-01189)	328	\$10,477,534.25	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
23.	Lapis Aquilo Fund II, LP	Astria Health (19-01189)	330	\$297,088.82	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
24.	Lapis Crestone Municipal Opportunities Fund LP	Astria Health (19-01189)	331	\$60,278.89	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
25.	Lapis Municipal Opportunities Fund II LP	Astria Health (19-01189)	329	\$404,729.70	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
26.	Leasing Associates of Barrington, Inc.	Astria Health (19-01189)	231	\$287,702.30	S	<b>Resolved</b> (Under the Plan of Reorganization at Section II.E.2. [Docket No. 2196], the Debtors elected to return the collateral and notified this Claimant of the need to pick up the collateral.)
27.	McCommon Leasing Company	Astria Health (19-01189)	338	\$42,589.41	S	<b>Resolved</b> (Under the Plan of Reorganization at Section II.E.2. [Docket No. 2196], the Debtors elected to return the collateral and notified this Claimant of the need to pick up the collateral.)
28.	MidCap Funding IV Trust	SHC Holdco, LLC (19-01196)	Sch	\$10,700,000.00	S	<b>Satisfied</b> (Paid in full with DIP Facility proceeds [See Docket No. 82])
29.	MidCap Funding IV Trust	SHC Medical Center-Toppenish (19-01190)	Sch	\$10,700,000.00	S	<b>Satisfied</b> (Paid in full with DIP Facility proceeds [See Docket No. 82])
30.	MidCap Funding IV Trust	SHC Medical Center-Yakima (19-01192)	Sch	\$10,700,000.00	S	<b>Satisfied</b> (Paid in full with DIP Facility proceeds [See Docket No. 82])

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
31.	MidCap Funding IV Trust	Yakima HMA Home Health, LLC (19-01200)	Sch	\$10,700,000.00	S	<b>Satisfied</b> (Paid in full with DIP Facility proceeds [ <i>See</i> Docket No. 82])
32.	MidCap Funding IV Trust	Yakima Home Care Holdings, LLC (19-01201)	Sch	\$10,700,000.00	S	<b>Satisfied</b> (Paid in full with DIP Facility proceeds [ <i>See</i> Docket No. 82])
33.	Olympus Financial Services	Astria Health (19-01189)	322	\$99,942.92	S	<b>Resolved</b> (Under the Plan of Reorganization at Section II.E.2. [Docket No. 2196], the Debtors elected to return the collateral and notified this Claimant of the need to pick up the collateral.)
34.	Premier Healthcare Solutions, Inc.	Sunnyside Professional Services, LLC (19-01199)	3	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
35.	Premier Healthcare Solutions, Inc.	Glacier Canyon, LLC (19-01193)	3	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
36.	Premier Healthcare Solutions, Inc.	Oxbow Summit, LLC (19-01195)	3	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
37.	Premier Healthcare Solutions, Inc.	Kitchen and Bath Furnishings, LLC (19-01194)	4	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
38.	Premier Healthcare Solutions, Inc.	Sunnyside Community Hospital Home Medical Supply, LLC (19-01197)	4	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
39.	Premier Healthcare Solutions, Inc.	Sunnyside Home Health (19-01198)	4	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
40.	Premier Healthcare Solutions, Inc.	Yakima Home Care Holdings, LLC (19-01201)	6	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)



	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
41.	Premier Healthcare Solutions, Inc.	SHC Holdco, LLC (19-01196)	7	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
42.	Premier Healthcare Solutions, Inc.	Yakima HMA Home Health, LLC (19-01200)	12	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
43.	Premier Healthcare Solutions, Inc.	SHC Medical Center-Toppenish (19-01190)	50	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
44.	Premier Healthcare Solutions, Inc.	Sunnyside Community Hospital Association (19-01191)	63	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
45.	Premier Healthcare Solutions, Inc.	SHC Medical Center-Yakima (19-01192)	64	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)
46.	Premier Healthcare Solutions, Inc.	Astria Health (19-01189)	386	Unliquidated	S	<b>Reduced</b> (Total Settlement Amount of \$25,000 – <i>see</i> Settlement Agreement for terms.) <b>Resolved</b> (Settlement Agreement reached [ <i>See</i> Docket Nos. 2408 and 2483]). <b>Satisfied</b> (Settlement Amount paid in full on 5/21/2021)

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
47.	Theorem Architecture, PLLC	SHC Medical Center-Toppenish (19-01190)	45	\$119,533.78	S	<b>Reduced</b> (Total Payoff Amount for all Mechanics' Liens of \$89,899.06; <i>see also</i> Docket No. 366 regarding initial reduction) <b>Resolved</b> (Release obtained 1/14/2021) <b>Satisfied</b> (Payoff Amount paid in full as of no later than 2/22/2022)
48.	Theorem Architecture, PLLC	SHC Medical Center-Yakima (19-01192)	54	\$184,360.86	S	<b>Reduced</b> (Total Payoff Amount for all Mechanics' Liens of \$89,899.06; <i>see also</i> Docket No. 366 regarding initial reduction) <b>Resolved</b> (Release obtained 1/14/2021) <b>Satisfied</b> (Payoff Amount paid in full as of no later than 2/22/2022)
49.	Theorem Architecture, PLLC	Astria Health (19-01189)	368	\$400,432.29	S	<b>Reduced</b> (Total Payoff Amount for all Mechanics' Liens of \$89,899.06; <i>see also</i> Docket No. 366 regarding initial reduction) <b>Resolved</b> (Release obtained 1/14/2021) <b>Satisfied</b> (Payoff Amount paid in full as of no later than 2/22/2022)

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
50.	Theorem Architecture, PLLC	Astria Health (19-01189)	369	\$184,360.86	S	<b>Duplicate Reduced</b> (Total Payoff Amount for all Mechanics' Liens of \$89,899.06; <i>see also</i> Docket No. 366 regarding initial reduction) <b>Resolved</b> (Release obtained 1/14/2021) <b>Satisfied</b> (Payoff Amount paid in full as of no later than 2/22/2022)
51.	UMB Bank, N.A., as Trustee	Yakima Home Care Holdings, LLC (19-01201)	1	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
52.	UMB Bank, N.A., as Trustee	Sunnyside Professional Services, LLC (19-01199)	1	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
53.	UMB Bank, N.A., as Trustee	Glacier Canyon, LLC (19-01193)	1	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	<b>Claimant Name and Number<sup>4</sup></b>	<b>Debtor (Case Number)</b>	<b>Claim Number<sup>1</sup></b>	<b>Filed Claim Amount and Priority</b>		<b>Comments</b>
54.	UMB Bank, N.A., as Trustee	Oxbow Summit, LLC (19-01195)	1	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
55.	UMB Bank, N.A., as Trustee	Sunnyside Community Hospital Home Medical Supply, LLC (19-01197)	2	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
56.	UMB Bank, N.A., as Trustee	Sunnyside Home Health (19-01198)	2	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
57.	UMB Bank, N.A., as Trustee	Kitchen and Bath Furnishings, LLC (19-01194)	2	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
58.	UMB Bank, N.A., as Trustee	SHC Holdco, LLC (19-01196)	2	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	<b>Claimant Name and Number<sup>4</sup></b>	<b>Debtor (Case Number)</b>	<b>Claim Number<sup>1</sup></b>	<b>Filed Claim Amount and Priority</b>		<b>Comments</b>
59.	UMB Bank, N.A., as Trustee	Yakima HMA Home Health, LLC (19-01200)	5	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
60.	UMB Bank, N.A., as Trustee	SHC Medical Center-Toppenish (19-01190)	27	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
61.	UMB Bank, N.A., as Trustee	SHC Medical Center-Yakima (19-01192)	35	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
62.	UMB Bank, N.A., as Trustee	Sunnyside Community Hospital Association (19-01191)	36	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])
63.	UMB Bank, N.A., as Trustee	Astria Health (19-01189)	327	\$36,732,417.00	S	<b>Satisfied</b> (Paid in full with the Multicare Transaction Payment as provided in Plan of Reorganization [Docket No. 2196])

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
64.	US Department of Health & Human Services	Sunnyside Home Health (19-01198)	7	\$415,571.68	S	<b>Resolved</b> (The United States' right to assert setoff and recoupment, if any, under the Debtors' Medicare Provider Agreements are preserved under Paragraph 20(e) of the Confirmation Order [Docket No. 2217])
65.	US Department of Health & Human Services	Yakima HMA Home Health, LLC (19-01200)	18	\$53,721.90	S	<b>Resolved</b> (The United States' right to assert setoff and recoupment, if any, under the Debtors' Medicare Provider Agreements are preserved under Paragraph 20(e) of the Confirmation Order [Docket No. 2217])
66.	US Department of Health & Human Services	SHC Medical Center-Toppenish (19-01190)	67	\$15,121.73	S	<b>Resolved</b> (The United States' right to assert setoff and recoupment, if any, under the Debtors' Medicare Provider Agreements are preserved under Paragraph 20(e) of the Confirmation Order [Docket No. 2217])
67.	US Department of Health & Human Services	Sunnyside Community Hospital Association (19-01191)	83	\$12,353,293.30	S	<b>Resolved</b> (The United States' right to assert setoff and recoupment, if any, under the Debtors' Medicare Provider Agreements are preserved under Paragraph 20(e) of the Confirmation Order [Docket No. 2217])

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
68.	US Department of Health & Human Services	SHC Medical Center-Yakima (19-01192)	91	\$157,090.50	S	<b>Resolved</b> (The United States' right to assert setoff and recoupment, if any, under the Debtors' Medicare Provider Agreements are preserved under Paragraph 20(e) of the Confirmation Order [Docket No. 2217])
69.	VK Powell Construction, LLC	Yakima HMA Home Health, LLC (19-01200)	13	\$106,803.07	S	<b>Reduced</b> ( <i>See</i> Settlement Agreement for reduced Payoff Amount and terms; <i>see also</i> Docket No. 366 regarding initial reduction). <b>Resolved</b> (Release obtained 1/14/2021[ <i>See</i> Docket Nos. 2267 and 2274]) <b>Satisfied</b> (Payoff Amount paid in full as of no later than 2/22/2022)



	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
70.	VK Powell Construction, LLC	SHC Medical Center-Toppenish (19-01190)	53	\$84,128.67	S	<b>Reduced</b> (See Settlement Agreement for reduced Payoff Amount and terms; <i>see also</i> Docket No. 366 regarding initial reduction). <b>Resolved</b> (Release obtained 1/14/2021[See Docket Nos. 2267 and 2274]) <b>Satisfied</b> (Paid in full as of no later than 2/22/2022 [See Docket Nos. 378, 2267, and 2274])
71.	VK Powell Construction, LLC	SHC Medical Center-Yakima (19-01192)	67	\$239,174.19	S	<b>Reduced</b> (See Settlement Agreement for reduced Payoff Amount and terms; <i>see also</i> Docket No. 366 regarding initial reduction). <b>Resolved</b> (Release obtained 1/14/2021[See Docket Nos. 2267 and 2274]) <b>Satisfied</b> (Payoff Amount paid in full as of no later than 2/22/2022)
72.	Yakima County Treasurer	Kitchen and Bath Furnishings, LLC (19-01194)	1	\$6,490.54	S	<b>Satisfied</b> (Paid in full 11/25/2019 via Check No. 280727)
73.	Yakima County Treasurer	Yakima HMA Home Health, LLC (19-01200)	4	\$123,972.90	S	<b>Satisfied</b> (Paid in full 4/30/2020 via Check No. 13657)

	Claimant Name and Number <sup>4</sup>	Debtor (Case Number)	Claim Number <sup>1</sup>	Filed Claim Amount and Priority		Comments
74.	Yakima County Treasurer	SHC Medical Center-Toppenish (19-01190)	18	\$6,729.79	S	<b>Satisfied</b> (Paid in full 4/30/2020 via Check No. 13658)
75.	Yakima County Treasurer	SHC Medical Center-Yakima (19-01192)	27	\$63,917.69	S	<b>Reduced</b> (\$35,735.35) <b>Satisfied</b> (Paid 4/30/2020 for parcel 181324-3152 via Check No. 13657)
76.	Yakima County Treasurer	Sunnyside Community Hospital Association (19-01191)	30	\$28,134.67	S	<b>Satisfied</b> (Paid in full 4/12/2019 via Check No. 277276)
77.	Yakima County Treasurer	Astria Health (19-01189)	260	\$12,699.10	S	<b>Satisfied</b> (Paid in full as of no later than 4/30/2020 via Check No. 13657 ( <i>see also</i> Check Nos. 277276 and 280382))