Page 1 of 10 Docket #0038 Date Filed: 01/24/2023 Fil⊵d ∩1/2//23 Case 22-10781-JKS Doc 38

UNITED STATES BANKRUPTCY COURT

| DISTRICT OF Dela | aware |
|---|--|
| In re: Carestream Health International Management \$ Company, Inc. \$ Debtor(s) \$ | Case No. 22-10783 Lead Case No. 22-10778 ⊠ Jointly Administered |
| Post-confirmation Report | Chapter 11 |
| Quarter Ending Date: 11/10/2022 | Petition Date: <u>08/23/2022</u> |
| Plan Confirmed Date: 09/28/2022 | Plan Effective Date: 09/30/2022 |
| This Post-confirmation Report relates to: Reorganized Debtor Other Authorized Party or Entity: | Name of Authorized Party or Entity |
| | |
| /s/ Timothy P. Cairns Signature of Responsible Party 01/24/2023 Timothy I Printed Na | P. Cairns ame of Responsible Party |

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.



919 North Market Street, 17th Floor, P.O. Box 8705,

Wilmington, DE 19801

Address

Date

Case No. 22-10783

Part 1: Summary of Post-confirmation Transfers

| | Current Quarter | Total Since Effective Date |
|--|-----------------|-------------------------------|
| a. Total cash disbursements | \$0 | \$0 |
| b. Non-cash securities transferred | \$0 | \$0 |
| c. Other non-cash property transferred | \$0 | \$0 |
| d. Total transferred (a+b+c) | \$0 | \$0 |

| | nfirmation Professional | | Approved Current Quarter | Approved Cumulative | Paid Current Quarter | Paid Cumulativ |
|--------------------|--|---------------------------------|-----------------------------|---------------------|-------------------------|-------------------|
| Profess incurre | sional fees & expenses (baned by or on behalf of the deb | kruptcy) tor Aggregate Total | | | | |
| Itemize | ed Breakdown by Firm | | | | | |
| | Firm Name | Role | | | | |
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Case 22-10781-JKS Doc 38 Filed 01/24/23 Page 4 of 10

Debtor's Name Carestream Health International Management Company, Inc.

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| | | | | Approved Current Quarter | Approved Cumulative | Paid Current Quarter | Paid Cumulative |
|----|---|-----------|------|-----------------------------|---------------------|-------------------------|--------------------|
| b. | Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total | | | | | | |
| | Itemized Breakdown by Firm | | | | | | |
| | | Firm Name | Role | | | | |
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lxxxvi lxxxix хc

Case 22-10781-JKS Doc 38 Filed 01/24/23 Page 7 of 10

| Debtor' | s Name Carest | ream Health Inter | national | Management | Company, I | nc. | | | Case No | . 22-1078 | 83 |
|---------|------------------|--------------------|-----------|---|--------------------|---------|--------|-----------|----------|-----------|--------------------------------|
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| | c | | | | | | | | | | |
| | ci | | | | | | | | | | |
| c. | | nal fees and exper | nses (del | tor & commi | ttees) | | \$0 | | \$0 | \$0 | <u> </u> |
| | - | | | | | | • | | <u> </u> | | |
| Part 3: | Recoveries of | the Holders of C | | | nder Confir | med Pla | n | | | | |
| | | | Ant Pa | Fotal icipated yments der Plan | Paid Cur Quarte | | Paid C | umulative | Allowed | Claims | % Paid of Allowed Claims |
| a. Ad | ministrative cla | uims | | \$0 | | \$0 | | \$0 | | \$0 | 0% |
| b. Sec | cured claims | | | \$0 | | \$0 | | \$0 | | \$0 | 0% |
| c. Pri | ority claims | | | \$0 | | \$0 | | \$0 | | \$0 | 0% |
| d. Ge | neral unsecure | 1 claims | | \$0 | | \$0 | | \$0 | | \$0 | 0% |
| e. Equ | uity interests | | | \$0 | | \$0 | | \$0 | | | |

Yes

No

Yes

No

11/10/2022

| UST Form | 11-PCR | (12/01/2021) |
|----------|--------|--------------|

Part 4: Questionnaire

a. Is this a final report?

If yes, give date Final Decree was entered:

If no, give date when the application for Final Decree is anticipated:

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

Case No. 22-10783

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

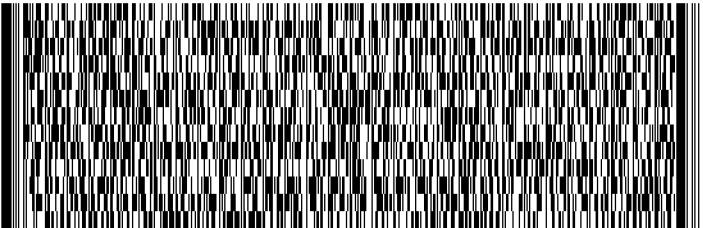
I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

| /s/ Scott H. Rosa | Scott H. Rosa | | |
|--------------------------------|-----------------------------------|--|--|
| Signature of Responsible Party | Printed Name of Responsible Party | | |
| Chief Financial Officer | 01/24/2023 | | |
| Title | Date | | |

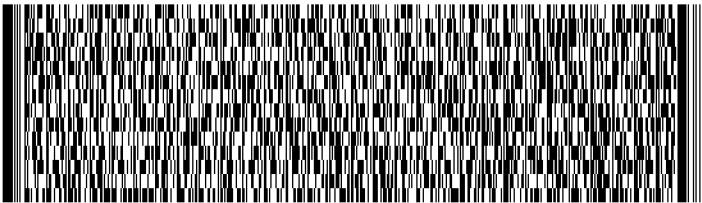
Case No. 22-10783

Debtor's Name Carestream Health International Management Company, Inc.

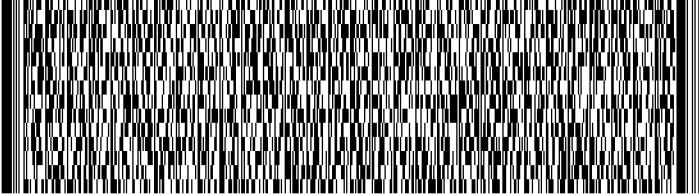
Page 1



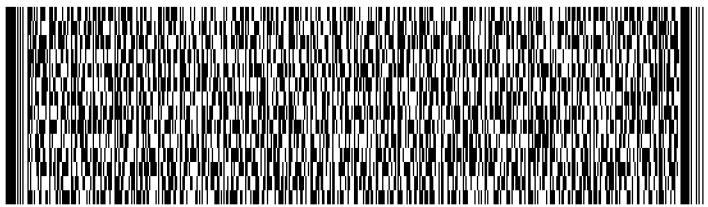
Other Page 1



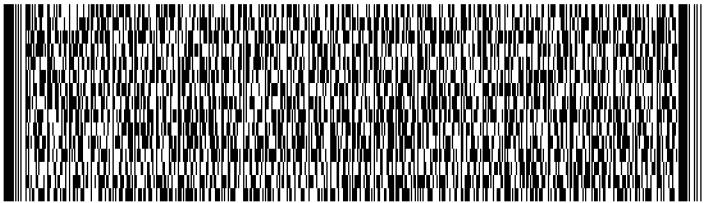
Page 2 Minus Tables



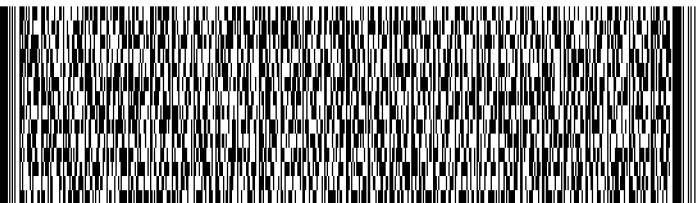
Bankruptcy Table 1-50



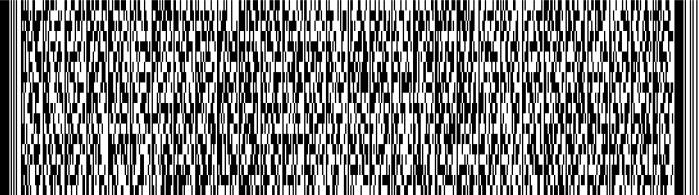
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3. Part 4. Last Page