UNITED STATES BANKRUPTCY COURT

DIST	RICT OF Delaware
In re: Carestream Health International Holdings, Inc. Debtor(s)	
Debtol(s)	§
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: <u>09/30/2022</u>
This Post-confirmation Report relates to: • Reorganized Debt	
	Name of Authorized Party or Entity
s/ Timothy P. Cairns Signature of Responsible Party	Timothy P. Cairns Printed Name 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

01/24/2023 Date

Case No. 22-10782

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

	Preconfirmation Professional		Approved	Approved	Paid Current	Paid
-	D 6 1 16 0 4 1		Current Quarter	Cumulative	Quarter	Cumulative
i i	Professional fees & expenses (bank incurred by or on behalf of the debt	cruptcy) tor Aggregate Total				
I	Itemized Breakdown by Firm					
	Firm Name	Role				
i	i					
i	i					
i	ii					
i	v					
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V	viii					
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Debtor's Name Carestream Health International Holdings, Inc.

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				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Profess incurre	sional fees & expenses (nonbankruptc d by or on behalf of the debtor	y) Aggregate Total				
	Itemize	d Breakdown by Firm					
		Firm Name	Role				
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Debtor	's Name Carestream Health	n International Holdi	ngs, Inc.					Case No	o. 22-107	82
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c.	All professional fees and	expenses (debtor &	commit	tees)		\$0		\$0	\$0	\$
Part 3	: Recoveries of the Holder	Total		der Confiri	ned Pla	n				0/ D 11 6
		Anticipat Payment Under Pla	S	Paid Cur Quarte		Paid C	umulative	Allowed	Claims	% Paid of Allowed Claims
a. Ad	ministrative claims		\$0		\$0		\$0		\$0	0%
b. Se	cured claims		\$0		\$0		\$0		\$0	0%
c. Pri	ority claims		\$0		\$0		\$0		\$0	
	eneral unsecured claims		\$0 -		\$0		\$0		\$0	0%
e. Eq	uity interests		\$0		\$0		\$0			

Part 4: Questionnaire				
a. Is this a final report?		Yes •	No 🔿	
If yes, give date Final Decree was entered:	11/10/2022			
If no, give date when the application for Final Decr	ee is anticipated:			
h Are you current with quarterly U.S. Trustee fees as set for	orth under 28 U.S.C. 8 1930?	Yes 🕡	No. C	

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Debtor's Name Carestream Health International Holdings, Inc.

Case No. 22-10782

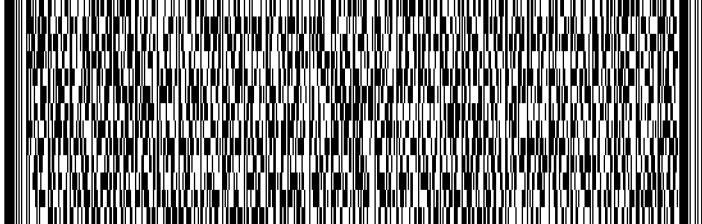
Privacy Act Statement

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).

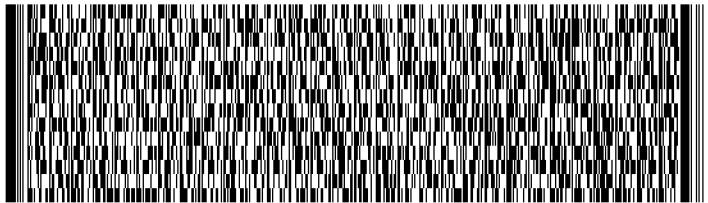
I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

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

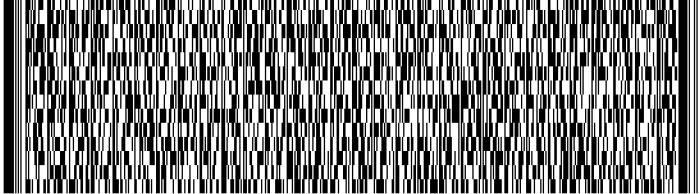
Page 1



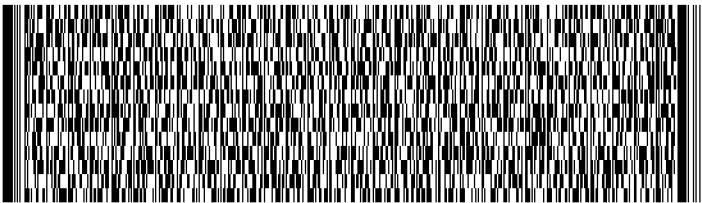
Other Page 1



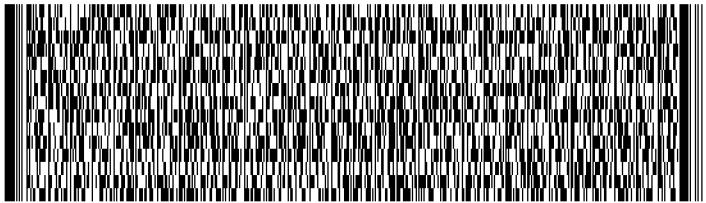
Page 2 Minus Tables



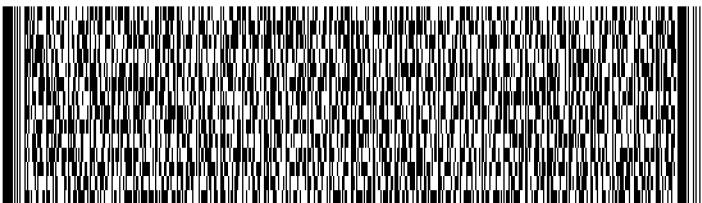
Bankruptcy Table 1-50



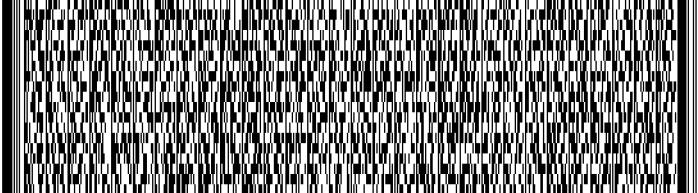
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3. Part 4. Last Page