

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	
)	Chapter 11
AVADIM HEALTH, INC., et al., ¹)	
)	Case No. 21-10883 (CTG)
Debtors.)	
)	(Jointly Administered)
)	

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY,
AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Avadim Health, Inc., and certain of its affiliates, as debtors and debtors in possession in the above-captioned chapter 11 cases (the “Debtors”), have filed their respective Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements”) in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”). The Debtors, with the assistance of their Chief Restructuring Officer (“CRO”), prepared the Schedules and Statements in accordance with section 521 of chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”), Rule 1007 of the Federal Rules of Bankruptcy Procedure, and Rule 1007-1 of the Local Rules of Bankruptcy Practice and Procedure of the United States Bankruptcy Court for the District of Delaware.

Keith Daniels has signed each set of the Schedules and Statements. Mr. Daniels serves as the CRO of the Debtors. In reviewing and signing the Schedules and Statements, Mr. Daniels has necessarily relied upon the efforts, statements, and representations of the Debtors’ personnel and professionals. Given the scale of the Debtors’ businesses covered by the Schedules and Statements, Mr. Daniels has not (and could not have) personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors.

In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of such preparation. Although the Debtors have made every reasonable effort to ensure the accuracy and completeness of the Schedules and Statements, subsequent information or discovery may result in material changes to the Schedules and Statements. As a result, inadvertent errors or omissions may exist. For the avoidance of doubt, the Debtors hereby reserve their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate.

¹ The Debtors, along with the last four (4) digits of each Debtor’s federal tax identification number are: Avadim Health, Inc. (8411); Avadim Health IP, Inc. (7594); Bionome Properties Corp. (6483); Quality Assurance Associates, Inc. (5613); and Relion Manufacturing, Inc. (0430). The Debtors’ business address is 81 Thompson Street, Asheville, NC 28803.

The Debtors and their CRO, agents, and attorneys do not guarantee or warrant the accuracy or completeness of the data that is provided herein, and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtors and their CRO, agents, and attorneys expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law. In no event shall the Debtors or their officers, employees, agents, or professionals be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtors or their officers, employees, agents, attorneys, or their professionals are advised of the possibility of such damages.

Nothing contained in the Schedules, Statements, or these notes (the “Global Notes”) shall constitute an admission or a waiver of any rights of the DIP Secured Parties or Prepetition Secured Parties (each as defined in the Interim DIP/Cash Collateral Order (as defined below)), including with respect to the extent of such parties’ security interests and the characterization of contracts and leases.

Global Notes and Overview of Methodology

1. **Description of Cases.** On May 31, 2021, (the “Petition Date”), each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their property as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On June 2, 2021, an order was entered directing procedural consolidation and joint administration of these chapter 11 cases [Docket No. 38]. Notwithstanding the joint administration of the Debtors’ cases for procedural purposes, each Debtor has filed its own Schedules and Statements. The information provided herein, except as otherwise noted, is reported as of the Petition Date.
2. **Global Notes Control.** These Global Notes pertain to and comprise an integral part of each of the Debtors’ Schedules and Statements and should be referenced in connection with any review thereof. In the event that the Schedules and Statements conflict these Global Notes, these Global Notes shall control.
3. **Reservations and Limitations.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, as noted above, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and supplement the Schedules and Statements as may be necessary or appropriate. Nothing contained in the Schedules and Statements constitutes a waiver of any of the Debtors’ rights or an admission of any kind with respect to these chapter 11 cases, including, but not limited to, any rights or claims of the Debtors against any third party or issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy

or non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

- a. **No Waiver.** Nothing contained in the Schedules and Statements is intended or should be construed as a waiver of the Debtors' rights to dispute any claim or assert any cause of action or defense against any party.
- b. **Recharacterization.** Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate.
- c. **Classifications.** Listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtors of the legal rights of the claimant or contract counterparty, or a waiver of the Debtors' rights to recharacterize or reclassify such claim or contract. In particular, listing a lease on Schedule D shall not constitute an admission as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), all rights regarding the proper characterizations of such leases are expressly reserved.
- d. **Claims Description.** Any failure to designate a claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent," or "unliquidated." The Debtors reserve all rights to dispute, or assert offsets or defenses to, any claim reflected on their respective Schedules and Statements on any grounds, including, without limitation, liability or classification, or to otherwise subsequently designate such claims as "disputed," "contingent," or "unliquidated" or object to the extent, validity, enforceability, priority, or avoidability of any claim. Moreover, listing a claim does not constitute an admission of liability by the Debtor against which the claim is listed or by any of the Debtors. The Debtors reserve all rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation.
- e. **Estimates and Assumptions.** The preparation of the Schedules and Statements required the Debtors to make reasonable estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the date of the Schedules and Statements, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ from such estimates.

- f. **Intellectual Property Rights.** Exclusion of certain intellectual property should not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated or otherwise expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property should not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction.
- g. **Insiders.** The listing of a party as an insider for purposes of the Schedules and Statements is not intended to be, nor should it be, construed an admission of any fact, right, claim, or defense, and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statements has been included for informational purposes only and such information may not be used for the purposes of determining control of the Debtors, the extent to which any individual exercised management responsibilities or functions, corporate decision-making authority over the Debtors, or whether such individual could successfully argue that he or she is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability or any other purpose.

In the circumstance where the Schedules and Statements require information regarding “insiders”, the Debtors have included information with respect to the individuals who the Debtors believe are included in the definition of “insider” set forth in section 101(31) of the Bankruptcy Code during the relevant time periods.

4. **Methodology.**

- a. **Basis of Presentation.** The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled to the financial statements of each Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis except as noted on the applicable Schedules/Statements or herein.
- b. **Duplication.** Certain of the Debtors’ assets, liabilities, and prepetition payments may properly be disclosed in response to multiple parts of the Statements and Schedules. To the extent these disclosures would be duplicative, the Debtors have determined to only list such assets, liabilities and prepetition payments once.
- c. **Net Book Value.** In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available to, the Debtors. Accordingly, unless otherwise indicated, the Debtors’ Schedules

and Statements reflect estimates of net book values as of the Petition Date. Market values may vary materially, from net book values. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain the current market values of all their property. Accordingly, the Debtors have indicated in the Schedules and Statements that the values of certain assets and liabilities are undetermined. Amounts ultimately realized may vary materially from net book value (or whatever value was ascribed). Accordingly, the Debtors reserve all rights to amend, supplement or adjust the asset values set forth herein. Also, assets that have been fully depreciated or that were expensed for accounting purposes either do not appear in these Schedules and Statements or are listed with a zero-dollar value, as such assets have no net book value.

- d. **Property and Equipment.** Unless otherwise indicated, owned property and equipment are valued at net book value. The Debtors may lease furniture, fixtures, and equipment from certain third-party lessors. To the extent possible, any such leases are listed in the Schedules and Statements. Nothing in the Schedules and Statements is, or should be construed as, an admission as to the determination of the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect thereto.
- e. **Allocation of Liabilities.** The Debtors allocated liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change.
- f. **Undetermined Amounts.** The description of an amount as “unknown” is not intended to reflect upon the materiality of such amount.
- g. **Unliquidated Amounts.** Amounts that could not be fairly quantified by the Debtors are scheduled as “unliquidated” or “unknown.”
- h. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- i. **Intercompany Claims.** Receivables and payables among the Debtors are reported on Schedule A/B and Schedule E/F, respectively, per the Debtors’ books and records. The listing of any amounts with respect to such receivables and payables is not, and should not be construed as, an admission of the characterization of such balances as debt, equity, or otherwise. These claims are subject reconciliation and the amounts listed may be materially misstated and subject to material adjustment upon the conclusion of a reconciliation.
- j. **Guarantees and Other Secondary Liability Claims.** The Debtors have exercised reasonable efforts to locate and identify guarantees in their executory contracts, unexpired leases, secured financings, and other such agreements. Where

guarantees have been identified, they have been included in the relevant Schedule G with respect to leases and Schedule H with respect to credit agreements for the affected Debtor or Debtors. The Debtors may have inadvertently omitted guarantees embedded in their contractual agreements and may identify additional guarantees as they continue their review of their books and records and contractual agreements. The Debtors reserve their rights to amend the Schedules and Statements if additional guarantees are identified.

- k. **Excluded Assets and Liabilities.** The Debtors have excluded the following categories of assets and liabilities from the Schedules and Statements: certain deferred rent charges, accounts, or reserves recorded only for purposes of complying with the requirements of GAAP; and certain accrued liabilities including, but not limited to, employee benefits. Other immaterial assets and liabilities may also have been excluded.
- l. **Liens.** The inventories, property and equipment listed in the Schedules and Statements are presented without consideration of any liens.
- m. **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.
- n. **Setoffs.** The Debtors incur setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes including, but not limited to, intercompany transactions, counterparty settlements, deposits received from customer, and amounts due from customers that may also be vendors. These normal, ordinary course setoffs and nettings are due to the nature of the Debtors customer and supplier relationships. Such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements. In addition, some amounts listed in the Schedules and Statements may have been affected by setoffs or nettings by third parties of which the Debtors are not yet aware. The Debtors reserve all rights to challenge any setoff and/or recoupment rights that may be asserted.

5. **Specific Schedules Disclosures.**

- a. **Schedule A/B, Parts 1 and 2 - Cash and Cash Equivalents; Deposits and Prepayments.** Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Motion for Entry of Interim and Final Orders Authorizing the Debtors to (A) Continue Operating Cash Management System, (B) Honor Certain Prepetition Obligations Related Thereto, (C) Maintain Existing Business Forms, and (D) Granting Related Relief* [Docket No. 6] (the "Cash Management Motion") and any orders of the Bankruptcy Court granting the Cash Management Motion. As described therein, the Debtors utilize a centralized cash management system.

Additionally, the Bankruptcy Court, pursuant to the *Final Order (A) Approving the*

Debtors' Proposed Adequate Assurance of Payment for Future Utility Services, (B) Prohibiting Utility Companies from Altering, Refusing or Discontinuing Services, (C) Approving the Debtors' Proposed Procedures for Resolving Adequate Assurance Requests, and (D) Granting Related Relief [Docket No. 138], has authorized the Debtors to provide adequate assurance of payment for future utility services. Such deposits are not listed on Schedule A/B, Part 2, which has been prepared as of the Petition Date.

- b. **Schedule A/B, Part 3 – Accounts Receivable.** Certain intercompany charges, although billed on bi-weekly or monthly basis may not have been paid by the respective entity when billed. These amounts have been included in the Intercompany Accounts Receivable or Intercompany Accounts Payable.
- c. **Schedule A/B, Part 4 - Investments; Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, including any Interest in an LLC, Partnership, or Joint Venture.** Ownership interests in subsidiaries have been listed in Schedule A/B, Part 4, as undetermined amounts on account of the fact that the fair market value of such ownership is dependent on numerous variables and factors, and may differ significantly from their net book value.
- d. **Schedule A/B, Part 7 - Office Furniture, Fixtures, and Equipment; and Collectibles.** Dollar amounts are presented net of accumulated depreciation and other adjustments.
- e. **Schedule A/B, Part 11 - All Other Assets.** Dollar amounts are presented net of impairments and other adjustments.

Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, including Counterclaims of the Debtor and Rights to Setoff Claims. In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-claims, cross-claims, setoffs, or refunds with their customers and suppliers. Additionally, certain of the Debtors may be party to pending litigation in which the Debtors have asserted, or may assert, claims as a plaintiff or counter-claims and/or cross-claims as a defendant. Because certain of these claims are unknown to the Debtors and not quantifiable as of the Petition Date, they may not be listed on Schedule A/B, Part 11.

- f. **Schedule D - Creditors Who Have Claims Secured by Property.** Except as otherwise agreed pursuant to the *Interim Order (I) Authorizing Debtors to (A) Obtain Postpetition Senior Secured Financing and (B) Use Cash Collateral, (II) Granting Adequate Protection to Prepetition Secured Parties, (III) Granting Liens and Super priority Claims, (IV) Modifying the Automatic Stay, (V) Scheduling a Final Hearing, and (VI) Granting Related Relief* [Docket No. 51] (the “Interim DIP/Cash Collateral Order”) or other stipulation or order entered by the Bankruptcy Court, the Debtors reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D.

Moreover, although the Debtors have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim.

The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable agreements and other related relevant documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. In certain instances, a Debtor may be a co-obligor, co-mortgagor, or guarantor with respect to scheduled claims of other Debtors, and no claim set forth on Schedule D of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities.

The Debtors have not included on Schedule D parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights. Although there are multiple parties that hold a portion of the debt included in the secured facilities, only the administrative agents have been listed for purposes of Schedule D.

g. **Schedule E/F - Creditors Who Have Unsecured Claims.**

Part 1 - Creditors with Priority Unsecured Claims. Pursuant to the *Final Order Pursuant to Sections 105(a), 507(a)(8), and 541(d) of the Bankruptcy Code (I) Authorizing the Payment of Prepetition Sales, Use, Franchise and other Similar Taxes and Fees* [Docket No. 135] (the "Taxes Order") and the *Final Order (I) Authorizing the Debtors to (A) Pay and Honor Prepetition Compensation, Reimbursable Business Expenses, and Employee Benefit Obligations; (B) Maintain and Continue Certain Compensation and Benefit Programs Postpetition; and (II) Granting Related Relief* [Docket No. 141] (the "Wage Order"), the Debtors have been granted the authority to pay, in their discretion, certain tax liabilities, employee compensation, and employee benefits that accrued prepetition.

The listing of a claim on Schedule E/F, Part 1, does not constitute an admission by the Debtors that such claim or any portion thereof is entitled to priority status. Furthermore, the listing of a claim on Schedule E/F, Part 1 does not take into account amounts paid pursuant to the Taxes Order and Wage Order.

Part 2 - Creditors with Nonpriority Unsecured Claims. The liabilities identified in Schedule E/F, Part 2, are derived from the Debtors' books and records. The Debtors made a reasonable attempt to set forth their unsecured obligations, although the actual amount of claims against the Debtors may vary from those liabilities represented on Schedule E/F, Part 2. The listed liabilities may not reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims.

Schedule E/F, Part 2 reflects liabilities based on each individual Debtors' books and records. All of the known Schedule E/F, Part 2 liabilities as of the Petition Date are listed on Schedule E/F, Part 2.

Schedule E/F, Part 2, contains information regarding threatened or pending litigation involving the Debtors. The amounts for these potential claims are listed as “unknown” and are marked as contingent, unliquidated, and disputed in the Schedules and Statements.

Schedule E/F, Part 2, reflects certain prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. In addition, Schedule E/F, Part 2, does not include claims that may arise in connection with the rejection of any executory contracts or unexpired leases

As of the time of filing of the Schedules and Statements, the Debtors may not have received all invoices for payables, expenses, and other liabilities that may have accrued prior to the Petition Date. Accordingly, the information contained in Schedules D and E/F may be incomplete. The Debtors reserve their rights to amend Schedules D and E/F if and as they receive such invoices.

- h. **Schedule G - Executory Contracts and Unexpired Leases.** While reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred.

Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule as necessary. Certain of the leases and contracts listed on Schedule G may contain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as supplemental agreements, amendments, and letter agreements, which documents may not be set forth in Schedule G.

Certain of the agreements listed on Schedule G may have expired or terminated pursuant to their terms, but are listed on Schedule G in an abundance of caution.

The Debtors reserve all rights to dispute or challenge the characterization of any transaction or any document or instrument related to a creditor’s claim.

In some cases, the same supplier or provider may appear multiple times in an individual Debtor’s Schedule G. Multiple listings, if any, reflect distinct agreements between the applicable Debtor and such supplier or provider. In addition, in some cases, an agreement may appear on the Schedule G of more than one Debtor, in which event each such Debtor is party to said agreement.

Certain agreements may, by their terms, have been made between one Debtor and a third-party counterparty but performed under in the ordinary course by a different Debtor. In such case, the agreement is listed in the Schedule G of the Debtor that appears on the face of such agreement. Omission of such agreement from the Schedule G of another Debtor does not constitute an admission that such Debtor does not have rights and/or obligations under such agreement or that the Debtor counterparty to such agreement is the Debtor on whose Schedule G such agreement is listed.

The listing of any contract on Schedule G does not constitute an admission by the Debtors as to the validity of any such contract. The Debtors reserve the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

Omission of a contract, agreement or lease from Schedule G (including in the event that such contract, agreement or lease is listed in Schedule D) does not constitute an admission that such omitted contract, agreement or lease is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission.

6. Specific Statements Disclosures.

- a. **Statements, Part 2, Question 6 - Setoffs.** For a discussion of setoffs and nettings incurred by the Debtors, refer to paragraph 4(n) of these Global Notes.
- b. **Statements, Part 2, Question 4 and Part 13, Question 30 - Payments, Distributions, or Withdrawals Credited or Given to Insiders.** Distributions by the Debtors to their directors and officers are listed on the attachment to Question 4. Certain of the Debtors' directors and executive officers received distributions net of tax withholdings in the year preceding the Petition Date. The amounts listed under Questions 4 and 30 reflect the gross amounts paid to such directors and executive officers, rather than the net amounts after deducting for tax withholdings.

Fill in this information to identify the case:Debtor name Avadim Health, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10883 (CTG)☐ Check if this is an amended filingOfficial 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 June 28, 2021**X /s/ Keith Daniels**

Signature of individual signing on behalf of debtor

Keith Daniels

Printed name

Chief Restructuring Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Avadim Health, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10883 (CTG)☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 203,310.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 187,786,897.93
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 187,990,207.93

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 101,652,045.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 345,594.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 15,575,750.00
4. Total liabilities Lines 2 + 3a + 3b	\$ 117,573,389.00

Fill in this information to identify the case:Debtor name Avadim Health, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-10883 (CTG)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Truist</u>	<u>Operating</u>	<u>6499</u>	<u>\$438,411.86</u>
3.2. <u>Truist</u>	<u>Operating</u>	<u>2843</u>	<u>\$259,594.52</u>
3.3. <u>Truist</u>	<u>Money Market</u>	<u>0243</u>	<u>\$1,363.00</u>
3.4. <u>Truist</u>	<u>Payroll - ZBA</u>	<u>1363</u>	<u>\$0.00</u>
3.5. <u>Truist</u>	<u>Operting</u>	<u>3467</u>	<u>\$0.00</u>

4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$699,369.38**Part 2: Deposits and Prepayments**

Debtor **Avadim Health, Inc.**
NameCase number (If known) **21-10883 (CTG)****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Professional fee retainers** **\$500,413.00**

8.2. **Vendor prepayments** **\$93,917.00**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$594,330.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **4,201,094.00** - **2,783,809.00** = **\$1,417,285.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **174,324.00** - **9,082.00** = **\$165,242.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,582,527.00**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

General description**Date of the last
physical inventory****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**19. **Raw materials**

Debtor Avadim Health, Inc. Case number (If known) 21-10883 (CTG)

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20. **Work in progress**

21. Finished goods, including goods held for resale				
Finished Goods	11.30.20	\$6,704,926.00	NBV	\$5,266,794.55

22. **Other inventory or supplies**23. **Total of Part 5.****\$5,266,794.55**

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**☐ No☒ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes. Book value Unknown Valuation method Current Value Unknown26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture <u>Office furniture</u>	<u>\$24,407.00</u>	<u>NBV</u>	<u>\$24,407.00</u>
40.	Office fixtures <u>Office fixtures</u>	<u>\$130,446.00</u>	<u>NBV</u>	<u>\$130,446.00</u>
41.	Office equipment, including all computer equipment and communication systems equipment and software <u>Office equipment, computers, and software</u>	<u>\$171,745.00</u>	<u>NBV</u>	<u>\$177,262.00</u>

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.****\$332,115.00**

Add lines 39 through 42. Copy the total to line 86.

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44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. Daycab Freightliner 2012 CA-125 - VIN# - XXXXXXXXXXCLBJ7422	\$7,600.00	NBV	\$7,600.00
47.2. Trailmobile 48' Trailer - VIN# - XXXXXXAH671007295	\$3,063.00	NBV	\$3,063.00
47.3. 2015 Volvo Truck - VIN# - XXXXXXXX8FN192019	\$32,830.00	NBV	\$32,830.00
47.4. 2010 International Truck model 4300 VIN# XXXXXXXXXAH168008	\$0.00	NBV	\$0.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Machinery, fixtures and equipment	\$3,256,284.00	NBV	\$3,256,284.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$3,299,777.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No☐ Yes**Part 9: Real property**

54. Does the debtor own or lease any real property?

Debtor **Avadim Health, Inc.**
NameCase number (If known) **21-10883 (CTG)**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Corporate Office 81 Thompson Street Asheville, NC 28803	Lessee	\$0.00		\$0.00
55.2. Warehouse & Manufacturing Facility 4 Old Patton Cove Road Swannanoa, NC 28803	Lessee	\$0.00		\$0.00
55.3. Hearts With Hands Facility 850 Warren Wilson Road Suite 400 Swannanoa, NC 28803	Lessee	\$0.00		\$0.00
55.4. Corporate Office - Leasehold Improvements	Leasehold	\$16,914.00	NBV	\$16,914.00
55.5. Warehouse & Manufacturing Facility - Leasehold Improvements	Leasehold	\$157,914.00	NBV	\$157,914.00
55.6. Hearts With Hands Facility - Leasehold Improvements	Leasehold	\$28,482.00	NBV	\$28,482.00

56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$203,310.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☐ No☒ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

Debtor Avadim Health, Inc.
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- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites Internet Domain Names - See Attachment 61 for details	\$2,861.00	NBV	\$2,861.00
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer lists	\$0.00	NBV	\$0.00

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$2,861.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable
Description (include name of obligor)72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

Debtor Avadim Health, Inc. Case number (If known) 21-10883 (CTG)

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NOLTax year 2013\$407,917.00NOLTax year 2014\$2,277,401.00NOLTax year 2015\$5,060,918.00NOLTax year 2016\$13,272,604.00NOLTax year 2017\$20,222,031.00NOLTax year 2018\$28,670,067.00NOLTax year 2019\$23,890,570.00NOLTax year 2020\$18,977,744.00State NOLsTax year 2013-2019\$60,800,000.0073. **Interests in insurance policies or annuities**Interest in CEO Key Man Life Insurance Policy\$2,000,459.0074. **Causes of action against third parties (whether or not a lawsuit has been filed)**Avadim Health, Inc. vs. Daybreak Capital Partners, LLC
Community Health Group, Inc. Craig Harkey d/b/a Hark
Health ServicesUnknownNature of claimDeclaratory judgment action
with counterclaimsAmount requested\$0.00Judgment against CWE, Inc.\$318,413.00Nature of claimJudgment for attorneys fees
and costsAmount requested\$318,413.0075. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

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76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

D&O Insurance reimbursement regarding Fann settlement.

\$111,000.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$176,009,124.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Avadim Health, Inc.
NameCase number (If known) 21-10883 (CTG)**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$699,369.38</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$594,330.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,582,527.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$5,266,794.55</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$332,115.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$3,299,777.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$203,310.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$2,861.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$176,009,124.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$187,786,897.93</u>	+ 91b. <u>\$203,310.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$187,990,207.93</u>

Avadim Health, Inc.

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
adavim.co	Active	https://phuelyou.com
adavim.com	Active	https://phuelyou.com
adavim.info	Active	https://phuelyou.com
adavim.net	Active	https://phuelyou.com
adavim.org	Active	https://phuelyou.com
adavim.us	Active	https://phuelyou.com
antipharmalifescience.com	Active	
antipharmalifesciences.com	Active	
avadim.biz	Active	https://avadimhealth.com
avadim.co	Active	https://avadimhealth.com
avadim.com	Active	
avadim.health	Active	https://avadimhealth.com
avadim.info	Active	https://avadimhealth.com
avadim.life	Active	https://avadimhealth.com
avadim.me	Active	https://avadimhealth.com
avadim.org	Active	https://avadimhealth.com
avadim.science	Active	https://avadimhealth.com
avadim.tech	Active	https://avadimhealth.com
avadim.technology	Active	https://avadimhealth.com
avadim.us	Active	https://avadimhealth.com
avadim2.com	Active	http://avadim.com
avadimhealth.biz	Active	
avadimhealth.ca	Active	https://avadimhealth.com
avadimhealth.co	Active	
avadimhealth.com	Active	
avadimhealth.info	Active	
avadimhealth.net	Active	
avadimhealth.org	Active	
avadimhealth.science	Active	
avadimhealth.us	Active	
avadimhealthinc.biz	Active	
avadimhealthinc.co	Active	
avadimhealthinc.com	Active	
avadimhealthinc.info	Active	
avadimhealthinc.net	Active	
avadimhealthinc.org	Active	
avadimhealthinc.us	Active	
avadimhealthsciences.co	Active	
avadimhealthsciences.com	Active	
avadimhealthsciences.info	Active	
avadimhealthsciences.net	Active	
avadimhealthsciences.org	Active	
avadimhealthsciences.us	Active	
avadiminc.biz	Active	
avadiminc.ca	Active	https://avadimhealth.com

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
avadiminc.co	Active	
avadiminc.com	Active	
avadiminc.info	Active	
avadiminc.me	Active	
avadiminc.net	Active	
avadiminc.org	Active	
avadiminc.us	Active	
avadimlife.science	Active	
avadimlifesciences.com	Active	
avadimlifesciences.net	Active	
avadimlifesciences.org	Active	
avadimls.com	Active	
avadimls.net	Active	
avadimls.org	Active	
avadimtechnologies.biz	Active	
avadimtechnologies.ca	Active	https://avadimhealth.com
avadimtechnologies.co	Active	
AVADIMTECHNOLOGIES.COM	Active	
avadimtechnologies.info	Active	
avadimtechnologies.me	Active	
avadimtechnologies.net	Active	
avadimtechnologies.org	Active	
avadimtechnologies.tech	Active	
avadimtechnologies.us	Active	
bio-nome.com	Active	
biome-compliant.co	Active	
biome-compliant.us	Active	
biome-friendly.co	Active	
biome-friendly.us	Active	
biome-safe.co	Active	
biomecompliant.co	Active	
biomecompliant.us	Active	
biomefriendly.co	Active	
biomefriendly.info	Active	
biomefriendly.net	Active	
biomefriendly.org	Active	
biomefriendly.us	Active	
biomesafe.co	Active	
biomesafe.info	Active	
biomesafe.net	Active	
biomesafe.us	Active	
bionome.ca	Active	https://theraworx.com
bionome.co	Active	
bionome.com	Active	
bionomereview.com	Active	

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
bionomereviews.com	Active	
bionomeskin.com	Active	
bionometherapies.com	Active	
bionometherapy.com	Active	
bionometheraworks.com	Active	
bionometheraworx.com	Active	
bionometreatment.com	Active	
bionometreatments.com	Active	
bionomskin.com	Active	
bionomtherapies.com	Active	
bionomtherapy.com	Active	
bionomtheraworks.com	Active	
bionomtheraworx.com	Active	
bionomtreatment.com	Active	
bionomtreatments.com	Active	
buyleviate.com	Active	
buyphuel.co	Active	
buyphuel.com	Active	
buyphuel.info	Active	
buyphuel.net	Active	
buyphuel.org	Active	
buyrelief.co	Active	
buyrelief.com	Active	
buyrelief.info	Active	
buyrelief.net	Active	
buyrelief.org	Active	
buytheraworks.com	Active	https://buytheraworx.com
buytheraworx.com	Active	https://theraworxprotect.com
buytheraworxprotect.com	Active	
buytheraworxprotect.info	Active	
buytheraworxprotect.net	Active	
buytheraworxprotect.org	Active	
combat-one.com	Active	
combat-one.info	Active	
combat-one.net	Active	
combat-one.org	Active	
combat1.com	Active	https://combatone.com
combat1.info	Active	
combat1.net	Active	
combat1.org	Active	
combatone.ca	Active	https://combatone.com
COMBATONE.COM	Active	
combatone.info	Active	
combatone.net	Active	
combatone.org	Active	

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
cramp.org	Active	https://theraworxrelief.com
crampfreechristmas.com	Active	
cramphealth.com	Active	
CRAMPTOWEL.COM	Active	
dailyurinary.com	Active	https://theraworxprotect.com/urinary-health
dailyurinaryhealth.com	Active	
enexa.co	Active	
enexaskin.in	Active	
enexaskin.co	Active	
enexaskin.com	Active	
enexaskin.info	Active	
enexaskin.net	Active	
enexaskin.org	Active	
essential-ph.co	Active	
essential-ph.com	Active	
essential-ph.info	Active	
essential-ph.net	Active	
essential-ph.org	Active	
essential.ph	Active	
essentialph.biz	Active	
essentialph.co	Active	
essentialph.com	Active	
essentialph.info	Active	
essentialph.net	Active	
essentialph.org	Active	
feminine.health	Active	
fuelmymuscles.ca	Active	
fuelmymuscles.com	Active	
fuelmymuscles.us	Active	https://phuelyou.com
fuelthemuscles.com	Active	
fuelthemuscles.us	Active	
fuelyourfire.co	Active	
getbionome.com	Active	
getleviate.com	Active	
getphuel.co	Active	
getphuel.com	Active	
getphuel.info	Active	
getphuel.net	Active	
getphuel.org	Active	
getphuel.us	Active	
getrelief.ca	Active	https://theraworxrelief.com
getrelief.blog	Active	
getrelief.co	Active	
getrelief.com	Active	
getrelief.me	Active	

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
getrelief.today	Active	
getreliefnow.com	Active	
getreliefreview.com	Active	
getreliefreviews.com	Active	
gettheraworks.com	Active	
gettheraworx.com	Active	
gettheraworxprotect.com	Active	
gettheraworxprotect.info	Active	
gettheraworxprotect.net	Active	
gettheraworxprotect.org	Active	
gettzonedup.com	Active	
gettzonedup.info	Active	
gettzonedup.net	Active	
gettzonedup.org	Active	
gitrelief.com	Active	
gotcramp.com	Active	
gotcramps.co	Active	
gotcramps.com	Active	
gotcramps.net	Active	
gotcramps.org	Active	
gotrelief.biz	Active	
gotrelief.co	Active	
gotrelief.info	Active	
gotrelief.me	Active	
gotrelief.net	Active	
gotrelief.org	Active	
handandt.zone	Active	https://theraworxprotect.com/hand-and-tzone/
handandtzone.com	Active	
healthywrestler.com	Active	
healthywrestling.ca	Active	https://theraworxprotect.com
healthywrestling.com	Active	
HOTSPOTSPRAY.COM	Active	http://theraworxpet.com
humanitydrivenhealth.com	Active	
humanitydrivenhealthcare.com	Active	
icu2you.com	Active	
icutoyou.com	Active	
INNERGYSPORT.COM	Active	https://phuel5.com/
inphinityskincare.com	Active	
knowthegaps.ca	Active	https://theraworxprotect.com/no-gaps/
knowthegaps.com	Active	
labor-worx.com	Active	
leeviate.com	Active	
leveate.com	Active	
levi8.com	Active	
leviate.ca	Active	https://theraworxrelief.com

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
leviate.com	Active	
leviate.net	Active	
leviate.org	Active	
leviate.tv	Active	
leviate.us	Active	
leviatereview.com	Active	
leviatereviews.com	Active	
MEDLAUNCHGROUP.COM	Active	
microbiome-compliance.com	Active	
microbiome-compliance.info	Active	
microbiome-compliance.net	Active	
microbiome-compliance.org	Active	
microbiome-compliance.us	Active	
microbiome-compliant.com	Active	
microbiome-compliant.info	Active	
microbiome-compliant.net	Active	
microbiome-compliant.org	Active	
microbiome-friendly.co	Active	
microbiome-friendly.us	Active	
microbiome-safe.com	Active	
microbiome-safe.info	Active	
microbiome-safe.net	Active	
microbiome-safe.org	Active	
microbiomecompliance.info	Active	
microbiomecompliance.net	Active	
microbiomecompliance.org	Active	
microbiomecompliance.us	Active	
microbiomecompliant.com	Active	
microbiomecompliant.info	Active	
microbiomecompliant.net	Active	
microbiomecompliant.org	Active	
microbiomefriendly.co	Active	
microbiomefriendly.info	Active	
microbiomefriendly.net	Active	
microbiomefriendly.org	Active	
microbiomefriendly.us	Active	
microbiomesafe.com	Active	
microbiomesafe.info	Active	
microbiomesafe.net	Active	
microbiomesafe.org	Active	
miomeskin.health	Active	
miomeskinhealth.co	Active	
miomeskinhealth.com	Active	
miomeskinhealth.info	Active	
miomeskinhealth.net	Active	

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
miomeskinhealth.org	Active	
miomeskinhealth.us	Active	
musclefuel.us	Active	
musclephuel.biz	Active	
musclephuel.co	Active	
musclephuel.info	Active	
musclephuel.net	Active	
musclephuel.org	Active	
musclephuel.us	Active	
nativecoverhunting.biz	Active	
nativecoverhunting.co	Active	
nativecoverhunting.com	Active	
nativecoverhunting.info	Active	
nativecoverhunting.net	Active	
nativecoverhunting.org	Active	
nativecoverhunting.us	Active	
nativecoveroutdoors.biz	Active	
nativecoveroutdoors.co	Active	
nativecoveroutdoors.com	Active	
nativecoveroutdoors.info	Active	
nativecoveroutdoors.net	Active	
nativecoveroutdoors.org	Active	
nativecoveroutdoors.us	Active	
naturesconcepts.net	Active	
naturesconceptscentral.com	Active	
naturesconceptscentral.net	Active	
nothegaps.com	Active	https://knowthegaps.com
nothegaps.info	Active	
nothegaps.net	Active	
nothegaps.org	Active	
ohsprotect.com	Active	
oshprotect.com	Active	
P-4-P.ORG	Active	
pathworx.plus	Active	
pathworxplus.com	Active	
pathworxplus.info	Active	
pathworxplus.net	Active	
pathworxplus.org	Active	
PAYFORPERFORMANCE.ORG	Active	
PET-RELIEF.COM	Active	http://theraworxpet.com
PETPRIME.COM	Active	http://theraworxpet.com
PETRELIEF.COM	Active	http://www.theraworxpet.com
phase-era.co	Active	
phase-era.com	Active	
phase-era.info	Active	

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
phase-era.net	Active	
phase-era.org	Active	
phaseera.co	Active	
phaseera.info	Active	
phaseera.net	Active	
phasera.biz	Active	
phasera.co	Active	
phasera.info	Active	
phasera.me	Active	
phasera.net	Active	
phasera.org	Active	
phaseraskin.co	Active	
phaseraskin.com	Active	
phaseraskin.info	Active	
phaseraskin.net	Active	
phuel.biz	Active	
phuel.ca	Active	https://phuelyou.com
phuel.co	Active	
phuel.info	Active	
phuel.io	Active	
phuel.life	Active	
phuel.me	Active	
phuel.mobi	Active	
phuel.online	Active	
phuel.org	Active	
phuel.ph	Active	
phuel.shop	Active	
phuel.store	Active	
phuel.tv	Active	
phuel.us	Active	
phuel.website	Active	
phuel.xyz	Active	
phuel5.ca	Active	https://phuelyou.com
phuel5.com	Active	
phuel5.net	Active	https://avadimhealth.com
phuel5.org	Active	https://avadimhealth.com
phueled.co	Active	
phueled.me	Active	
phueled.org	Active	
phueled.us	Active	
phueledup.co	Active	
phueledup.com	Active	
phueledup.info	Active	
phueledup.me	Active	
phueledup.net	Active	

Avadim Health, Inc.

21-10883 (CTG)

Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
phueledup.org	Active	
phueledup.us	Active	
phuelmuscle.biz	Active	
phuelmuscle.co	Active	
phuelmuscle.com	Active	
phuelmuscle.info	Active	
phuelmuscle.me	Active	
phuelmuscle.net	Active	
phuelmuscle.org	Active	
phuelmuscle.us	Active	
phuelmusclenutrition.biz	Active	
phuelmusclenutrition.co	Active	
phuelmusclenutrition.com	Active	
phuelmusclenutrition.info	Active	
phuelmusclenutrition.me	Active	
phuelmusclenutrition.net	Active	
phuelmusclenutrition.org	Active	
phuelmusclenutrition.us	Active	
phuelmyfire.co	Active	
phuelmyfire.com	Active	
phuelmyfire.net	Active	
phuelmyfire.org	Active	
phuelmymuscles.ca	Active	https://phuelyou.com
phuelmymuscles.co	Active	
phuelmymuscles.com	Active	
phuelmymuscles.info	Active	
phuelmymuscles.net	Active	
phuelmymuscles.org	Active	
phuelmymuscles.us	Active	
phuelrx.co	Active	
phuelrx.com	Active	
phuelrx.info	Active	
phuelrx.me	Active	
phuelrx.net	Active	
phuelrx.org	Active	
phuelrx.us	Active	
phuelskin.net	Active	
phuelthefire.co	Active	
phueltopicalmusclenutrition.biz	Active	
phueltopicalmusclenutrition.co	Active	
phueltopicalmusclenutrition.info	Active	
phueltopicalmusclenutrition.me	Active	
phueltopicalmusclenutrition.net	Active	
phueltopicalmusclenutrition.org	Active	
phueltopicalmusclenutrition.us	Active	

Avadim Health, Inc.

21-10883 (CTG)

Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
phuelu.biz	Active	
phuelu.co	Active	
phuelu.com	Active	
phuelu.info	Active	
phuelu.me	Active	
phuelu.net	Active	
phuelu.org	Active	
phuelu.store	Active	
phuelup.biz	Active	
phuelup.club	Active	
phuelup.co	Active	
phuelup.me	Active	
phuelup.net	Active	
phuelup.org	Active	
phuelyou.biz	Active	
phuelyou.ca	Active	https://phuelyou.com
phuelyou.co	Active	
phuelyou.com	Active	
phuelyou.info	Active	
phuelyou.me	Active	
phuelyou.mobi	Active	
phuelyou.net	Active	
phuelyou.org	Active	
phuelyou.us	Active	
phuelyoufire.co	Active	
phuelyoufire.net	Active	
phuelyoufire.org	Active	
phuelyoufires.biz	Active	
phuelyoufires.co	Active	
phuelyoufires.net	Active	
phuelyoufires.org	Active	
phuelyourfire.biz	Active	
phuelyourfire.co	Active	
phuelyourfire.com	Active	
phuelyourfire.info	Active	
phuelyourfire.net	Active	
phuelyourfire.org	Active	
phuelyourfires.biz	Active	
phuelyourfires.co	Active	
phuelyourfires.com	Active	
phuelyourfires.info	Active	
phuelyourfires.net	Active	
phuelyourfires.org	Active	
pregen-x.com	Active	
pregenex.com	Active	

Avadim Health, Inc.

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
pregenicks.com	Active	
pregenics.com	Active	
pregenix.com	Active	
pregenx.com	Active	
prejenex.com	Active	
prejenix.com	Active	
prejenx.com	Active	
protectohs.com	Active	
protecttzone.com	Active	
qaainc.com	Active	
qaainc.net	Active	
relioninc.ca	Active	https://relioninc.com
relioninc.com	Active	
relioninc.info	Active	
relioninc.net	Active	
relioninc.org	Active	
safe-t-zone.co	Active	
safe-t-zone.com	Active	
safe-t-zone.shop	Active	
safe-t-zone.store	Active	
safe-t.zone	Active	
safe-tzone.co	Active	
safe-tzone.net	Active	
safesimplesmart.com	Active	
safet-zone.co	Active	
safet-zone.com	Active	
safet-zone.net	Active	
safet-zone.org	Active	
safetzone.co	Active	
safetzone.net	Active	
sam.healthcare	Active	
samnewslink.ca	Active	https://samnewslink.com/
samsnewslink.com	Active	
samsnewslink.info	Active	
samsnewslink.net	Active	
samsnewslink.org	Active	
seewhatsmissing.ca	Active	https://theraworxprotect.com/see-whats-missing/
seewhatsmissing.co	Active	
seewhatsmissing.com	Active	
seewhatsmissing.net	Active	
skinandmuscle.com	Active	
skinbionom.com	Active	
skinbionome.com	Active	
skinph.biz	Active	
skinph.co	Active	

Avadim Health, Inc.

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
skinph.org	Active	
smartcolonization.co	Active	
smartcolonization.com	Active	
smartcolonization.info	Active	
smartcolonization.net	Active	
smartcolonization.org	Active	
smartcolonization.science	Active	
smartcolonization.tech	Active	
smartcolonization.technology	Active	
sss.health	Active	
t.zone	Active	https://theraworxprotect.com/hand-and-tzone/
thechgalternative.com	Active	
themantle.news	Active	
thera.works	Active	
THERA.ZONE	Active	
therawash.com	Active	https://avadimhealth.com
therawash.net	Active	https://avadimhealth.com
THERAWASHSILVER.COM	Active	https://avadimhealth.com
theraworkplus.com	Active	
theraworkreleaf.ca	Active	https://theraworxrelief.com
theraworkreleaf.com	Active	
theraworkreleaf.ca	Active	https://theraworxrelief.com/
theraworkreleaf.com	Active	
theraworkreleaf.ca	Active	https://theraworxrelief.com/
theraworkreleaf.com	Active	
theraworks.ca	Active	https://theraworx.com
theraworks.com	Active	
theraworksactiv.com	Active	
theraworksactive.com	Active	
theraworksbiomom.com	Active	
theraworksbiomome.com	Active	
theraworksbiomometherapies.com	Active	
theraworksbiomometherapy.com	Active	
theraworksbiomomtherapies.com	Active	
theraworksbiomomtherapy.com	Active	
theraworksclamp.com	Active	
theraworksclamprelief.ca	Active	https://theraworxrelief.com
theraworksclamprelief.com	Active	
theraworksfoam.com	Active	
theraworksmuscle.com	Active	
theraworksmusclecramp.com	Active	
theraworksmuscleperformance.com	Active	
theraworksmusclerelief.ca	Active	https://theraworxrelief.com
theraworksmusclerelief.com	Active	
theraworksperformance.com	Active	

Avadim Health, Inc.

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
theraworksplus.com	Active	
theraworksplusreview.ca	Active	https://theraworxrelief.com
theraworksplusreview.com	Active	
theraworksplusreviews.com	Active	
theraworksreleaf.ca	Active	https://theraworxrelief.com/
theraworksreleaf.com	Active	
theraworksrelease.com	Active	
theraworksreleaf.ca	Active	https://theraworxrelief.com/
theraworksreleaf.com	Active	
theraworksrelief.ca	Active	https://theraworxrelief.com/
theraworksrelief.com	Active	
theraworksreview.ca	Active	https://theraworxrelief.com/
theraworksreview.com	Active	
theraworksreviews.ca	Active	https://theraworxrelief.com/
theraworksreviews.com	Active	
theraworksspray.com	Active	
theraworkstech.com	Active	
theraworkstechnologies.com	Active	
theraworkstechnology.com	Active	
theraworkstechnologys.com	Active	
theraworkstowels.com	Active	
theraworkswipes.com	Active	
theraworx.biz	Active	https://theraworx.com
theraworx.ca	Active	https://theraworx.com/
theraworx.co	Active	https://theraworx.com
THERAWORX.COM	Active	
theraworx.info	Active	https://theraworx.com
theraworx.me	Active	https://theraworx.com
THERAWORX.NET	Active	https://theraworx.com
theraworx.online	Active	https://theraworx.com
theraworx.org	Active	https://theraworx.com
theraworx.pet	Active	https://theraworx.com
theraworx.us	Active	
theraworxactiv.com	Active	
theraworxactive.com	Active	
theraworxbionom.com	Active	
theraworxbionome.com	Active	
theraworxbionometherapies.com	Active	
theraworxbionometherapy.com	Active	
theraworxbionomtherapies.com	Active	
theraworxbionomtherapy.com	Active	
theraworxclinical.ca	Active	https://theraworx.com/
theraworxclinical.co	Active	https://theraworxclinical.com
theraworxclinical.com	Active	
theraworxclinical.net	Active	https://theraworxclinical.com

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
theraworxclinical.org	Active	https://theraworxclinical.com
theraworxcrap.com	Active	
theraworxcraprelief.ca	Active	https://theraworxrelief.com/
theraworxcraprelief.com	Active	
theraworxfoam.com	Active	
theraworxmuscled.com	Active	
theraworxmuscledcramp.com	Active	
theraworxmuscledperformance.com	Active	
theraworxmuscledrelief.ca	Active	https://theraworxrelief.com/
theraworxmuscledrelief.com	Active	
theraworxperformance.com	Active	
THERAWORXPET.COM	Active	https://theraworx.com
theraworxplus.com	Active	
theraworxplusreview.ca	Active	https://theraworxrelief.com/
theraworxplusreview.com	Active	
theraworxplusreviews.ca	Active	https://theraworxrelief.com/
theraworxplusreviews.com	Active	
theraworxprotect.biz	Active	https://theraworxclinical.com
theraworxprotect.ca	Active	https://theraworxprotect.com/
theraworxprotect.co	Active	https://theraworxclinical.com
theraworxprotect.com	Active	
theraworxprotect.info	Cust Redeem Hold	https://theraworxclinical.com
theraworxprotect.io	Active	
theraworxprotect.me	Active	https://theraworxclinical.com
theraworxprotect.net	Active	https://theraworxclinical.com
theraworxprotect.org	Active	https://theraworxclinical.com
theraworxprotectfoam.com	Active	
theraworxprotectfoam.info	Active	
theraworxprotectfoam.net	Active	
theraworxprotectfoam.org	Active	
theraworxreleaf.ca	Active	https://theraworxrelief.com/
theraworxreleaf.com	Active	
theraworxrelease.com	Active	
theraworxreleaf.ca	Active	https://theraworxrelief.com/
theraworxreleaf.com	Active	
theraworxrelief.ca	Active	https://theraworxrelief.com/
theraworxrelief.com	Active	
theraworxrestore.co	Active	http://restore.theraworx.com/
theraworxrestore.com	Active	http://restore.theraworx.com/
theraworxrestore.info	Active	http://restore.theraworx.com/
theraworxrestore.me	Active	http://restore.theraworx.com/
theraworxrestore.net	Active	http://restore.theraworx.com/
theraworxrestore.org	Active	http://restore.theraworx.com/
theraworxrestore.us	Active	http://restore.theraworx.com/
theraworxreview.ca	Active	https://theraworxrelief.com/

Avadim Health, Inc.

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
theraworxreview.com	Active	
theraworxreviews.ca	Active	https://theraworxrelief.com/
theraworxreviews.com	Active	
theraworxspray.com	Active	
theraworxtechnologies.com	Active	
theraworxtechnology.com	Active	
theraworxtechnologys.com	Active	
theraworxtowels.com	Active	
theraworxwipes.com	Active	
theraworxwrestling.co	Active	
theraworxwrestling.com	Active	
theraworxwrestling.info	Active	
theraworxwrestling.me	Active	
theraworxwrestling.net	Active	
theraworxwrestling.org	Active	
theraworxwrestling.us	Active	
therawroks.com	Active	https://phuelyou.com
therawrox.com	Active	https://phuelyou.com
THERAZONE.CO	Active	
thereworx.com	Active	
theriworks.com	Active	
theriworx.com	Active	
thermaworksrelief.com	Active	
thermaworxrelief.com	Active	
therworx.co	Active	
therworx.com	Active	
therworx.net	Active	
therworx.org	Active	
theupac.co	Active	
theupac.com	Active	
theupac.info	Active	
theupac.net	Active	
theupac.org	Active	
theupack.ca	Active	https://theupak.com
theupack.com	Active	
theupack.health	Active	
theupack.info	Active	
theupack.net	Active	
theupack.org	Active	
theupak.ca	Active	https://theupak.com
theupak.com	Active	
theupak.health	Active	
theupak.info	Active	
theupak.net	Active	
theupak.org	Active	

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
theyoupac.co	Active	
theyoupac.com	Active	
theyoupac.info	Active	
theyoupac.net	Active	
theyoupac.org	Active	
theyoupack.ca	Active	https://theupak.com
theyoupack.co	Active	
theyoupack.com	Active	
theyoupack.info	Active	
theyoupack.net	Active	
theyoupack.org	Active	
theyoupak.ca	Active	https://theupak.com
theyoupak.co	Active	
theyoupak.com	Active	
theyoupak.info	Active	
theyoupak.net	Active	
theyoupak.org	Active	
thwx.co	Active	
topicalbionom.com	Active	
topicalbionome.com	Active	
topicalbionometherapies.com	Active	
topicalbionometherapy.com	Active	
topicalbionomtherapies.com	Active	
topicalbionomtherapy.com	Active	
topicalmusclenutrition.biz	Active	
topicalmusclenutrition.co	Active	
topicalmusclenutrition.com	Active	
topicalmusclenutrition.guru	Active	
topicalmusclenutrition.info	Active	
topicalmusclenutrition.me	Active	
topicalmusclenutrition.net	Active	
topicalmusclenutrition.org	Active	
trybionome.com	Active	
tryleviate.com	Active	
TRYPETPRIME.COM	Active	http://www.petprime.com
tryphuel.biz	Active	
tryphuel.co	Active	
tryphuel.com	Active	
tryphuel.info	Active	
tryphuel.me	Active	
tryphuel.net	Active	
tryphuel.org	Active	
tryphuel.us	Active	
trypregenix.com	Active	
trypregenx.com	Active	

Avadim Health, Inc.

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Attachment B.61 - Domain Names

Domain Name	Status	Forwarding URL
tryrelief.co	Active	
tryrelief.com	Active	
tryrelief.info	Active	
tryrelief.net	Active	
tryrelief.org	Active	
tryrelief.us	Active	
trytheraworks.com	Active	
trytheraworksplus.com	Active	
trytheraworx.com	Active	
trytheraworxplus.com	Active	
trytwp.com	Active	
tzoneup.com	Active	
tzoneup.info	Active	
tzoneup.net	Active	
tzoneup.org	Active	
upack.health	Active	
upak.health	Active	
upak.us	Active	
upakcathcare.com	Active	
upakcathetercare.com	Active	
urinary-health.com	Active	
urinary.health	Active	
urinarytract.health	Active	
urogenital.health	Active	
with-theraworx.com	Active	
with-theraworx.info	Active	
with-theraworx.net	Active	
with-theraworx.org	Active	
withtheraworx.com	Active	
withtheraworx.info	Active	
withtheraworx.net	Active	
withtheraworx.org	Active	
wrestlehealthy.ca	Active	https://theraworxprotect.com/
wrestlehealthy.com	Active	
wrestlinghealthy.com	Active	
wwwgetrelief.com	Active	

Fill in this information to identify the case:Debtor name **Avadim Health, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **21-10883 (CTG)**☐ 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 Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
		Unliquidated	Unknown	
2.1	AMUR Equipment Finance <small>Creditor's Name</small> 308 N Locust St Grand Island, NE 68801 <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 Enthermic Blanket Warming Cabinets 150 Describe the lien Capital Lease 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 checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2	Ascentium Capital LLC <small>Creditor's Name</small> 23970 Hwy 59, 2nd Flr. Kingwood, TX 77339-1535 <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?	Describe debtor's property that is subject to a lien Software VA Describe the lien Capital Lease 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	Unliquidated	Unknown
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Debtor **Avadim Health, Inc.**

Name

Case number (if known)

21-10883 (CTG)☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☒ Unliquidated☐ Disputed**2.3 Ascentium Capital LLC**

Creditor's Name

**23970 Hwy 59, 2nd Flr.
Kingwood, TX 77339-1535**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Futura 12 Rotative CutterUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.4 Ascentium Capital LLC**

Creditor's Name

**23970 Hwy 59, 2nd Flr.
Kingwood, TX 77339-1535**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

TORR Filling MachineUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.5 Bank of the West**

Creditor's Name

**1625 W. Fountainhead
Pkw
Tempe, AZ 85282**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Genesis PackUnliquidatedUnknown

Describe the lien

Capital Lease

Is the creditor an insider or related party?

☒ No☐ Yes

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)**

Date debt was incurred

Is anyone else liable on this claim?

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

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ 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**2.6 Bateleur Catalyst LLC**

Creditor's Name

**Bateleur Capital LLC
597 Fifth Ave., 9th Flr.
New York, NY 10017**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

a) Six Hundred Thousand (600,000), 7.1-ounce containers of Avadim Theraworx Protect Foam; b) Two Hundred Thousand (200,000), 3.4-ounce containers of Avadim Theraworx Protect Foam; and c) Five Thousand (5,000), 1.7-ounce containers of AvadimUnliquidatedUnknown

Describe the lien

UCC-1 Financing Statement

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.7 Bryn Mawr Trust**

Creditor's Name

**PO Box 692
Bryn Mawr, PA 19010**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

2015 Volvo TruckUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)****2.8 Bryn Mawr Trust**

Creditor's Name

**PO Box 692
Bryn Mawr, PA 19010**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Filtrec Bottle Fill Inspection**Unliquidated****Unknown**

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.9 CHTD Company**

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Airofiller RFCP - 2 with all parts accessories and attachments.**Unliquidated****Unknown**

Describe the lien

UCC-1 Financing Statement

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.1 0 CT Corporation System**

Creditor's Name

**as Representative
330 N. Brand Blvd. Suite
700
Attn: SPRS
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

**Master Equipment Agreement No. 110605
dated April 24, 2018****Unliquidated****Unknown**

Describe the lien

UCC-1 Financing Statement

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)

Debtor **Avadim Health, Inc.**

Name

Case number (if known)

21-10883 (CTG)

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☐ Disputed2.1
1**Direct Capital (CIT))**

Creditor's Name

**200 West Northtown Road
Heyworth, IL 61745**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Globaltek ConveyorUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1
2**Direct Capital (CIT))**

Creditor's Name

**200 West Northtown Road
Heyworth, IL 61745**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Lift-O-FlexUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1
3**Direct Capital (CIT))**

Describe debtor's property that is subject to a lien

UnliquidatedUnknown

Debtor **Avadim Health, Inc.**

Case number (if known)

21-10883 (CTG)

Name

Creditor's Name

**200 West Northtown Road
Heyworth, IL 61745**

Creditor's mailing address

Creditor's email address, if known

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.**Lift-O-Flex Addt'l 2k****Describe the lien****Capital Lease****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)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1
4**ENGs Commercial Finance**

Creditor's Name

**PO Box 128
Itasca, IL 60143**

Creditor's mailing address

Creditor's email address, if known

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.**Describe debtor's property that is subject to a lien****AiroFiller RF CP-2 & Fill Skid****UnkUnliquidatedndUnknown****Describe the lien****Capital Lease****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)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1
5**Fidelity Capital**

Creditor's Name

**19600 Fairchild Rd,
Irvine, CA 92612**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Describe debtor's property that is subject to a lien****Shrink Sleeve****Unliquidated****Unknown****Describe the lien****Capital Lease****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)

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)****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☐ Disputed2.1
6**Financial Agent Services**

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

**20500 HS lifter with Expand-O-Turn and
20500 HS/19000 lifter with Squeeze-O Turn**UnliquidatedUnknown

Describe the lien

UCC-1 Financing Statement

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)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1
7**First Foundation Bank**

Creditor's Name

**18101 Von Karman Ave.,
Suite 750
Irvine, CA 92612**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

NJM Beltorque RetorquerUnliquidatedUnknown

Describe the lien

Capital Lease

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)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1
8**First Foundation Bank**

Creditor's Name

**18101 Von Karman Ave.,
Suite 750
Irvine, CA 92612**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Sophos, ThinkPads, Labeler & MixerUnliquidatedUnknown

Describe the lien

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)****Capital Lease**

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)

Creditor's email address, if known

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☐ Disputed2.1
9**Hayfin Services LLP**

Creditor's Name

**8 Canada Square
London, United Kingdom
E145HQ**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Substantially all the Company's assets**\$101,652,045.00**

No less than

Unknown

Describe the lien

Senior Secured Term Debt + Secured Notes

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2
0**IFSC (International
Financial Services C**

Creditor's Name

**1113 S. Milwaukee Avenue
Libertyville, IL 60048**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Futura 12 Folding System**Unliquidated****Unknown**

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Avadim Health, Inc.**

Name

Case number (if known)

21-10883 (CTG)☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☒ Unliquidated☐ Disputed**2.2 IFSC (International Financial Services C****1**

Creditor's Name

**1113 S. Milwaukee Avenue
Libertyville, IL 60048**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Genesis Cut & Seal System**Unliquidated****Unknown**

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.2 IFSC (International Financial Services C****2**

Creditor's Name

**1113 S. Milwaukee Avenue
Libertyville, IL 60048**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Beltorque Retorquer B**Unliquidated****Unknown**

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.2 m2 Lease Funds****3**

Creditor's Name

**175 N. Patrick Blvd., Ste
140
Brookfield, WI 53045**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Neumann Fillers & Pumps**Unliquidated****Unknown**

Describe the lien

Capital Lease

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)**

Creditor's email address, if known

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.

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)

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

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2
4 **m2 Lease Funds-Packaging Equip**

Creditor's Name

175 N. Patrick Blvd., Ste 140
Brookfield, WI 53045

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien
Packaging Equipment**Unliquidated****Unknown**

Describe the lien

Capital Lease

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)

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

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2
5 **MacQuarie Equipment Capital**

Creditor's Name

1302 Riverplace Blvd.
Jacksonville, FL 32207

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien
Lenovo ThinkPads, Fillers**Unliquidated****Unknown**

Describe the lien

Capital Lease

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)

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

☐ Contingent

☒ Unliquidated

☐ Disputed

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)**

2.2 6	MacQuarie Equipment Capital	Describe debtor's property that is subject to a lien ThinkPads, Dynamics, Filler, Lab & Bottling Equip	<u>Unliquidated</u>	<u>Unknown</u>
	Creditor's Name			
	1302 Riverplace Blvd. Jacksonville, FL 32207			
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred	Describe the lien Capital Lease		
	Last 4 digits of account number	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	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.	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2 7	MacQuarie Equipment Capital	Describe debtor's property that is subject to a lien Tank & Office Furniture	<u>Unliquidated</u>	<u>Unknown</u>
	Creditor's Name			
	1302 Riverplace Blvd. Jacksonville, FL 32207			
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred	Describe the lien Capital Lease		
	Last 4 digits of account number	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	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.	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2 8	MacQuarie Equipment Capital	Describe debtor's property that is subject to a lien Tank, Compressor, Navien NPE240S	<u>Unliquidated</u>	<u>Unknown</u>
	Creditor's Name			
	1302 Riverplace Blvd. Jacksonville, FL 32207			
	Creditor's mailing address			
	Creditor's email address, if known			
	Date debt was incurred	Describe the lien Capital Lease		
		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 type="checkbox"/> No		

Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)**☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ 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**2.2** **MetaBank (Crestmark Equipment Finance)**

Creditor's Name

**5480 Corporate Drive, Suite 360
Troy, MI 48098**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

PortaKing - Clean RoomUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.3** **MetaBank (Crestmark Equipment Finance)**

Creditor's Name

**5480 Corporate Drive, Suite 360
Troy, MI 48098**

Creditor's mailing address

Creditor's email address, if known

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.

Describe debtor's property that is subject to a lien

Futura 12 ConverterUnliquidatedUnknown

Describe the lien

Capital Lease

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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.3** **PNC Equipment Finance**

Describe debtor's property that is subject to a lien

UnliquidatedUnknown

Debtor **Avadim Health, Inc.**

Case number (if known)

21-10883 (CTG)

Name

Creditor's Name

COSMO Enhancement**655 Business Center Drive
Horsham, PA 19044**

Creditor's mailing address

Describe the lien

Capital Lease

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)

Creditor's email address, if known

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.

**\$101,652,045
.00****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 be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

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

Last 4 digits of account number for this entity

**Richards Layton & Finger, P.A.
Paul N. Heath, Zachary I. Shapiro
One Rodney Square
920 North King Street
Wilmington, DE 19801**Line **2.19**

Fill in this information to identify the case:Debtor name **Avadim Health, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **21-10883 (CTG)**☐ 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.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Ackerman, Christopher J. Redacted Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	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: Accrued Wages, PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,513.00	\$5,513.00
2.2	Priority creditor's name and mailing address Alabama Sales Tax Alabama Department of Revenue 50 N Ripley St Montgomery, AL 36130 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	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: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00	\$77.00

Debtor	Avadim Health, Inc. Name	Case number (if known)	21-10883 (CTG)	
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2.3	Priority creditor's name and mailing address Arizona Sales Tax Arizona Department of Revenue P.O. Box 29085 Phoenix, AZ 85038	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	\$72.00	\$72.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Arkansas Sales Tax PO Box 1272 Little Rock, AR 72203	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	\$90.00	\$90.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Aycock, Althea J. Redacted	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	\$7,404.00	\$7,404.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Barnes, Betsy Redacted	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	\$2,542.00	\$2,542.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Avadim Health, Inc. Name	Case number (if known)	21-10883 (CTG)	
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2.7	Priority creditor's name and mailing address Boyer, Wyman Redacted	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	\$5,938.00	\$5,938.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Buckner, James J. Redacted	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	\$10,769.00	\$10,769.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Burpeau, Kimberly A. Redacted	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	\$2,507.00	\$2,507.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Candler, Joshua Redacted	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	\$2,187.00	\$2,187.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Avadim Health, Inc. Name	Case number (if known)	21-10883 (CTG)	
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2.11	Priority creditor's name and mailing address Cobb, David Redacted	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	\$6,115.00	\$6,115.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Colorado Sales Tax Colorado Department of Revenue PO Box 17087 Denver, CO 80217-0087	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	\$215.00	\$215.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Fann, Brett Redacted	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	\$2,577.00	\$2,577.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Fann, Debbie H. Redacted	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	\$7,539.00	\$7,539.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15	Priority creditor's name and mailing address Florida Sales Tax Florida Department of Revenue 5050 West Tennessee Street Tallahassee, FL 32399	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	\$1,125.00	\$1,125.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Fondren, Donald F. Redacted	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	\$2,782.00	\$2,782.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address France, Dominique Redacted	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	\$1,872.00	\$1,872.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address France, Victorian Redacted	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	\$2,293.00	\$2,293.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Georgia Sales Tax Georgia Dept. of Revenue PO Box 740399 Atlanta, GA 30374-0399	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	\$383.00	\$383.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Gorman, Ryann Redacted	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	\$3,154.00	\$3,154.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Gray, Jeffrey Redacted	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	\$4,820.00	\$4,820.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Groudle, Jennifer Redacted	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	\$220.00	\$220.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Guengerich, Brad M. Redacted	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	\$1,301.00	\$1,301.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Guengerich, Carolyn Redacted	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	\$741.00	\$741.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Hands Jr, John D. Redacted	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	\$11,308.00	\$11,308.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Himmelreich, Jeffrey C. Redacted	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	\$9,375.00	\$9,375.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.27	Priority creditor's name and mailing address Hipp, Kevin Redacted	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		\$3,248.00	\$3,248.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.28	Priority creditor's name and mailing address Houssami, Liane Redacted	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		\$2,049.00	\$2,049.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.29	Priority creditor's name and mailing address Hunter, Jessica Redacted	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		\$1,845.00	\$1,845.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.30	Priority creditor's name and mailing address Hunter, Marina V. Redacted	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		\$2,096.00	\$2,096.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.31	Priority creditor's name and mailing address Illinois Sales Tax ILLINOIS DEPARTMENT OF REVENUE PO BOX 19013 SPRINGFIELD, IL 62794-9013	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	\$121.00	\$121.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Indiana Sales Tax Indiana Department of Revenue Indianapolis, IN 46207-7206	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	\$41.00	\$41.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Iowa Sales Tax Iowa Department of Revenue Corporation Tax PO Box 10466 Des Moines, IA 50306-0466	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	\$200.00	\$200.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Kansas Sales Tax PO Box 3506 Topeka, KS 66625-3506	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	\$53.00	\$53.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address Kawaguchi, Steve K. Redacted	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	\$2,708.00 \$2,708.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.36	Priority creditor's name and mailing address Kentucky Sales Tax 501 High Street Frankfort, KY 40601	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	\$4,726.00 \$4,726.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.37	Priority creditor's name and mailing address Kilgore, Scott J. Redacted	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	\$2,496.00 \$2,496.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.38	Priority creditor's name and mailing address Kindseth, Ryan Redacted	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	\$5,026.00 \$5,026.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Name		
2.39	Priority creditor's name and mailing address King, Tim L. Redacted <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	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: Accrued Wages, PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$3,822.00 \$3,822.00
2.40	Priority creditor's name and mailing address Lamb, Beatrice F. Redacted <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	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: Accrued Wages, PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$674.00 \$674.00
2.41	Priority creditor's name and mailing address LaPoint, Kelsey L. Redacted <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	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: Accrued Wages, PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,365.00 \$1,365.00
2.42	Priority creditor's name and mailing address Lombardo, Angelo R. Redacted <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	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: Accrued Wages, PTO Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$4,486.00 \$4,486.00

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2.43	Priority creditor's name and mailing address Lombardo, Ralph Redacted	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	\$14,379.00	\$13,650.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Lousiana Sales Tax Post Office Box 201 Baton Rouge, LA 70821-0201	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	\$4.00	\$4.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Maine Sales Tax PO Box 9107 Augusta, ME 04332-9107	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	\$2.00	\$2.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Maryland Sales Tax Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001	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	\$20.00	\$20.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Massachusetts Sales Tax 100 Cambridge Street, 2nd Floor Boston, MA 02114	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	\$13.00 \$13.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.48	Priority creditor's name and mailing address Mazzei, Cameron Redacted	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	\$4,692.00 \$4,692.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address Mazzei, Charles R. Redacted	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	\$7,644.00 \$7,644.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address Mazzei, Natali Redacted	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	\$3,130.00 \$3,130.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.51	Priority creditor's name and mailing address McIntyre, David Redacted	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	\$8,131.00	\$8,131.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address McKinney, Bart Redacted	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	\$4,659.00	\$4,659.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address Micale, Nicole Redacted	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	\$2,770.00	\$2,770.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address Michigan Sales Tax P.O. Box 30785 Lansing, MI 48909	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	\$45.00	\$45.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address Minnesota Sales Tax Minnesota Department of Revenue Mail Station 6330 600 N. Robert Street St. Paul, MN 55146-6330	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	\$30.00	\$30.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address Mississippi Sales Tax P. O. Box 1033 PO Box 7206 Jackson, MS 39215	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	\$178.00	\$178.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address Missouri Sales Tax Department of Revenue Jefferson City, MO 65107-0329	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	\$1,941.00	\$1,941.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address Montgomery, Joshua Redacted	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	\$10,673.00	\$10,673.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address Moore, Cassidy Redacted	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	\$3,462.00	\$3,462.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Morello, Anthony Redacted	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	\$9,437.00	\$9,437.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Nelson, Larry C. Redacted	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	\$2,404.00	\$2,404.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Nevada Sales Tax 1550 College Parkway, Suite 115 Carson City, NV 89706	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	\$35.00	\$35.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$30.00	\$30.00
	New Jersey Sales Tax NJ Division of Taxation PO Box 999 Trenton, NJ 08646-0999	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Sales Tax			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.64	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$93.00	\$93.00
	New York Sales Tax PO BOX 1506 CHURCH STREET STATION NEW YORK, NY 10008-1506	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Sales Tax			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.65	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$5,321.00	\$5,321.00
	Newberry, Alan E.	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Redacted				
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.66	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$1,389.00	\$1,389.00
	Nipper, Melissa M.	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Redacted				
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.67	Priority creditor's name and mailing address North Carolina Sales Tax 3301 Terminal Drive, Suite 125 Raleigh, NC 27604	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	\$1,362.00	\$1,362.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68	Priority creditor's name and mailing address Ohio Sales Tax Ohio Department of Taxation PO Box 2678 Columbus, OH 43216-2678	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	\$18.00	\$18.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.69	Priority creditor's name and mailing address Oklahoma Sales Tax Oklahoma Tax Commission 2501 N Lincoln Blvd Oklahoma City, OK 73194	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	\$42.00	\$42.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.70	Priority creditor's name and mailing address Pennsylvania Sales Tax PA DEPARTMENT OF REVENUE PO BOX 280905 HARRISBURG, PA 17128-0905	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	\$52.00	\$52.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	21-10883 (CTG)
2.71	Priority creditor's name and mailing address Petit, Christopher L. Redacted	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	\$6,900.00 \$6,900.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.72	Priority creditor's name and mailing address Poland, Philip J. Redacted	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	\$4,841.00 \$4,841.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.73	Priority creditor's name and mailing address Pressley, Marissa S. Redacted	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	\$4,688.00 \$4,688.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.74	Priority creditor's name and mailing address Rader, Brandon K. Redacted	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	\$3,667.00 \$3,667.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)		21-10883 (CTG)	
Avadim Health, Inc. Name				
2.75 Priority creditor's name and mailing address Rhode Island Sales Tax Rhode Island Division of Taxation One Capitol Hill Providence, RI 02908	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		\$6.00	\$6.00
Date or dates debt was incurred	Basis for the claim: Sales Tax			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.76 Priority creditor's name and mailing address Roman, Tyler Redacted	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		\$1,674.00	\$1,674.00
Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.77 Priority creditor's name and mailing address Schuh, Leslie A. Redacted	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		\$4,836.00	\$4,836.00
Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.78 Priority creditor's name and mailing address Schuh, Mark Redacted	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		\$9,375.00	\$9,375.00
Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO			
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Name		Case number (if known)	21-10883 (CTG)	
2.79	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,563.00	\$2,563.00
	Schwartz, Howard G.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
2.80	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,769.00	\$2,769.00
	Shook, Melissa M.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
2.81	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$8,089.00	\$8,089.00
	Sklareski, Paul M.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
2.82	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$1,515.00	\$1,515.00
	Smith, James T.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			

Debtor	Name		Case number (if known)	21-10883 (CTG)	
2.83	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,484.00	\$2,484.00
	Snider, Christopher C.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
2.84	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$9,384.00	\$9,384.00
	Sposato, Christopher L.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
2.85	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,889.00	\$2,889.00
	Stevens, Dana M.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			
2.86	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$3,690.00	\$3,690.00
	Sutrich, Nicholas J.	<i>Check all that apply.</i>			
	Redacted	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No			
		<input type="checkbox"/> Yes			

Debtor	Avadim Health, Inc. Name	Case number (if known)	21-10883 (CTG)
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2.87	Priority creditor's name and mailing address Tennessee Sales Tax Tennessee Department of Revenue P.O. Box 14035 Knoxville, TN 37914	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	\$1,054.00	\$1,054.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.88	Priority creditor's name and mailing address Texas Sales Tax Texas Comptroller of Public Accounts P.O. Box 13528 Capitol Station Austin, TE 78711-3528	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	\$86.00	\$86.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.89	Priority creditor's name and mailing address Tiemann, Christopher A. Redacted	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	\$6,538.00	\$6,538.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.90	Priority creditor's name and mailing address Tighe, Brian Redacted	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	\$4,933.00	\$4,933.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.91	Priority creditor's name and mailing address Todd, John N. Redacted	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	\$2,331.00	\$2,331.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address Tritle, Caleb Redacted	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	\$1,281.00	\$1,281.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address Utah Sales Tax Utah State Tax Commission 210 North 1950 West Salt Lake City, UT 84134	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	\$32.00	\$32.00
	Date or dates debt was incurred	Basis for the claim: Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address Warger, Kenneth Redacted	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	\$5,308.00	\$5,308.00
	Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.95	Priority creditor's name and mailing address Warren, Levita Redacted	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	\$1,540.00	\$1,540.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.96	Priority creditor's name and mailing address Weitzel, Katherine S. Redacted	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	\$2,893.00	\$2,893.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.97	Priority creditor's name and mailing address West Virginia Sales Tax Revenue Division P.O. Box 2389 Charleston, WV 25328-2389	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	\$6.00	\$6.00
Date or dates debt was incurred		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.98	Priority creditor's name and mailing address White, Daniel Redacted	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	\$2,618.00	\$2,618.00
Date or dates debt was incurred		Basis for the claim: Accrued Wages, PTO		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.99	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$36.00	\$36.00
	Wisconsin Sales Tax Wisconsin Department of Revenue PO Box 8902 Madison, WI 53708-8902	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Sales Tax			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.100	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$400.00	\$400.00
	Woody, Jane Redacted	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.101	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$30,958.00	\$13,650.00
	Woody, Steve Redacted	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.102	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		\$2,722.00	\$2,722.00
	Wright, Amy M. Redacted	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date or dates debt was incurred	Basis for the claim:			
		Accrued Wages, PTO			
	Last 4 digits of account number	Is the claim subject to offset?			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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2.103	Priority creditor's name and mailing address Wright, Roy F. Redacted	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	\$3,657.00	\$3,657.00
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Date or dates debt was incurred	Basis for the claim: Accrued Wages, PTO
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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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 Ahold USA, Inc 3213 Paysphere Circle Chicago, IL 60674 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00
3.2	Nonpriority creditor's name and mailing address Aiton Anderson Architecture 117 Cherry St Black Mountain, NC 28711 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,893.00
3.3	Nonpriority creditor's name and mailing address Amazon Advertising LLC P.O. Box 24651 Seattle, WA 98124-0651 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,641.00
3.4	Nonpriority creditor's name and mailing address American Urological Association (AUA) P.O. Box 79165 Baltimore, MD 21279-0165 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.5	Nonpriority creditor's name and mailing address Apostille Please, LLC 1070 Middle Country Road Suite 7-192 Selden, NY 11784 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$870.00

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3.6	Nonpriority creditor's name and mailing address Arthritis Foundation, Inc 1355 Peachtree Street Atlanta, GA 30309 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,800.00
3.7	Nonpriority creditor's name and mailing address BazaarVoice, Inc PO Box 671654 Dallas, TX 75267-1654 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.8	Nonpriority creditor's name and mailing address Better Business Bureau National Advertising Division 1805 Rutherford Lane Suite 100 Austin, TX 78754 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>NAD Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Biologics Consulting Group, Inc. 1555 King St Alexandria, VA 22314 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.10	Nonpriority creditor's name and mailing address C.H. Robinson Worldwide, Inc. PO Box 9121 Minneapolis, MN 55480-9121 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,942.00
3.11	Nonpriority creditor's name and mailing address Caldwell Wright Enterprises, Inc. Friend, Hudak & Harris, LLP Benjamin McCulloh Byrd 3 Ravinia Drive, Suite 1700 Atlanta, GA 30346 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.12	Nonpriority creditor's name and mailing address Canteen Refreshment Services PO Box 417632 Boston, MA 02241-7632 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.00

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3.13	Nonpriority creditor's name and mailing address Cardinal Health Cardinal Health 105 Inc., DA 75379-8709 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,767.00
3.14	Nonpriority creditor's name and mailing address Carolina Water Consultants, LLC DBA Culligan of WNC Arden, NC 28704-1469 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.00
3.15	Nonpriority creditor's name and mailing address Catalina Marketing Corporation P.O. Box 620000 Orlando, FL 32891-8484 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,152.00
3.16	Nonpriority creditor's name and mailing address Center for Internet Security Inc (CIS) 31 Tech Valley Drive East Greenbush, NY 12061 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,310.00
3.17	Nonpriority creditor's name and mailing address Charles G Friedman 6805 Bethany Church Rd Wendell, NC 27591 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$923.00
3.18	Nonpriority creditor's name and mailing address Cigna Life Insurance Co. of North Americ PO Box 782447 Philadelphia, PA 19178-2447 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,844.00
3.19	Nonpriority creditor's name and mailing address Cisco Systems, Inc P.O. Box 406316 Atlanta, GA 30384-6316 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,797.00

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3.20	Nonpriority creditor's name and mailing address City of Asheville PO Box 733 Asheville, NC 28802-0733 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$879.00
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3.21	Nonpriority creditor's name and mailing address CNA Insurance PO Box 74007619 Chicago, IL 60674-7619 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,537.00
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3.22	Nonpriority creditor's name and mailing address Cole-Parmer 13927 Collections Center Drive 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,477.00
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3.23	Nonpriority creditor's name and mailing address Concord Worldwide, Inc. 177 Post Street Suite 910 San Francisco, CA 94108 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,243.00
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3.24	Nonpriority creditor's name and mailing address Cooley LLP 101 California St San Francisco, CA 94111-5800 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,293,716.00
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3.25	Nonpriority creditor's name and mailing address Copiers Plus, Inc 408 Chicago Dr Fayetteville, NC 28306 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,094.00
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3.26	Nonpriority creditor's name and mailing address Crossmark P.O. Box 679885 Dallas, TX 75267-9885 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,321.00
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3.27	Nonpriority creditor's name and mailing address Curbside Management, Inc. P.O. Box 18722 Asheville, NC 28814 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00
3.28	Nonpriority creditor's name and mailing address Custom Analytics 3789 Thomas Sumter Hwy Dalzell, SC 29040 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,526.00
3.29	Nonpriority creditor's name and mailing address CWE, Inc. C/O Julius Wright Cartersville, GA 30121 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,984.00
3.30	Nonpriority creditor's name and mailing address Daansen USA, Inc. 31 Elm Street Nashua, NH 03060 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118,506.00
3.31	Nonpriority creditor's name and mailing address Deacon Transportation LLC PO Box 2178 Fairview, NC 28730 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,150.00
3.32	Nonpriority creditor's name and mailing address Dodson Pest Control PO Box 17242 Baltimore, MD 21297 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
3.33	Nonpriority creditor's name and mailing address Dominion Energy PO Box 100256 Columbia, SC 29202-3256 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.00

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3.34	Nonpriority creditor's name and mailing address Donnelley Financial, LLC PO Box 842282 Boston, MA 02284-2282 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540,309.00
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3.35	Nonpriority creditor's name and mailing address Doximity Inc DEPT CH19191 Palatine, IL 60055-9291 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
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3.36	Nonpriority creditor's name and mailing address Drew Pinsky, Inc. 330 Laguna Glen Dr. Henderson, NV 89014 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,893.00
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3.37	Nonpriority creditor's name and mailing address Duke Energy PO Box 1003 Charlotte, NC 28201-1003 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,597.00
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3.38	Nonpriority creditor's name and mailing address Eblen Charities 50 Westgate Parkway Asheville, NC 28806 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.39	Nonpriority creditor's name and mailing address Elias, Dr. Peter 650 Delancy Street San Francisco, CA 94107 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
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3.40	Nonpriority creditor's name and mailing address Eric Paul Crispell 2203 Helens Way Brentwood, TN 37027 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,808.00
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3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,000.00
	Essential healthcare Management Inc 2244 N University Park Blvd Layton, UT 84041	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Exclerant Consulting, LLC Law Office of George Moschopoulos 34197 Pacific Coast Highway, Suite 100 Dana Point, CA 92629	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,120.00
	Exclaimer Ltd 445 Park Ave New York, NY 10022	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$769.00
	Fann, Debbie 56 Stamford St. Asheville, NC 28803	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$34,262.00
	Fed Ex PO Box 371461 Pittsburgh, PA 15250-7461	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$15,130.00
	Fed Ex Freight P.O. Box 223125 Pittsburgh, PA 15251-2125	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,370.00
	Flores & Associates P.O. Box 31397 Charlotte, NC 28231	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.48	Nonpriority creditor's name and mailing address Forum Purchasing, LLC 1050 Crown Pointe Pkwy Atlanta, GA 30338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$196.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address Gold's Gym PO Box 120388 Dallas, TX 75312-0388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$286.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address Group Purchasing Advantage 415 Rogers Ave Fort Smith, AR 72901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$11.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address GRS, LLC 100 N Sepulveda Blvd El Segundo, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$200,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address HE, Inc. 915 Windmill Parkway Evans, GA 30809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$5,281,911.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address Health Matters 12279 Martin Road Fayetteville, AR 72704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$15,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address Holland & Hart LLP PO Box 17283 Denver, CO 80217-0283 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$24,594.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Avadim Health, Inc. Name	Case number (if known)	21-10883 (CTG)
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3.55	Nonpriority creditor's name and mailing address HPSI Purchasing Services 1 ADA Irvine, CA 92618 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$746.00
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3.56	Nonpriority creditor's name and mailing address Hyman, Phelps & McNamara 700 Thirteenth Street N. W. Suite 1200 Washington, DC 20005 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124,885.00
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3.57	Nonpriority creditor's name and mailing address ICR, LLC 761 Main Avenue Norwalk, CT 06851 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236,830.00
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3.58	Nonpriority creditor's name and mailing address Infinity Systems 1 Pennsylvania Plaza # 2010 New York, NY 10119 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.00
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3.59	Nonpriority creditor's name and mailing address Information Resources, Inc. 4766 Paysphere Circle Chicago, IL 60674 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,306.00
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3.60	Nonpriority creditor's name and mailing address Infotrac, Inc. 200 N Palmetto St Leesburg, FL 34748 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00
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3.61	Nonpriority creditor's name and mailing address Integrated Strategy Group, LLC 16 W. Washington Street Lexington, VA 24450 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,000.00
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Debtor Avadim Health, Inc. Name		Case number (if known) 21-10883 (CTG)	
3.62	Nonpriority creditor's name and mailing address James F. Howser 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 checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	Nonpriority creditor's name and mailing address John Hancock Manulife Financial Buffalo, NY 14201 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,209.00
3.64	Nonpriority creditor's name and mailing address John Locke 155 Hickory CT Arden, NC 28704 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00
3.65	Nonpriority creditor's name and mailing address Karlyle Technologies Inc. 204 Woodhaven Dr. Polk City, IA 50226 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$870.00
3.66	Nonpriority creditor's name and mailing address Locke Lord LLP 2200 Ross Avenue Suite 2800 Dallas, TX 75303-1170 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,459.00
3.67	Nonpriority creditor's name and mailing address Luz Sanchez Sheehan & Associates, P.C. Spencer Sheehan 60 Cuttermill Road Ste 409 Great Neck, NY 11021 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address Managed Health Care Associates, Inc. 25-A Vreeland Rd. Suite 200 Florham Park, NJ 07932-0789 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00

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3.69	Nonpriority creditor's name and mailing address Marlin Business Bank PO Box 13604 Philadelphia, PA 19101 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,826.00
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3.70	Nonpriority creditor's name and mailing address Moravian College Sports Medicine & Rehab 1441 Schoenersville Rd Bethlehem, PA 18018 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,335.00
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3.71	Nonpriority creditor's name and mailing address Morello, Anthony 511 Scoslo Drive Bel Air, MD 21014 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$515.00
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3.72	Nonpriority creditor's name and mailing address Morris Business Solutions PO Box 1349 Duncan, SC 29334 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.00
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3.73	Nonpriority creditor's name and mailing address Myco Science 25 Village Hill Rd Willington, CT 06279 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00
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3.74	Nonpriority creditor's name and mailing address NACDS PO Box 34814 Alexandria, VA 22334-0814 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.00
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3.75	Nonpriority creditor's name and mailing address Naviona, LLC 3120 W Morrison Ave Tampa, FL 33629 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.76	Nonpriority creditor's name and mailing address Ocean X LLC 100 N Coast Hwy El Segundo, CA 90245 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,239.00
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3.77	Nonpriority creditor's name and mailing address Old Dominion Freight Line, Inc PO Box 198475 Atlanta, GA 30384 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.00
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3.78	Nonpriority creditor's name and mailing address Omega Medical Research 400 Bald Hill Rd Warwick, RI 02886 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,725.00
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3.79	Nonpriority creditor's name and mailing address Pandora Media, Inc 25601 Network Place Chicago, IL 60673-1256 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,500.00
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3.80	Nonpriority creditor's name and mailing address Pedigo Law Firm, PLLC 5970 Fairview Rd. Suite 725 Charlotte, NC 28210 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,185.00
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3.81	Nonpriority creditor's name and mailing address Potoo Solutions 40 Richards Ave Norwalk, CT 06854 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,033.00
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3.82	Nonpriority creditor's name and mailing address Premier Healthcare Alliance, L.P. P.O. Box 847650 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,412.00
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3.83	Nonpriority creditor's name and mailing address Progress Container & Display 635 Patrick Mill Rd. SW Winder, GA 30680 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,270.00
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3.84	Nonpriority creditor's name and mailing address Quality Assurance Associates 81 Thompson St Asheville, NC 28803 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: <u>Intercompany Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184,000.00
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3.85	Nonpriority creditor's name and mailing address REEFIN, LLC(dba Gorilla Expense) 3870 Peachtree Ind. Blvd S-340 #167 Duluth, GA 30096 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.86	Nonpriority creditor's name and mailing address Relion Manufacturing, Inc. 81 Thompson Street Asheville, NC 28803 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: <u>Intercompany Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,838,328.00
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3.87	Nonpriority creditor's name and mailing address Ringfree Communications, Inc Customer Care Billing Dept Hendersonville, NC 28739 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$987.00
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3.88	Nonpriority creditor's name and mailing address Salary.com, LLC 610 Lincoln Street Waltham, MA 02451 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$674.00
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3.89	Nonpriority creditor's name and mailing address School Health Corporation 8656 Muirfield Dr Hanover Park 60133 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.90	Nonpriority creditor's name and mailing address Sheer Comfort Heating & Air Conditioning 154 Fletcher Commercial Dr Fletcher, NC 28732 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.00
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3.91	Nonpriority creditor's name and mailing address Shred-It USA 28883 Network Place Chicago, IL 60673-1288 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.00
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3.92	Nonpriority creditor's name and mailing address Skillsoft Corporation 300 Innovative Way Nashua, NH 03062 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,677.00
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3.93	Nonpriority creditor's name and mailing address Spectrum Business 400 Atlantic St Stamford, CT 06901 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,046.00
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3.94	Nonpriority creditor's name and mailing address SPS Commerce, Inc P.O. Box 205782 Dallas, TX 75320-5782 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$296.00
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3.95	Nonpriority creditor's name and mailing address Sunland Medical Systems 103 Winter Drive Georgetown, TX 78633 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,610.00
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3.96	Nonpriority creditor's name and mailing address Sutrich, Nicholas 7 Cleveland Ave. Asheville, NC 28803 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.97	Nonpriority creditor's name and mailing address Technology Commercialization, LLC 8801 Fast Park Dr. Suite 205, RA 27617 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,925.00
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3.98	Nonpriority creditor's name and mailing address The Daniels Group 131 Sweeten Creek Rd Asheville, NC 28803 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.00
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3.99	Nonpriority creditor's name and mailing address The Swanson Group 1110 W Lake Cook Rd #372 Buffalo Grove, IL 60089 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,332,542.00
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3.100	Nonpriority creditor's name and mailing address Tidy Solutions LLC 51 Collins Drive Fletcher, NC 28732 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.00
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3.101	Nonpriority creditor's name and mailing address Tiemann, Chris 607 Winter View Circle Fenton, MO 63026 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,699.00
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3.102	Nonpriority creditor's name and mailing address True North Global 4633 Santeetlah Rd Robbinsville, NC 28771 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,450.00
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3.103	Nonpriority creditor's name and mailing address Uline Attn: Accounts Receivable Chicago, IL 60680-1741 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$923.00
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Debtor	Avadim Health, Inc. Name	Case number (if known)	21-10883 (CTG)
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3.104	Nonpriority creditor's name and mailing address University of Pittsburgh Attn 371220 Pittsburgh, PA 15262-0001 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,500.00
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3.105	Nonpriority creditor's name and mailing address University of South Carolina Contract Contract and Grant Accounting Columbia, SC 29208 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,070.00
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3.106	Nonpriority creditor's name and mailing address Velosio LLC PO Box 933191 Cleveland, OH 44193 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,517.00
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3.107	Nonpriority creditor's name and mailing address Vendormate Inc P.O. Box 101018 Atlanta, GA 30392-1018 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,225.00
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3.108	Nonpriority creditor's name and mailing address Venture Venture.co Brokerage Services Burlington, VT 05401 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,636.00
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3.109	Nonpriority creditor's name and mailing address Ward and Smith, P.A. PO Box 867 New Bern, NC 28563 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.00
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3.110	Nonpriority creditor's name and mailing address Warger, Ken 19211 SW 30 Street Miramar, FL 33029 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,996.00
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Debtor **Avadim Health, Inc.**
NameCase number (if known) **21-10883 (CTG)**

3.111	Nonpriority creditor's name and mailing address Williams & Connolly LLP 725 Twelfth Street N.W. Washington, DC 20005-5901 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,494.00
3.112	Nonpriority creditor's name and mailing address Wolters Kluwer Health, Inc 16705 Collection 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,717.00
3.113	Nonpriority creditor's name and mailing address Worldwide Express 29228 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.00
3.114	Nonpriority creditor's name and mailing address WuXi Apptec, Inc 24681 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,020.00
3.115	Nonpriority creditor's name and mailing address Xerox Financial Services P.O. Box 202882 Dallas, TX 75320-2882 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: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492.00

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	Deutsch & Gottschalk Robert J. Deutsch 75 N. Market Street Asheville, NC 28803	Line <u>3.11</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. \$	345,594.00
5b. Total claims from Part 2	5b. + \$	15,575,750.00

Debtor **Avadim Health, Inc.**
Name

Case number (if known) **21-10883 (CTG)**

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ **15,921,344.00**

Fill in this information to identify the case:Debtor name **Avadim Health, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **21-10883 (CTG)**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest
**Settlement Agreement dated 08.16.18;
Promissory Note dated 08.22.18**State the term remaining
N/A

List the contract number of any government contract _____

**Acosta, Inc.
6600 Corporate Center Pkwy
Jacksonville, FL 32216**2.2. State what the contract or lease is for and the nature of the debtor's interest
Statement of Work dated 11.21.18State the term remaining
N/A

List the contract number of any government contract _____

**Adept Group LLC
One East Broad Street Suite 220
Bethlehem, PA 18018**2.3. State what the contract or lease is for and the nature of the debtor's interest
Distribution Agreement dated 10.01.19State the term remaining
N/A

List the contract number of any government contract _____

**Advanced Tissue, LLC
CFO 7003 Valley Ranch Drive
Little Rock, AR 72223**2.4. State what the contract or lease is for and the nature of the debtor's interest
Engagement Agreement dated 05.15.15State the term remaining
N/A

List the contract number of any government contract _____

**Alba Advisors, LLC
200 Pheasant Run
Hendersonville, SC 28739**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Albertsons Merchandising Program dated 02.25.18**

State the term remaining **N/A**

List the contract number of any government contract

Albertsons Companies
250 East Parkcenter Blvd.
Boise, ID 83706

2.6. State what the contract or lease is for and the nature of the debtor's interest **Pilot Entrprise Marketing Analytics Program dated 05.07.19**

State the term remaining **2.4 mos.**

List the contract number of any government contract

Alight Analytics LLC
1100 Main Street 17th Floor
Kansas City, MO 64105

2.7. State what the contract or lease is for and the nature of the debtor's interest **Engagement Agreement dated 09.08.20**

State the term remaining **N/A**

List the contract number of any government contract

Allen Stahl + Kilbourne, PLLC
20 Town. Mountain Road Suite 100
Asheville, NC 28801

2.8. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 04.10.20**

State the term remaining **N/A**

List the contract number of any government contract

American Healthworx, LLC
8060 New Brunswick Drive
West Chester, OH 45241

2.9. State what the contract or lease is for and the nature of the debtor's interest **Supplier Agreement dated 08.17.16**

State the term remaining **N/A**

List the contract number of any government contract

American Medical Depot
10315 USA. Today Way
Miramar, FL 33025

2.10. State what the contract or lease is for and the nature of the debtor's interest **Transfer Agency and Registrar Services Agreement dated 10.15.19**

State the term remaining **60.1 mos.**

List the contract number of any government contract

American Stock Transfer & Trust Company,
Relationship Management 6201 15th Avenue
Brooklyn, NY 11219

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

Distribution Services Agreement dated 02.01.17, as amended

State the term remaining

N/A

List the contract number of any government contract

**AmerisourceBergen Drug Corporation
1300 Morris Briver
Chesterbrook, PA 19087-5594**

2.12. State what the contract or lease is for and the nature of the debtor's interest

Distribution Agreement dated 12.13.19

State the term remaining

N/A

List the contract number of any government contract

**Amethyst Technologies, LLC
1450 S Rolling Rd.
Baltimore, MD 21227**

2.13. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement dated 08.18.20; Master Services Agreement dated 03.07.19

State the term remaining

N/A

List the contract number of any government contract

**ASGARD Partners & Co., LLC
12 E 49th Street, 11th FLr.
New York, NY 10017**

2.14. State what the contract or lease is for and the nature of the debtor's interest

Registration Rights Agreement dated 07.21.15

State the term remaining

N/A

List the contract number of any government contract

**Athletes Advantage Sports Products, Inc.
Chip Wright 1070 Airport Industrial Park Drive
Marietta, GA 30060**

2.15. State what the contract or lease is for and the nature of the debtor's interest

ADS Distributor Agreement dated 05.27.14

State the term remaining

N/A

List the contract number of any government contract

**Atlantic Diving Supply, Inc.
621 Lynnhaven Parkway Suite 160
Virginia Beach, VA 23452**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest **Fee Agreement dated 01.31.18**

State the term remaining **N/A**

List the contract number of any government contract

**Atlantic Management Resources, Inc.
5 Mountain Blvd., Ste #9
Warren, NJ 07059**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality Agreement dated 09.23.20**

State the term remaining **N/A**

List the contract number of any government contract

**Aytu Bioscience, Inc.
373 Inverness Parkway Suite 206
Englewood, CO 980112**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality Agreement dated 07.02.20**

State the term remaining **N/A**

List the contract number of any government contract

**Bank of America
Andy H. Nadeau, Sr. VP 1 N Pack Sq.
Asheville, NC 28801**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Engagement Letter dated 02.13.20**

State the term remaining **N/A**

List the contract number of any government contract

**Bashyam Shah LLP
PO Box 2477
Raleigh, NC 27602**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Inventory Purchase Agreement and Distribution Agreement dated 01.25.21, Confidentiality and NonDisclosure Agreement dated 08.17.20**

State the term remaining **24 mos.**

List the contract number of any government contract

**Bateleur Catalyst LLC
c/o Bateleur Capital LLC Aziz Hassanali 597 Fifth
New York, NY 10017**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.21.	State what the contract or lease is for and the nature of the debtor's interest	Master Purchasing Agreement dated 09.01.19; Vendor Distribution Agreement dated 10.01.19 N/A	
	State the term remaining		
	List the contract number of any government contract		BayCare Purchasing Partners, LLC P.O. Box 406936 Atlanta, GA 30384-6936
<hr/>			
2.22.	State what the contract or lease is for and the nature of the debtor's interest	Purchasing Agreement dated 04.25.19, as amended	
	State the term remaining	N/A	
	List the contract number of any government contract		Baylor Scott & White Health 301 N. Washington Ave. Dallas, TX 75246
<hr/>			
2.23.	State what the contract or lease is for and the nature of the debtor's interest	Master Agreement 04.02.19	
	State the term remaining	N/A	
	List the contract number of any government contract		Bazaarvoice, Inc. Legal 10901 Stonelake Blvd. Austin, TX 78759
<hr/>			
2.24.	State what the contract or lease is for and the nature of the debtor's interest	Engagement Letter dated 12.06.19	
	State the term remaining	N/A	
	List the contract number of any government contract		Bennett Jones LLP 3400 One First Canadian Place PO Box 130 Toronto, ON M5X 1A4
<hr/>			
2.25.	State what the contract or lease is for and the nature of the debtor's interest	510(k) Support for Development of Compression Devices Agreement	
	State the term remaining	N/A	
	List the contract number of any government contract		Biologics Consulting Group, Inc. 1555 King Street Suite 300 Alexandria, VA 22314
<hr/>			
2.26.	State what the contract or lease is for and the nature of the debtor's interest	Consulting Agreement dated 10.05.17	
	State the term remaining	N/A	
			Biologics Consulting Group, Inc. 400 N. Washington Street Suite 100 Alexandria, VA 22314

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.27. State what the contract or lease is for and the nature of the debtor's interest **Testing Agreement, as amended**State the term remaining **N/A**

List the contract number of any government contract _____

**BioScience Laboratories Inc.
1765 S. 19th Avenue
Bozeman, MT 59718**2.28. State what the contract or lease is for and the nature of the debtor's interest **Wholesaler Purchase Agreement dated 12.31.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Blue Aqua, LLC
339 Wyandanch Ave
West Babylon, NY 11704**2.29. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 05.17.21**State the term remaining **3.5 mos.**

List the contract number of any government contract _____

**BMC Group vDR, LLC
300 N. Continental Blvd. Suite 570
El Segundo, CA 90245**2.30. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 09.03.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Brenda Adelsberger
9802 Monroe Street
Cockeysville, MD 21030**2.31. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 09.03.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Brendon Oneill
4506 Francis St.
Kansas City, KS 66103**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.32. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 05.01.18**

State the term remaining **N/A**

List the contract number of any government contract _____

**Browser Software Inc.
77 Morris St.
Asheville, NC 28806**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated 09.08.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**BTW Distributors, LLC
Steve O'Neill & Paul LeBlanc 3375 Burns Road Suite
Palm Beach Gardens, FL 33410**

2.34. State what the contract or lease is for and the nature of the debtor's interest **Incentive Agreement dated 04.2017**

State the term remaining **N/A**

List the contract number of any government contract _____

**Buncombe County, North Carolina
Jon Creighton 46 Valley Street
Asheville, NC 28801**

2.35. State what the contract or lease is for and the nature of the debtor's interest **Supplier Agreement dated 10.24.17**

State the term remaining **N/A**

List the contract number of any government contract _____

**C&S Wholesale Grocers
7 Corporate Drive
Keene, NH 03431**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Agreement for Transportation Brokerage**

State the term remaining **N/A**

List the contract number of any government contract _____

**C.H. Robinson Worldwide, Inc.
14701 Charlson Road
Eden Prairie, MN 55347**

2.37. State what the contract or lease is for and the nature of the debtor's interest **Vending/Office Coffee Service dated 08.21.17**

State the term remaining **N/A**

List the contract number of any government contract _____

**Canteen Refreshment Services
PO Box 417632
Boston, MA 02241-7632**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.38. State what the contract or lease is for and the nature of the debtor's interest

01.19.16

State the term remaining

N/A

List the contract number of any government contract

Capital Markets Group, LLC
186 Mills Road
North Salem, NY 10560

2.39. State what the contract or lease is for and the nature of the debtor's interest

**Premier Participating
 Member Special Pricing
 Agreement dated
 08.24.19**

State the term remaining

N/A

List the contract number of any government contract

Capstone Health Alliance, Inc.
Tabitha Calloway PO Box 130
Fletcher, NC 28732

2.40. State what the contract or lease is for and the nature of the debtor's interest

**Consumer Health
 Wholesale Purchase
 and Distribution
 Agreement dated
 03.23.17;
 Supplementary Data
 Agreement dated
 03.28.17, Exclusive
 Distribution
 Agreement dated
 03.21.17; Quality
 Agreement dated
 04.21.17**

State the term remaining

N/A

List the contract number of any government contract

Cardinal Health
7000 Cardinal Place
Dublin, OH 43017

2.41. State what the contract or lease is for and the nature of the debtor's interest

**Group Purchasing
 Organization
 Agreement dated
 04.01.19**

State the term remaining

N/A

List the contract number of any government contract

Care Purchasing Services LLC
800 NW 17th Ave., Ste A
Delray Beach, FL 33445

2.42. State what the contract or lease is for and the nature of the debtor's interest

**Advisory Agreement
 dated 01.28.21**

State the term remaining

N/A

Carl Marks Advisory Group LLC
900 Third Avenue
New York, NY 10022

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.43. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality Agreement dated 03.07.10**

State the term remaining **240.2 mos.**

List the contract number of any government contract _____

**Cedar Advanced Technology Group Ltd.
c/o NHP Asset Management AG Claridensrtasse 20
8002 Surich, Switzerland**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 06.01.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**Centre Capital Investors VII, L.P.
825 Third Avenue, 40th Flr
New York, NY 10022**

2.45. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 11.30.15, as amended**

State the term remaining **N/A**

List the contract number of any government contract _____

**CFIB, LLC
47 Maple Street
Summit, NJ 07901**

2.46. State what the contract or lease is for and the nature of the debtor's interest **Engagement for Legal Services dated 01.12.21; 05.02.18**

State the term remaining **N/A**

List the contract number of any government contract _____

**Chapman and Cutler LLP
1270 Avenue of the Americas 30th Floor
New York, NY 10020-1708**

2.47. State what the contract or lease is for and the nature of the debtor's interest **Board of Directors Letter Agreement dated 03.12.21**

State the term remaining **N/A**

List the contract number of any government contract _____

**Charles Owen
815 Town Mountain Rd.
Asheville, NC 28804**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.48. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 11.01.19**

State the term remaining **N/A**

List the contract number of any government contract _____

**Clinical Solution, LLC
2302 Brazos Dr.
Corinth, TX 76210**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Distribution and Other Covenants Agreement dated 07.27.18**

State the term remaining **N/A**

List the contract number of any government contract _____

**Commercial Nacional Productos Hospitalar
Carlos Eduardo Santos Rua Gama Cerqueira, 331
Cambuci Sao Paulo, SP Brazil**

2.50. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 09.29.15**

State the term remaining **N/A**

List the contract number of any government contract _____

**Common Thread Collective
391 S. Glassell St.
Orange, CA 92866**

2.51. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated 06.16.20**

State the term remaining **1.5 mos.**

List the contract number of any government contract _____

**Community Health Group, Inc.
Jim Woodward 8801 Fast Park Drive Suite 301
Raleigh, NC 27617**

2.52. State what the contract or lease is for and the nature of the debtor's interest **Inventory Purchase Agreement dated 03.22.21**

State the term remaining **1.5 mos.**

List the contract number of any government contract _____

**Community Health Group, Inc.
1800. North Green Street Suite E
Greenville, NC 27834**

2.53. State what the contract or lease is for and the nature of the debtor's interest **Mutual Confidentiality and Non-Disclosure Non-Circumvent Agreement dated 06.01.20**

State the term remaining **N/A**

**Connecting World Merchandise, LLC
30 N Gould Street Ste 9541
Sheridan, WY 82801**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.54. State what the contract or lease is for and the nature of the debtor's interest **Engagement Agreement dated 01.17.19**

State the term remaining **N/A**

List the contract number of any government contract _____

Cooley LLP
1114 Avenue of the Americas
New York, NY 10036

2.55. State what the contract or lease is for and the nature of the debtor's interest **Maintenance Agreement dated 10.13.17**

State the term remaining **N/A**

List the contract number of any government contract _____

Copiers Plus, Inc.
408 Chicago Dr
Fayetteville, NC 28306

2.56. State what the contract or lease is for and the nature of the debtor's interest **Exclusive Buyer/Tenant Representation Agreement dated 07.03.20**

State the term remaining **N/A**

List the contract number of any government contract _____

Cornerstone Real Estate Consultants, Inc
128 Bingham Road Suite 800
Asheville, NC 28806

2.57. State what the contract or lease is for and the nature of the debtor's interest **Costco Wholesale Supplier Agreement, as amended**

State the term remaining **N/A**

List the contract number of any government contract _____

Costco
Attn Vendor Maintenance 999 Lake Drive
Issaquah, WA 98027

2.58. State what the contract or lease is for and the nature of the debtor's interest **Purchase Agreement dated 06.14.17**

State the term remaining **N/A**

List the contract number of any government contract _____

Covidien LP
15 Hampshire Street
Mansfield, MA 02048

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.59. State what the contract or lease is for and the nature of the debtor's interest **Rental Agreement dated 10.18.16**

State the term remaining **N/A**

List the contract number of any government contract _____

**CR Fleet Management Services
110 Elk Mountain Rd.
Asheville, NC 28804**

2.60. State what the contract or lease is for and the nature of the debtor's interest **Settlement Agreement dated 11.12.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**Craig Harkey
309 East Morehead St
Charlotte, NC 28202**

2.61. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 07.14.16**

State the term remaining **N/A**

List the contract number of any government contract _____

**Crowe GHP Horwath
1801 California Street Suite 2200
Denver, CO 80202**

2.62. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 05.31.16**

State the term remaining **N/A**

List the contract number of any government contract _____

**Culp Elloitt & Carpenter, P.L.L.C.
4401 Barclay Downs Drive Suite 200
Charlotte, NC 28209**

2.63. State what the contract or lease is for and the nature of the debtor's interest **Supply Chain Performance Program, as modified; 2018 Supplier Agreement dated 12.02.18; Indemnification Agreement dated 08.27.19**

State the term remaining **N/A**

List the contract number of any government contract _____

**CVS Health
One CVS Drive
Woonsocket, RI 03895**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.64. State what the contract or lease is for and the nature of the debtor's interest **Store Brand Agreement dated 07.19.19**

State the term remaining **N/A**

List the contract number of any government contract _____

**CVS Pharmacy, Inc.
One CVS Drive
Woonsocket, RI 02895**

2.65. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 02.08.19**

State the term remaining **N/A**

List the contract number of any government contract _____

**DDG Associates
517 Salem Woods Dr SE
Marietta, GA 30067**

2.66. State what the contract or lease is for and the nature of the debtor's interest **Board of Directors Letter Agreement dated 03.12.21**

State the term remaining **N/A**

List the contract number of any government contract _____

**Dewey Andrew
175 Pinkerton Corner
Fairview, NC 28730**

2.67. State what the contract or lease is for and the nature of the debtor's interest **Agreement for Independent Contractor Services dated 05.01.16**

State the term remaining **N/A**

List the contract number of any government contract _____

**Diana Gallagher
Individual
Individual**

2.68. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 07.20.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**Douglas Wright
8403 Cherrystone Ct.
Tampa, FL 33615**

2.69. State what the contract or lease is for and the nature of the debtor's interest **Agency-Company Agreement dated 2016**

State the term remaining **N/A**

List the contract number of any government contract _____

**Dowling & Dennis
24 Marsh Drive
Mill Valley, CA 94951**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.70. State what the contract or lease is for and the nature of the debtor's interest

Statement of Work dated 10.18.19

State the term remaining **N/A**

List the contract number of any government contract

Doximity, Inc.
500 3rd Street Suite 510
San Francisco, CA 94107

2.71. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement dated 03.04.17

State the term remaining **N/A**

List the contract number of any government contract

Dr. Drew Pinsky, Inc.
c/o Myman Greenspan Fineman Fox Rosenberg & Light
Los Angeles, CA 90025

2.72. State what the contract or lease is for and the nature of the debtor's interest

Master Consulting Engagement Agreement dated 04.27.17

State the term remaining **N/A**

List the contract number of any government contract

Dr. William Marston
400 Versailles Drive
Cary, NC 27511

2.73. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement dated 07.22.19

State the term remaining **N/A**

List the contract number of any government contract

Drug and Device Register, LLC
28150 N. Alma School Parkway Suite 103-416
Scottsdale, AZ 85262

2.74. State what the contract or lease is for and the nature of the debtor's interest

Distribution Agreement dated 07.03.17

State the term remaining **N/A**

List the contract number of any government contract

Eco Sound Medical Services
1865 MacArthur Drive
Tracy, CA 95376

2.75. State what the contract or lease is for and the nature of the debtor's interest

Wholesaler Purchase Agreement dated 12.29.19

Elevate One Commerce, LLC
7796 North Co. Rd 100 East
Bainbridge, IN 46105

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.76. State what the contract or lease is for and the nature of the debtor's interest **Marketing Platform Service Agreement dated 12.21.17**State the term remaining **N/A**

List the contract number of any government contract _____

**emfluence, LLC
1720 Wyandotte Street
Kansas City, MO 64108**2.77. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 06.25.20**State the term remaining **N/A**

List the contract number of any government contract _____

**Eric Crispell
2203 Helens Way
Brentwood, TN 37027**2.78. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 06.29.20**State the term remaining **N/A**

List the contract number of any government contract _____

**Falcon Private Credit Investments GP VI,
20 RUE DE LA POSTE
LUXEMBOURG L-2346**2.79. State what the contract or lease is for and the nature of the debtor's interest **Cooperative Agreement dated 08.15.16**State the term remaining **N/A**

List the contract number of any government contract _____

**FirstChoice Management Services
4815 Troup Hwy.
Tyler, TX 75707**2.80. State what the contract or lease is for and the nature of the debtor's interest **Agreement for Specialty Products dated 07.01.17**State the term remaining **N/A**

List the contract number of any government contract _____

**Forum Purchasing, LLC
1050 Crown Pointe Parkway Suite 900
Atlanta, GA 30338**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.81.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Contingent Recruitment Services Agreement dated 01.16.18 N/A	Frank Recruitment Group, Inc. 110 William Street, 21st Floor New York, NY 10038
2.82.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Distribution Agreement N/A	Free Speech, LLC dba Infowars.com 3019 Alvin Devane Blvd. Suite 230 Austin, TX 78741
2.83.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Confidentiality and NonDisclosure Agreement dated 06.05.20 N/A	Galen Healthcare Management, LLC 680 Washington Blvd #10 Stamford, CT 06901
2.84.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Commercial Lease Agreement dated 05.01.17, as amended N/A	GCL Properties, LLC 850 Warren Wilson Rd. Suite 800 Swannanoa, NC 28778-2038
2.85.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Thinkstock Image Pack License Agreement dated 01.2014 N/A	Getty Images, Inc. 605 5th Ave S. Suite 400 Seattle, WA 98104
2.86.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	In-Store Execution Reset Agreement dated April 1, 2017 N/A	Giant Eagle, Inc. PO Box 951676 Cleveland, OH 44193

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.87. State what the contract or lease is for and the nature of the debtor's interest **Supplier User Agreement dated 08.28.17**

State the term remaining **N/A**

List the contract number of any government contract

**Global Healthcare Exchange, LLC
Customer Contracts 1315 W. Century Drive Suite 100
Louisville, CO 80027**

2.88. State what the contract or lease is for and the nature of the debtor's interest **Premium Finance Agreement dated 01.29.21**

State the term remaining **11 mos.**

List the contract number of any government contract

**Global Premium Finance Company
PO Box 12748
Roanoke, VA 24027**

2.89. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Grant Avenue Capital, LLC
65 E 55th Street 33rd Floor
New York, NY 10022**

2.90. State what the contract or lease is for and the nature of the debtor's interest **Statements of Work for Valuation Services dated 10.14.20, 12.31.20, 12.05.19; Statement of Work AAS On-Call Agreement dated 12.18.19; Letter Agreement date 03.11.19**

State the term remaining **N/A**

List the contract number of any government contract

**Grant Thornton LLP
201 S. College Street Suite 2500
Charlotte, NC 28244**

2.91. State what the contract or lease is for and the nature of the debtor's interest **Stock Purchase Agreement dated 10.01.19, Vendor Participation Agreement dated 05.23.17**

State the term remaining **N/A**

List the contract number of any government contract

**Group Purchasing Advantage, Inc.
30727 Highway 22
Charleston, AR 72933**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.92. State what the contract or lease is for and the nature of the debtor's interest

Media and Marketing Services Agreement dated 06.27.16, as amended

State the term remaining

N/A

List the contract number of any government contract

**GRS, LLC
c/o Guthy-Renker LLC General Counsel 100 North Sep
El Segundo, CA 90245**

2.93. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement dated 06.02.20

State the term remaining

N/A

List the contract number of any government contract

**GTCR LLC
300 North LaSalle St. Suite 5600
Chicago, IL 60654**

2.94. State what the contract or lease is for and the nature of the debtor's interest

Vendor Package

State the term remaining

N/A

List the contract number of any government contract

**Harris Teeter, Inc.
701 Crestdale Drive
Matthews, NC 28105**

2.95. State what the contract or lease is for and the nature of the debtor's interest

Partial Debt Settlement Agreement dated 09.16.19

State the term remaining

N/A

List the contract number of any government contract

**HE, Inc.
915 Windmill Parkway
Evans, GA 30809**

2.96. State what the contract or lease is for and the nature of the debtor's interest

Quality Agreement dated 09.04.20

State the term remaining

N/A

List the contract number of any government contract

**Henry Schein Inc.
135 Duryea Road
Melville, NY 11747**

2.97. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement dated 05.25.17**Heritage Life Sciences LLC
116 Heritage Circle
Birmingham, AL 35213**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.98. State what the contract or lease is for and the nature of the debtor's interest **Recruiting Agreement dated 05.10.17**State the term remaining **N/A**

List the contract number of any government contract _____

**Herron Recruiting
Individual
Individual**2.99. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 04.01.17**State the term remaining **N/A**

List the contract number of any government contract _____

**HPSI Purchasing Servicdes, LLC
1 Ada, Suite 150
Irvine, CA 92618**2.100. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 08.15.19**State the term remaining **N/A**

List the contract number of any government contract _____

**ICR, LLC
John Sorenson 761 Main Avenue
Norwalk, CT 06851**2.101. State what the contract or lease is for and the nature of the debtor's interest **Mutual Confidentiality and NonDisclosure Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**IIS Holding, Inc.
Porto Arabia, Tower 2A The Pearl
Doha, Qatar**2.102. State what the contract or lease is for and the nature of the debtor's interest **Supplier Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**Imperial Distributors Inc.
150 Blackstone River Rd.
Worceter<, MA 01607**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.103. State what the contract or lease is for and the nature of the debtor's interest

**Agreement for
CVS/Pharmacy
Collaborative
Merchandising
Gateway Portal Offline
Supplier Reporting
dated 10.16.17**

State the term remaining

N/A

List the contract number of any government contract

**Information Resources, Inc.
150 North Clinton Street
Chicago, IL 60661-1416**

2.104. State what the contract or lease is for and the nature of the debtor's interest

**Avadim Warmer
Agreement dated
11.12.19**

State the term remaining

N/A

List the contract number of any government contract

**Inmar Brand Solutions, Inc.
635 Vine Street
Winston-Salem, NC 27101**

2.105. State what the contract or lease is for and the nature of the debtor's interest

**Services Agreement
dated 06.01.19**

State the term remaining

24 mos.

List the contract number of any government contract

**Integrated Strategy Group, LLC
16 W. Washington Street
Lexington, VA 24450**

2.106. State what the contract or lease is for and the nature of the debtor's interest

**Board of Directors
Letter Agreement dated
03.12.21**

State the term remaining

N/A

List the contract number of any government contract

**James V. Rosati
P.O. Box 191
Narragansett, RI 02882**

2.107. State what the contract or lease is for and the nature of the debtor's interest

**Consulting Agreement
dated 04.10.20**

State the term remaining

N/A

List the contract number of any government contract

**JMC Sales, Inc.
8525 Masters Rd.
Manvel, TX 77578**

2.108. State what the contract or lease is for and the nature of the debtor's interest

**Letter Agreement dated
02.27.15****Joel Bernstein, Esq.
Suite 104 2841 Emathla St.
Miami, FL 33133**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

- 2.109. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 01.01.19, Consulting Agreement dated 12.01.17; General Contract for Services dated 02.01.17**

State the term remaining **N/A**

List the contract number of any government contract _____

John Locke
155 Hickory Court
Arden, NC 28704

- 2.110. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 02.01.19, Indemnification Agreement dated 01.25.17**

State the term remaining **N/A**

List the contract number of any government contract _____

Joseph F. Renzulli, II, M.D.
23 Haggarty Hill Rd.
Saunderstown, RI 02874

- 2.111. State what the contract or lease is for and the nature of the debtor's interest **Consultant Agreement dated 12.31.17; 12.31.17**

State the term remaining **N/A**

List the contract number of any government contract _____

JP Medical, LLC
605 Owl Creek Rd.
Hiawassee, GA 30546

- 2.112. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 10.17.16**

State the term remaining **N/A**

List the contract number of any government contract _____

Julie Cortes
5919 W. 152nd Terr.
Overland park, KS 66223

- 2.113. State what the contract or lease is for and the nature of the debtor's interest **Engagement Letter dated 09.24.19**

State the term remaining **N/A**

List the contract number of any government contract _____

K&L Gates LLP
State Street Financial Center One Lincoln Street
Boston, MA 02111

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.114. State what the contract or lease is for and the nature of the debtor's interest **Board of Directors Letter Agreement dated 03.12.21**

State the term remaining **N/A**

List the contract number of any government contract

**Karan Rai
420 W 25th St.
New York, NY 10001**

2.115. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 07.27.20**

State the term remaining **N/A**

List the contract number of any government contract

**Karen Perry
432 Clark Avenue
Webster Groves, MO 63119**

2.116. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 04.10.20**

State the term remaining **N/A**

List the contract number of any government contract

**Karlyle Technologies Inc
204 Woodhaven
Polk City, IA 50226**

2.117. State what the contract or lease is for and the nature of the debtor's interest **Outsourced Social Media Retainer Module dated 03.15.17**

State the term remaining **N/A**

List the contract number of any government contract

**Kel & Partners LLC
22 Boston Wharf Road
Boston, MA 02210**

2.118. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 06.10.20**

State the term remaining **N/A**

List the contract number of any government contract

**Kevin Diamond
Individual
Individual**

2.119. State what the contract or lease is for and the nature of the debtor's interest **Various Engagement Agreements**

**KPMG LLP
Suite 1000 620 South Tryon Street
Charlotte, NC 28202-1842**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

- 2.120. State what the contract or lease is for and the nature of the debtor's interest **Agreement to Provide Services dated 02.09.21**

State the term remaining **N/A**

List the contract number of any government contract _____

Krugger Lawton CPA
12748 Kingston Pike Suite 204-5
Knoxville, TN 37934

- 2.121. State what the contract or lease is for and the nature of the debtor's interest **EDI Trading Partner Agreement dated 12.19.19**

State the term remaining **N/A**

List the contract number of any government contract _____

Liberty Procurement Co., Inc.
Bed Bath & Beyond Canada L.P. 650 Liberty Avenue
Union, NJ 07083

- 2.122. State what the contract or lease is for and the nature of the debtor's interest **Board of Directors Letter Agreement dated 03.12.21**

State the term remaining **N/A**

List the contract number of any government contract _____

Linda McGoldrick
Individual
Individual

- 2.123. State what the contract or lease is for and the nature of the debtor's interest **Supplier Participation Agreement dated 01.01.19**

State the term remaining **N/A**

List the contract number of any government contract _____

LoyaltyOne US Inc.
dba Precima Suite 200 - 351 King Street East
Toronto, ON M5A 0L6

- 2.124. State what the contract or lease is for and the nature of the debtor's interest **WEB Development Agreement dated 01.04.16**

State the term remaining **N/A**

List the contract number of any government contract _____

Lucid Fusion, Inc.
8935 Research Drive, Suite 200
Irvine, CA 92618

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.125. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 07.20.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**Lumax Medical, LLC
1472 Ivy View Ct.
Fenton, MD 63026**

2.126. State what the contract or lease is for and the nature of the debtor's interest **Engagement Letter dated 02.20.15**

State the term remaining **N/A**

List the contract number of any government contract _____

**Madison Street Capital Markets, LLC
105 W. Madison, Suite 1200
Chicago, IL 60602**

2.127. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease Agreement dated 10.13.17**

State the term remaining **N/A**

List the contract number of any government contract _____

**Marlin Leasing Corporation
300 Fellowship Road
Mt. Laurel, NJ 08054**

2.128. State what the contract or lease is for and the nature of the debtor's interest **Engagement Letter dated 02.15.19**

State the term remaining **N/A**

List the contract number of any government contract _____

**Marsh & McLennan Insurance Agency LLC
9171 Town Centre Drive Suite 500
San Diego, CA 92122**

2.129. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Sales Representative Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Martin Medrano
Individual
Individual**

2.130. State what the contract or lease is for and the nature of the debtor's interest **McKesson Corporation Consumer Product Core Distribution Agreement dated 09.01.17**

State the term remaining **N/A**

**McKesson Corporation
15876 Collection Center Drive
Chicago, IL 60693**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.131. State what the contract or lease is for and the nature of the debtor's interest

Sales Tracing Agreement dated 08.01.19, Distribution Agreement dated 12.12.09, as amended N/A

State the term remaining

List the contract number of any government contract _____

**McKesson Medical-Surgical, Inc.
9954 Mayland Drive
Richmond, VA 23233**

2.132. State what the contract or lease is for and the nature of the debtor's interest

Agreement for Skin Care with Silver Products dated 05.01.14, as amended N/A

State the term remaining

List the contract number of any government contract _____

**MedAssets Performance Management Solutio
P.O. Box 741361
Atlanta, GA 30374-7413**

2.133. State what the contract or lease is for and the nature of the debtor's interest

Confidentiality and NonDisclosure Agreement dated 08.11.20 N/A

State the term remaining

List the contract number of any government contract _____

**Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060**

2.134. State what the contract or lease is for and the nature of the debtor's interest

Terms/Agreement dated 04.15.17

State the term remaining

List the contract number of any government contract _____

N/A**Meijer
2350 3 Mile Rd. NW
Grand Rapids, MN 49544**

2.135. State what the contract or lease is for and the nature of the debtor's interest

Contract dated 01.16.18

State the term remaining

List the contract number of any government contract _____

N/A**Mel Cow, LLC
4616 Wyoming St.
Kansas City, MO 64112**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.136. State what the contract or lease is for and the nature of the debtor's interest **Master Purchase Order dated 09.05.17**

State the term remaining **N/A**

List the contract number of any government contract _____

**Memorial Hermann Health System
VP Support 929 Gessner Road Suite 2600
Houston, TX 77024**

2.137. State what the contract or lease is for and the nature of the debtor's interest **Intellectual Property Settlement Agreement dated 09.09.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**Mercy Research
14528 S. Outer Forty Suite 100
Cheseterfield, MO 65804**

2.138. State what the contract or lease is for and the nature of the debtor's interest **Occupational Health Services Agreement dated 09.15.20**

State the term remaining **N/A**

List the contract number of any government contract _____

**MH Mission Hospital LLLP
Mission WorkWell Beth R. Burk 2 Medical Park Drive
Asheville, NC 28803**

2.139. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated 09.22.17**

State the term remaining **N/A**

List the contract number of any government contract _____

**Miami Luken Inc.
265 South Pioneer Blvd.
Springboro, OH 45066**

2.140. State what the contract or lease is for and the nature of the debtor's interest **Equipment Service Agreement dated 03.06.17**

State the term remaining **60.9 mos.**

List the contract number of any government contract _____

**Morris Business Solutions
PO Box 1349
Duncan, SC 29334**

2.141. State what the contract or lease is for and the nature of the debtor's interest **Advertising Space Contract dated 09.26.18**

State the term remaining **N/A**

List the contract number of any government contract _____

**Naylor, LLC
12600 Deerfield Parkway Suite 350
Alpharetta, GA 30004-6130**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.142. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease, as extended**

State the term remaining **12 mos.**

List the contract number of any government contract

**NCDOT Rail Division
1 South Wilmington Street
Raleigh, NC 27699**

- 2.143. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease dated 04.019.16**

State the term remaining **N/A**

List the contract number of any government contract

**NCDOT Rail Division
Larry W. Wade, P.E. 1553 MSC
Raleigh, NC 217699-155**

- 2.144. State what the contract or lease is for and the nature of the debtor's interest **U-Pak Consignment Agreement dated 04.20.21**

State the term remaining **N/A**

List the contract number of any government contract

**New Jersey Urology
1515 Broad Street B-130
Bloomfield, NJ 07003**

- 2.145. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 04.20**

State the term remaining **N/A**

List the contract number of any government contract

**New Mountain Capital, L.L.C.
Legal & Compliance 787 Seventh Ave, 49th Flr.
New York, NY 10019**

- 2.146. State what the contract or lease is for and the nature of the debtor's interest **VA Principal Investigator Initiated Study Cooperative Research and Development Agreement dated 10.16.17**

State the term remaining **N/A**

List the contract number of any government contract

**Northern California Institute for Resear
4150 Clement Street Mail Stop 151NC
San Francisco, CA 94121**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.147. State what the contract or lease is for and the nature of the debtor's interest **Avadim Warmer Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Northside Hospital, Inc.
1000 Johnson Ferry Road NE
Atlanta, GA 30342**

2.148. State what the contract or lease is for and the nature of the debtor's interest **Statement of Work dated 09.08.17**

State the term remaining **N/A**

List the contract number of any government contract

**Oceanx, L LC
100 N Coast Hwy
El Segundo, CA 90245**

2.149. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 12.15.15**

State the term remaining **N/A**

List the contract number of any government contract

**Ogletree Deakins Nash Smoak & Stewart, P
PO Box 2757
Greenville, SC 29602**

2.150. State what the contract or lease is for and the nature of the debtor's interest **Research Agreement dated 02.26.19, Restricted Stock Agreement dated 02.18.19, Common Stock Agreement dated 02.21.19**

State the term remaining **N/A**

List the contract number of any government contract

**Omega Medical Research
400 Bald Hill Road
Warwick, RI 02886**

2.151. State what the contract or lease is for and the nature of the debtor's interest **Vendor Maintenance Agreement**

State the term remaining **N/A**

List the contract number of any government contract

**Owens & Minor
Attn AP Vendor Maintenance 9120 Lockwood Blvd.
Mechanicsville, VA 23116**

2.152. State what the contract or lease is for and the nature of the debtor's interest **Contract**

**Owens & Minor
9120 Lockwood Blvd.
Mechanicsville, VA 23116**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.153. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 06.07.18**

State the term remaining **N/A**

List the contract number of any government contract _____

Pandora
2101 Webster Street Suite 1650
Oakland, CA 94612

2.154. State what the contract or lease is for and the nature of the debtor's interest **Research Proposal; Consulting Services Agreement dated 02.03.17**

State the term remaining **N/A**

List the contract number of any government contract _____

Patrick Jacobs, PhD
15550 SW 152 Terrace
Miami, FL 33187

2.155. State what the contract or lease is for and the nature of the debtor's interest **Consulting Services Agreement dated 12.01.15**

State the term remaining **N/A**

List the contract number of any government contract _____

Peter M. Elias, M.D.
650 Delancey Street Unit No. 403
San Francisco, CA 94107

2.156. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 04.24.20**

State the term remaining **N/A**

List the contract number of any government contract _____

Petrichor Healthcare Capital Management
885 Third Avenue, 24th Flr
New york, NY 10022

2.157. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 04.08.20**

State the term remaining **N/A**

List the contract number of any government contract _____

Pinnacle Sourcing & Consultancy Pvt, Ltd
Unitech Business Zone B 209, 2nd, Nirvana Country
Haryana 122002 India

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.158. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement dated 03.11.19**

State the term remaining **N/A**

List the contract number of any government contract

**Pinnacle Surgical, Inc.
817 Beechleaf Court
Lexington, SC 29072**

2.159. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 01.28.19, as amended**

State the term remaining **N/A**

List the contract number of any government contract

**POTOO Marketing LLC
40 Richards Ave.
Norwalk, CT 06584**

2.160. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated 02.16.16**

State the term remaining **N/A**

List the contract number of any government contract

**Preferred Medical
17 Nabco Dr., Ste B
Conway, AR 72032**

2.161. State what the contract or lease is for and the nature of the debtor's interest **Group Purchasing Agreement-Med/Surg dated 06.01.19**

State the term remaining **N/A**

List the contract number of any government contract

**Premier Healthcare Alliance, L.P.
Legal Dept. 13034 Ballantyne Corporate Place
Charlotte, NC 28277**

2.162. State what the contract or lease is for and the nature of the debtor's interest **REP Services Agreement dated 08.05.19**

State the term remaining **N/A**

List the contract number of any government contract

**Premium Retail Services, Inc.
618 Spirit Drive
Chesterfield, MO 63005**

2.163. State what the contract or lease is for and the nature of the debtor's interest **SAAS Agreement dated 06.03.19**

State the term remaining **N/A**

List the contract number of any government contract

**PriceSpider
20 Pacifica Suite 1000
Irvine, CA 92618**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.164. State what the contract or lease is for and the nature of the debtor's interest **Co-Marketing and Joint Commercialization Agreement**

State the term remaining

N/A

List the contract number of any government contract

**Professional Disposables International,
400 Chestnut Ridge Rd.
Woodcliff Lake, NJ 07677**

2.165. State what the contract or lease is for and the nature of the debtor's interest **Master Service Agreement dated 03.01.20**

State the term remaining

N/A

List the contract number of any government contract

**Proklean Services LLX
Jason Gillis 5019 Barlow Dr.
Brunswick, OH 42212**

2.166. State what the contract or lease is for and the nature of the debtor's interest **Continuing Indemnity Agreement dated 09.25.18**

State the term remaining

N/A

List the contract number of any government contract

**Publix Super Markets, Inc.
PO Box 407
Lakeland, FL 33802-0407**

2.167. State what the contract or lease is for and the nature of the debtor's interest **Mutual Non-Disclosure Agreement dated 07.11.18**

State the term remaining

N/A

List the contract number of any government contract

**QSD Inc.
1993 Franci Hughes Ave.
Laval Quebec H7S 2G2**

2.168. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 04.06.17**

State the term remaining

N/A

List the contract number of any government contract

**Quatela Lynch McCurdy
973 East Avenue
Rochester, NY 14607**

2.169. State what the contract or lease is for and the nature of the debtor's interest **SEM/PPC Contractor Agreement dated 10.01.16**

**Rank Fuse Interactive, LLC
11011 King Street
Overland Park, KS 66210**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.170. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 07.17.20**State the term remaining **N/A**

List the contract number of any government contract _____

**Reckitt Benckiser Health Limited
103-105 Bath Road
Slough, SL1 3UH UK**2.171. State what the contract or lease is for and the nature of the debtor's interest **Master Product Supply Agreement dated 03.01.15, as amended; Contract No. RES01813 dated 03.01.15**State the term remaining **N/A**

List the contract number of any government contract _____

**Resource Optimization & Innovation, LLC
645 Maryville Centre Drive Suite 200
St. Louis, MO 63141**2.172. State what the contract or lease is for and the nature of the debtor's interest **Debt Settlement Agreement dated 09.03.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Rich Swanson
1110 W Lake Cook Rd #372
Buffalo Grove, IL 60089**2.173. State what the contract or lease is for and the nature of the debtor's interest **Guaranteed Sales Agreement dated 12.14.16, Loyalty Card Promotion and Funding Agreement dated 09.25.18**State the term remaining **N/A**

List the contract number of any government contract _____

**Rite Aid Hdqtrs. Corp.
30 Hunter Lane
Camp Hill, PA 17011**2.174. State what the contract or lease is for and the nature of the debtor's interest **Authorized Direct Internet Reseller Agreement dated 10.27.20**State the term remaining **N/A**

List the contract number of any government contract _____

**Riverside Medical Supply
10280 Indiana Ave
Riverside, CA 92503**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.175. State what the contract or lease is for and the nature of the debtor's interest

Confidentiality and NonDisclosure Agreement dated 04.24.20

State the term remaining

N/A

List the contract number of any government contract

**Riverside Partners L.L.C.
dba The Riverside Company 45 Rockefeller Plaza Sui
New York, NY 10111**

2.176. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement dated 10.23.17

State the term remaining

N/A

List the contract number of any government contract

**RJ Group of the Carolinas
2719 Selwyn Ave
Charlotte, NC 28209**

2.177. State what the contract or lease is for and the nature of the debtor's interest

Bilateral NonDisclosure Agreement

State the term remaining

N/A

List the contract number of any government contract

**Rockline Industries Inc.
1113 Maryland Avenue
Sheboygan, WI 53081**

2.178. State what the contract or lease is for and the nature of the debtor's interest

Intellectual Property Agreement dated 07.01.09

State the term remaining

N/A

List the contract number of any government contract

**Roger E. Huckfeldt., M.D.
1360 North Road
Nixa, MO 65714**

2.179. State what the contract or lease is for and the nature of the debtor's interest

Pricing Agreement, as amended

State the term remaining

N/A

List the contract number of any government contract

**ROI CPS, LLC
645 Maryville Centre Drive Suite 200
St. Louis, MO 63141**

2.180. State what the contract or lease is for and the nature of the debtor's interest

Engagement Agreement

State the term remaining

N/A

**RSM Valuation Services
RSM US LLP 555 17th Street, Suite 1200
Denver, CO 80202**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.181. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality and NonDisclosure Agreement dated 04.25.20**State the term remaining **N/A**

List the contract number of any government contract _____

**Runway Growth Capital LLC
The Pioneer Building 2925 Woodside Road
Woodside, CA 94062**2.182. State what the contract or lease is for and the nature of the debtor's interest **Supplier Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**Safeway
Mail Stop 9080 PO Box 29213
Phoenix, AZ 85038-9071**2.183. State what the contract or lease is for and the nature of the debtor's interest **Data Subscription Agreement dated 11.01.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Salary.com
610 Lincoln St. North Building, Suite #200
Waltham, MA 02451**2.184. State what the contract or lease is for and the nature of the debtor's interest **General Merchandise Agreement dated 05.02.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Sam's Club
PO Box 659782
San Antonio, TX 78265-9782**2.185. State what the contract or lease is for and the nature of the debtor's interest **Platinum Partnership Agreement dated 12.19.19**State the term remaining **N/A**

List the contract number of any government contract _____

**School Health
5600 Apollo Drive
Rolling Meadows, IL 60008**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.186. State what the contract or lease is for and the nature of the debtor's interest **Consumer Product Core Distribution Agreement dated 04.13.18**State the term remaining **N/A**

List the contract number of any government contract _____

**Scrip Companies
360 Veterans Parkway Suite 115
Bolingbrook, IL 60440**2.187. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement dated 11.01.19**State the term remaining **N/A**

List the contract number of any government contract _____

**Sea Hawk Biomedical, LLC
1321 Sea Hawk Lane
Vero Beach, FL 32463**2.188. State what the contract or lease is for and the nature of the debtor's interest **Alarm Monitoring Service Agreement dated 09.02.20**State the term remaining **N/A**

List the contract number of any government contract _____

**Security Central
PO Box 5759
Statesville, NC 28687**2.189. State what the contract or lease is for and the nature of the debtor's interest **Product Evaluation Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**Select Medical Corporation
4714 Gettysburg Road
Mechanicsburg, PA 17055**2.190. State what the contract or lease is for and the nature of the debtor's interest **Master Distributor Agreement dated 11.30.15**State the term remaining **N/A**

List the contract number of any government contract _____

**Seneca Medical
85 Shaffer Park Drive
Tiffin, OH 44883**2.191. State what the contract or lease is for and the nature of the debtor's interest **Sentara healthcare Agreement dated 12.13.17**State the term remaining **N/A**

List the contract number of any government contract _____

**Sentara healthcare
1545 Crossways Blvd., Suite 100
Chesapeake, VA 23320**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.192. State what the contract or lease is for and the nature of the debtor's interest

Engagement letter dated 01.25.17

State the term remaining

N/A

List the contract number of any government contract

**Shalom C. Stephens, Esq.
Loeb & Loeb 345 Park Avenue
New York, NY 10154**

2.193. State what the contract or lease is for and the nature of the debtor's interest

Team Subscription Custom License Agreement dated 04.19.18

State the term remaining

N/A

List the contract number of any government contract

**Shutterstock
350 Fifth Avenue, 21st Flr.
New York, NY 10118**

2.194. State what the contract or lease is for and the nature of the debtor's interest

Professional Services Agreement Transaction Document dated 10.20.16

State the term remaining

N/A

List the contract number of any government contract

**Signature Business Systems Consulting, I
dba SBS Group 105 Fieldcrest Avenue Suite 404
Edison, NJ 08837**

2.195. State what the contract or lease is for and the nature of the debtor's interest

Confidentiality and NonDisclosure Agreement dated 05.18.20

State the term remaining

N/A

List the contract number of any government contract

**Sixth Street Partners, LLC
2100 McKinney Avenue Suite 1500
Dallas, TX 75201**

2.196. State what the contract or lease is for and the nature of the debtor's interest

Confidential Settlement Agreement and Fgeneral Release dated 08.27.20

State the term remaining

N/A

List the contract number of any government contract

**Skylar Bishil
c/o Stevens PC The BLOC 700 S. Flower St., Ste 660
Los Angeles, CA 90017**

2.197. State what the contract or lease is for and the nature of the debtor's interest

Retainer Agreement dated 02.08.19

**Springut Law PC
45 Rockefeller Plaza 20th Floor
New York, NY 10111**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

- 2.198. State what the contract or lease is for and the nature of the debtor's interest **Scope & Proposal dated 10.28.15**

State the term remaining **N/A**

List the contract number of any government contract _____

SPS Commerce, Inc.
333 South Seventh Street Suite 1000, Accenture Tow
Minneapolis, MN 55402

- 2.199. State what the contract or lease is for and the nature of the debtor's interest **Intellectual Property Agreement dated 07.01.09**

State the term remaining **N/A**

List the contract number of any government contract _____

St. John's Health System, Inc.
1923 S. Utica Ave.
Tulsa, OK 74104-6502

- 2.200. State what the contract or lease is for and the nature of the debtor's interest **Intellectual Property Agreement dated 07.01.09**

State the term remaining **N/A**

List the contract number of any government contract _____

St. John's Medical Research Institute
2805 S. Ingram Mill Road
Springfield, MO 65804

- 2.201. State what the contract or lease is for and the nature of the debtor's interest **Master Agreement dated 06.01.20**

State the term remaining **N/A**

List the contract number of any government contract _____

State of Iowa
1305 E Walnut St 3rd floor
Des Moines, IA 50319

- 2.202. State what the contract or lease is for and the nature of the debtor's interest **Contract for Consulting Services dated 08.12.16**

State the term remaining **N/A**

List the contract number of any government contract _____

Strategic Capital Solutions, LLC
John Y. McGill, Jr. 882 S Kings Grant Drive
Columbia, SC 29209

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.203. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated 08.31.20**

State the term remaining **N/A**

List the contract number of any government contract _____

Stuffit Solutions, LLC
Mark Salmans 624 Texas Central Parkway
Waco, TX 76712

2.204. State what the contract or lease is for and the nature of the debtor's interest **Inventory Purchase Agreement dated 01.25.21**

State the term remaining **N/A**

List the contract number of any government contract _____

Stuffit Solutions, LLC
Mark Salmans 624 Texas Central Parkway
Waco, TX 76712

2.205. State what the contract or lease is for and the nature of the debtor's interest **Supplier Maintenance Agreement dated 03.15.17**

State the term remaining **N/A**

List the contract number of any government contract _____

Supervalu
PO Box 990
Minneapolis, MN 55440

2.206. State what the contract or lease is for and the nature of the debtor's interest **Target Partners Online Agreement dated 06.21.18**

State the term remaining **N/A**

List the contract number of any government contract _____

Target
Partners Online Help Desk 7000 Target Parkway Nort
Brooklyn Park, MN 55445

2.207. State what the contract or lease is for and the nature of the debtor's interest **Price Chopper Product Purchase Agreement dated 08.07.17**

State the term remaining **N/A**

List the contract number of any government contract _____

The Golub Corporation
461 Nott Street
Schenectady, NY 12308

2.208. State what the contract or lease is for and the nature of the debtor's interest **Standard Vendor Agreement dated 02.06.19**

State the term remaining **N/A**

List the contract number of any government contract _____

The Kroger Co.
1014 Vine Street
Cincinnati, OH 45202

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.209. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 05.08.20**

State the term remaining **N/A**

List the contract number of any government contract

The London Manhattan Company
693 Ocean Avenue
Portland, ME 04103

2.210. State what the contract or lease is for and the nature of the debtor's interest **Agreement for Sam's Club Member Analysis dated 10.08.19**

State the term remaining **N/A**

List the contract number of any government contract

The Nielsen Company (US), LLC
85 Broad Street
New York, NY 10004

2.211. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement dated 03.01.16**

State the term remaining **N/A**

List the contract number of any government contract

Thompson Hine LLP
335 Madison Avenue 12th Floor
New York, NY 10017-4611

2.212. State what the contract or lease is for and the nature of the debtor's interest **Master Software as a Service Agreement dated 11.15.18**

State the term remaining **N/A**

List the contract number of any government contract

Trackstreet, Inc.
9811 W. Charleston Blvd. Suite 2-776
Las Vegas, NV 89117

2.213. State what the contract or lease is for and the nature of the debtor's interest **Rent & Lease Agreement dated 09.06.19**

State the term remaining **12 mos.**

List the contract number of any government contract

Trailers and Containers USA, Inc.
981 Patton Cove Road
Swannanoa, NC 28778

2.214. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 09.06.16**

Tri-Pac, Inc.
17336 M-60 East
Vandalia, MI 49095

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.215. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**TrillaMed, LLC
Martin Sudz 30100 Telegraph Road Suite 366
Bingham Farms, MI 48025**2.216. State what the contract or lease is for and the nature of the debtor's interest **Clinical Trial Agreement, as amended**State the term remaining **5.5 mos.**

List the contract number of any government contract _____

**UNC CH
Office Sponsored Research 104 Airport Drive, Ste 2
Chapel Hill, NC 27599**2.217. State what the contract or lease is for and the nature of the debtor's interest **Services Agreement dated 10.01.17**State the term remaining **N/A**

List the contract number of any government contract _____

**University of Florida Board of Trustees
UF Division of Sponsored Programs 219 Grinter Hall
Gainesville, FL 32611-5500**2.218. State what the contract or lease is for and the nature of the debtor's interest **Clinical Trial Agreement dated 12.06.19**State the term remaining **N/A**

List the contract number of any government contract _____

**University of Pittsburgh
Attn 371220
Pittsburgh, PA 15262-0001**2.219. State what the contract or lease is for and the nature of the debtor's interest **U-Pak Consignment Agreement dated 04.13.21**State the term remaining **N/A**

List the contract number of any government contract _____

**Urology of St. Louis
12855 North Forty Drive South Tower, Ste 375
St. Louis, MO 63141**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.220. State what the contract or lease is for and the nature of the debtor's interest

VA Principal Investigator Initiated Study Cooperative Research and Development Agreement dated 10.16.17

State the term remaining

N/A

List the contract number of any government contract

**US Dept. Veterans Affairs
San Francisco VA health Care System 4150 Clement S
San Francisco, CA 94121**

2.221. State what the contract or lease is for and the nature of the debtor's interest

Bank Card Merchant Agreement, Merchant Processing Agreement, as amended

State the term remaining

N/A

List the contract number of any government contract

**Vantiv, LLC
5001 Kingsley Dr.
Cincinnati, OH 45227**

2.222. State what the contract or lease is for and the nature of the debtor's interest

Letter Agreement dated 09.01.17, as amended

State the term remaining

N/A

List the contract number of any government contract

**Venture.co Brokerage Services LLC
171 Battery Street First Floor
Burlington, VT 05401**

2.223. State what the contract or lease is for and the nature of the debtor's interest

Engagement for Legal Services dated 10.13.20

State the term remaining

N/A

List the contract number of any government contract

**VGC LLP
396 Degraw Street
Brooklyn, NY 11231**

2.224. State what the contract or lease is for and the nature of the debtor's interest

Product Supplier Agreement MS4584 dated 06.01.17, as amended; Pharmacy Supplier Agreement RX2520 dated 11.15.17

State the term remaining

N/A

List the contract number of any government contract

**Vizient Supply, LLC
General Counsel 290 E. John Carpenter Fwy.
Irving, TX 75062**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.225. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement dated 10.01.18**

State the term remaining **N/A**

List the contract number of any government contract _____

**Vizient, Inc.
290 E. John Carpenter Fwy.
Irving, TX 75062**

2.226. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement dated 07.06.19**

State the term remaining **N/A**

List the contract number of any government contract _____

**Wakefern Food Corp.
5000 Riverside Drive
Keasbey, NJ 08832**

2.227. State what the contract or lease is for and the nature of the debtor's interest **Walmart.com Supplier Agreement dated 05.10.17; General Merchandise Agreement dated 05.30.18**

State the term remaining **N/A**

List the contract number of any government contract _____

**Wal-mart.com USA, LLC
Department 781341
Detroit, MI 48278-1341**

2.228. State what the contract or lease is for and the nature of the debtor's interest **Electornic Payments Agreement dated 12.19.17; General Trade and Electronic Data Interchange Agreement dated 12.19.17; Consignment Business Agreement for Supply of Merchandise to DC for Scan-Based Trading dated 01.08.17**

State the term remaining **N/A**

List the contract number of any government contract _____

**Walgreen Co.
304 Wilmot Road MS# 3191
Deerfield, IL 60015-4620**

2.229. State what the contract or lease is for and the nature of the debtor's interest **Master Supply Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____

**Wallgreens Boots Alliance
200 Wilmot Road, MS# 2233
Deerfield, IL 60015**

Debtor 1 **Avadim Health, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-10883 (CTG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.230. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 02.24.17**

State the term remaining **N/A**

List the contract number of any government contract

Wiki Strategies

n/a

n/a

2.231. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated 02.18.16**

State the term remaining **60.4 mos.**

List the contract number of any government contract

**Xerox Financial Services LLC
251 E OHIO STREET, STE 500
Indianapolis, IN 46250**

Fill in this information to identify the case:Debtor name **Avadim Health, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **21-10883 (CTG)**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Avadim Health IP, Inc.** **81 Thompson Street Asheville, NC 28803**

Hayfin Services LLP☒ D **2.19**☐ E/F _____☐ G _____

2.2 **Bionome Properties Corp.** **81 Thompson Street Asheville, NC 28803**

Hayfin Services LLP☒ D **2.19**☐ E/F _____☐ G _____

2.3 **Quality Assurance Associates, Inc.** **81 Thompson Street Asheville, NC 28803**

Hayfin Services LLP☒ D **2.19**☐ E/F _____☐ G _____

2.4 **Relion Manufacturing, Inc.** **81 Thompson Street Asheville, NC 28803**

Hayfin Services LLP☒ D **2.19**☐ E/F _____☐ G _____

2.5 **Relion Manufacturing, Inc.** **81 Thompson Street Asheville, NC 28803**

m2 Lease Funds☒ D **2.23**☐ E/F _____☐ G _____

Debtor **Avadim Health, Inc.**Case number (if known) **21-10883 (CTG)****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Relion Manufacturing, Inc.	81 Thompson Street Asheville, NC 28803	m2 Lease Funds-Packaging Equip	<input checked="" type="checkbox"/> D 2.24 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Relion Manufacturing, Inc.	81 Thompson Street Asheville, NC 28803	MacQuarie Equipment Capital	<input checked="" type="checkbox"/> D 2.25 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Relion Manufacturing, Inc.	81 Thompson Street Asheville, NC 28803	MacQuarie Equipment Capital	<input checked="" type="checkbox"/> D 2.26 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Relion Manufacturing, Inc.	81 Thompson Street Asheville, NC 28803	MacQuarie Equipment Capital	<input checked="" type="checkbox"/> D 2.27 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Relion Manufacturing, Inc.	81 Thompson Street Asheville, NC 28803	MacQuarie Equipment Capital	<input checked="" type="checkbox"/> D 2.28 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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