

So Ordered.

Docket #2807 Date Filed: 12/19/2022



Whitman L. Holt
Bankruptcy Judge

Dated: December 16th, 2022

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

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

IN RE:

ASTRIA HEALTH,

Debtor and Debtor in
Possession.

Chapter 11

Case No. 19-01189-11

**ORDER RE: REORGANIZED
DEBTOR'S SUPPLEMENTAL
NOTICE OF SATISFACTION OF
CERTAIN CONTINUED AND
RELATED CONVENIENCE CLASS
CLAIMS**

Re: Docket No. 2798

ORDER RE SATISFACTION
OF CERTAIN CONTINUED AND RELATED
CONVENIENCE CLASS CLAIMS

DENTONS US LLP RUSH KORNFELD LLP



Los Angeles, CA 19011892212190000000000001
T 213-623-9300 / F 213-623-9924 / 1 200 292 2110 / F 200 292 2104

1 Upon the *Reorganized Debtor's Supplemental Notice of Satisfaction of*
2 *Certain Continued and Related Convenience Class Claims* [Doc. 2798] (the
3 "Notice"),¹ filed by Astria Health ("Astria" or the "Reorganized Debtor"), formerly
4 a debtor and debtor in possession (as such, collectively with its affiliated former
5 debtor entities, the "Debtors" and, as reorganized, the "Reorganized Debtors")² in
6 the above-captioned chapter 11 bankruptcy case; and it appearing that this court
7 has jurisdiction over this matter pursuant to 28 U.S.C. §§ 1334(b) and 157; and that
8 venue of this case and the Notice in this district is proper pursuant to 28 U.S.C.
9 §§ 1408 and 1409; and that the Notice is a core proceeding pursuant to 28 U.S.C.
10 § 157(b); and that due and adequate notice of the Notice having been given under
11 the circumstances; and this court having considered the Notice, the Owens
12 Declaration, and finding that no Responses were filed or otherwise made [*see*
13 Docket No. 2804]; and after due deliberation thereon and good and sufficient cause
14 appearing thereof; it is hereby

15 _____
16 ¹ Capitalized terms used in this Order but not otherwise defined herein shall have the meanings
ascribed to such terms in the Notice.

17 ² In addition to Astria, the Debtors, along with their case numbers, were as follows (the "Affiliated
18 Cases"): Glacier Canyon, LLC (19-01193-11), Kitchen and Bath Furnishings, LLC (19-01194-
19 11), Oxbow Summit, LLC (19-01195-11), SHS Holdco, LLC (19-01196-11), SHC Medical Center
20 - Toppenish (19-01190-11), SHC Medical Center - Yakima (19-01192-11), Sunnyside Community
Hospital Association (19-01191-11), Sunnyside Community Hospital Home Medical Supply, LLC
(19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside Professional Services, LLC
(19-01199-11), Yakima Home Care Holdings, LLC (19-01201-11), and Yakima HMA Home
Health, LLC (19-01200-11). On June 30, 2021, the court entered a Final Decree [Docket No. 2590]
closing the Affiliated Cases.

21 ORDER RE SATISFACTION
OF CERTAIN CONTINUED AND RELATED
CONVENIENCE CLASS CLAIMS

1 **FOUND, ORDERED, ADJUDGED, AND DECREED THAT:**

2 1. The Reorganized Debtor presented sufficient evidence that it has
3 satisfied those certain continued and related Convenience Class Claims (the “Claims”)
4 filed against the Debtors by holders thereof (the “Claimants”), as further described
5 in the Notice, and as set forth on **Exhibit A** hereto.

6 2. The Reorganized Debtor’s request for an order directing that these
7 Claims be reflected as fully satisfied on the official claims register [ECF No. 2798]
8 is granted.

9 3. The Clerk of the Court and any applicable third-party claims agent are
10 authorized and directed to update the Claims Register to reflect the Claims listed on
11 **Exhibit A** as fully satisfied.

12 4. The Reorganized Debtor and the GUC Distribution Trustee shall retain
13 and shall have the right to seek to amend, modify, and/or supplement this Order as
14 may be necessary.

15 5. Notwithstanding the relief granted in this Order or any actions taken
16 pursuant to such relief, nothing in this Order shall (a) constitute an allowance of any
17 general unsecured claim held by a Claimant not otherwise previously allowed,
18 including any claims that were reclassified; (b) be deemed a waiver of the
19 Reorganized Debtor’s rights to amend, modify, or supplement the Notice or file a
20 new objection to assert additional objections to the claim or any other proofs of claim

21 ORDER RE SATISFACTION
OF CERTAIN CONTINUED AND RELATED
CONVENIENCE CLASS CLAIMS

1 (filed or not) that may be asserted by the Claimants, which rights are expressly
2 reserved and hereby preserved; or (c) be deemed a waiver of any of the Reorganized
3 Debtor's and the GUC Distribution Trustee's rights, claims, defenses, causes of
4 action, and/or objections, including, without limitation, objections to any general
5 unsecured claims asserted by such the Claimants, which are expressly reserved and
6 hereby preserved.

7 6. Notwithstanding the possible applicability of Bankruptcy Rules 6004(h),
8 7062, 9014 or otherwise, the terms and conditions of this Order shall be immediately
9 effective and enforceable upon its entry.

10 7. This court shall retain jurisdiction over all affected parties with respect
11 to any matters, claims or rights arising from or related to the implementation and
12 interpretation of this Order.

13 8. The Reorganized Debtor shall serve a copy of this Order and the
14 accompanying exhibit on all parties entitled to notice. The Clerk of Court will not
15 provide service of this Order.

16 //End of Order//

17
18
19
20
21 ORDER RE SATISFACTION
OF CERTAIN CONTINUED AND RELATED
CONVENIENCE CLASS CLAIMS

US_ACTIVE\122871138\V-1

4

DENTONS US LLP BUSH KORNFELD LLP
SUITE 2500 LAW OFFICES
601 South Figueroa Street 601 Union Street, Suite 5000
Los Angeles, California 90017-5704 Seattle, Washington 98101-2373
T 213-623-9300 / F 213-623-9924 T 206-292-2110 / F 206-292-2104

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

Presented by:

/s/ Sam J. Alberts
SAM J. ALBERTS (WSBA #22255)
SAMUEL R. MAIZEL (Admitted *Pro Hac Vice*)
DENTONS US LLP

Attorneys for the Reorganized Debtor

ORDER RE SATISFACTION
OF CERTAIN CONTINUED AND RELATED
CONVENIENCE CLASS CLAIMS

US_ACTIVE\122871138\V-1

DENTONS US LLP BUSH KORNFELD LLP
SUITE 2500 LAW OFFICES
601 South Figueroa Street 601 Union Street, Suite 5000
Los Angeles, California 90017-5704 Seattle, Washington 98101-2373
T 213-623-9300 / F 213-623-9924 T 206-292-2110 / F 206-292-2104

Exhibit A: Satisfied Claims¹

Summary: For the reasons set forth in the Notice of Satisfaction, and as summarized and indicated below, the following claims have been satisfied. Although the current Notice has been served on all below Claimants, to the extent their Claims were previously included in Exhibit B to the *Initial Order Re: Reorganized Debtor’s Notice of Satisfaction of Certain Convenience Class Claims* [D.I. 2719] (the “Previous Exhibit”) and continued, original data is reflected in standard type, *while new or changed data is reflected in Bold Italic.*

	Line # in Previous Exhibit	Claimant Name	Debtor (Case Number)	Claim Number²	Filed Claim Amount	Payment Amount Under Plan (20% of Claim Amount, Up to \$1,000) (“<u>Plan Amount</u>”)	Comments
<i>A. The following Claims were not included in the Previous Exhibit. All included Claims have now been satisfied.</i>							
1.	N/A	AAA WHOLESALE CO. INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$214.44	\$42.89	Satisfied (Paid Plan Amount in full on 8/22/22)
2.	N/A	ABBOTTS PRINTING INC	SHC Medical Center-Toppenish (19-01190)	17	\$678.13	\$135.63	Satisfied (Paid Plan Amount in full on 8/22/22)
3.	N/A	ABIOMED INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,418.25	\$283.65	Satisfied (Paid Plan Amount in full on 8/22/22)

¹ For the avoidance of doubt, (a) nothing in the Notice or this Exhibit shall constitute an allowance of any general unsecured claim (GUC) not otherwise previously allowed; and (b) all of the Reorganized Debtor’s and the GUC Distribution Trustee’s rights, claims, defenses, causes of action and/or objections, including, without limitation, objections to any general unsecured claims asserted by holders of these Claims are expressly reserved and preserved.

² Claim numbers refer to the official claims register maintained in the case number indicated in the previous column.

4.	N/A	AESCULAP	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,008.85	\$201.77	Satisfied (Paid Plan Amount in full on 8/22/22)
5.	N/A	Aetna, Inc.	SHC Medical Center-Toppenish (19-01190)	41	\$699.96	\$139.99	Satisfied (Paid Plan Amount in full on 8/22/22)
6.	N/A	Allstream	Astria Health (19-01189)	270	\$153.74	\$30.75	Satisfied (Paid Plan Amount in full on 8/22/22)
7.	N/A	Allstream	Astria Health (19-01189)	269	\$191.93	\$38.39	Satisfied (Paid Plan Amount in full on 8/22/22)
8.	N/A	AMERICAN COLLEGE OF CARDIOLOGY	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$800.00	\$160.00	Satisfied (Paid Plan Amount in full on 8/22/22)
9.	N/A	AMERICAN MEDICAL RESPONSE, INC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$2,670.50	\$534.10	Satisfied (Paid Plan Amount in full on 8/22/22)
10.	N/A	API HEALTHCARE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$15.00	\$3.00	Satisfied (Paid Plan Amount in full on 8/22/22)
11.	N/A	APPLIED STATISTICS & MANAGEMENT	SHC Medical Center-Yakima (19-01192)	Scheduled	\$4,488.12	\$897.62	Satisfied (Paid Plan Amount in full on 8/22/22)
12.	N/A	ASM CAPITAL X LLC	Astria Health (19-01189)	434	\$5,000.00	\$1,000.00	Satisfied (Paid Plan Amount in full on 9/13/22)

13.	N/A	ASM CAPITAL X LLC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$5,000.00	\$1,000.00	Satisfied (Paid Plan Amount in full on 9/13/22)
14.	N/A	BD DIAGNOSTICS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$491.37	\$98.27	Satisfied (Paid Plan Amount in full on 8/22/22)
15.	N/A	BD DIAGNOSTICS	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,541.75	\$508.35	Satisfied (Paid Plan Amount in full on 8/22/22)
16.	N/A	BERGEN SCREEN PRINT	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$207.74	\$41.55	Satisfied (Paid Plan Amount in full on 8/22/22)
17.	N/A	BERGEN SCREEN PRINT	Astria Health (19-01189)	Scheduled	\$222.89	\$44.58	Satisfied (Paid Plan Amount in full on 8/22/22)
18.	N/A	BRAMSTEDT INSTRUMENT, INC.	Sunnyside Community Hospital Association (19-01191)	65	\$1,261.28	\$252.26	Satisfied (Paid Plan Amount in full on 8/22/22)
19.	N/A	BRAMSTEDT INSTRUMENT, INC.	SHC Medical Center-Toppenish (19-01190)	40	\$3,674.53	\$734.91	Satisfied (Paid Plan Amount in full on 8/22/22)
20.	N/A	BREG, INC.	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,639.06	\$927.81	Satisfied (Paid Plan Amount in full on 8/22/22)
21.	N/A	BREG, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$4,833.35	\$966.67	Satisfied (Paid Plan Amount in full on 8/22/22)

22.	N/A	Bushnell Plumbing Inc	SHC Medical Center- Toppenish (19-01190)	47	\$2,418.06	\$483.61	Satisfied (Paid Plan Amount in full on 8/22/22)
23.	N/A	Bushnell Plumbing Inc	Sunnyside Community Hospital Association (19-01191)	58	\$2,906.46	\$581.29	Satisfied (Paid Plan Amount in full on 8/22/22)
24.	N/A	Cascade Natural Gas Corporation	Sunnyside Community Hospital Association (19-01191)	80	\$477.79	\$95.56	Satisfied (Paid Plan Amount in full on 8/22/22)
25.	N/A	Cascade Natural Gas Corporation	SHC Medical Center- Yakima (19-01192)	89	\$1,360.91	\$272.18	Satisfied (Paid Plan Amount in full on 8/22/22)
26.	N/A	CERIUM NETWORKS, INC.	SHC Medical Center- Yakima (19-01192)	Scheduled	\$906.36	\$181.27	Satisfied (Paid Plan Amount in full on 8/22/22)
27.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	65	\$501.82	\$100.36	Satisfied (Paid Plan Amount in full on 8/22/22)
28.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	64	\$983.06	\$196.61	Satisfied (Paid Plan Amount in full on 8/22/22)
29.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	72	\$996.24	\$199.25	Satisfied (Paid Plan Amount in full on 8/22/22)
30.	N/A	CHARTER COMMUNICATIONS	Astria Health (19- 01189)	69	\$1,701.45	\$340.29	Satisfied (Paid Plan Amount in full on 8/22/22)

31.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	68	\$2,272.24	\$454.45	Satisfied (Paid Plan Amount in full on 8/22/22)
32.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	74	\$3,044.16	\$608.83	Satisfied (Paid Plan Amount in full on 8/22/22)
33.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	70	\$3,896.39	\$779.28	Satisfied (Paid Plan Amount in full on 8/22/22)
34.	N/A	CHARTER COMMUNICATIONS	Astria Health (19-01189)	73	\$3,961.27	\$792.25	Satisfied (Paid Plan Amount in full on 8/22/22)
35.	N/A	CHG Medical Staffing, Inc. d/b/a RN Network	SHC Medical Center-Toppenish (19-01190)	16	\$1,815.83	\$363.17	Satisfied (Paid Plan Amount in full on 8/22/22)
36.	N/A	Cintas Corporation	SHC Medical Center-Toppenish (19-01190)	44	\$3,777.27	\$755.45	Satisfied (Paid Plan Amount in full on 8/22/22)
37.	N/A	CIOX	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$79.84	\$15.97	Satisfied (Paid Plan Amount in full on 8/22/22)
38.	N/A	CIOX	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$88.06	\$17.61	Satisfied (Paid Plan Amount in full on 8/22/22)
39.	N/A	COLLEGE OF AMERICAN PATHOLOGIST	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,200.89	\$240.18	Satisfied (Paid Plan Amount in full on 8/22/22)

40.	N/A	COLLEGE OF AMERICAN PATHOLOGIST	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,390.57	\$678.11	Satisfied (Paid Plan Amount in full on 8/22/22)
41.	N/A	COMPHEALTH, INC.	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$85.54	\$17.11	Satisfied (Paid Plan Amount in full on 8/22/22)
42.	N/A	CONMED CORPORATION	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,661.36	\$332.27	Satisfied (Paid Plan Amount in full on 8/22/22)
43.	N/A	CONMED CORPORATION	SHC Medical Center-Yakima (19-01192)	Scheduled	\$2,400.07	\$480.01	Satisfied (Paid Plan Amount in full on 8/22/22)
44.	N/A	CONMED CORPORATION	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,153.95	\$830.79	Satisfied (Paid Plan Amount in full on 8/22/22)
45.	N/A	Connell Oil	Astria Health (19-01189)	389	\$3,519.62	\$703.92	Satisfied (Paid Plan Amount in full on 8/22/22)
46.	N/A	COOK MEDICAL INCORPORATED	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$339.04	\$67.81	Satisfied (Paid Plan Amount in full on 8/22/22)
47.	N/A	CooperSurgical, Inc	Astria Health (19-01189)	23	\$1,155.07	\$231.01	Satisfied (Paid Plan Amount in full on 8/22/22)
48.	N/A	CooperSurgical, Inc	Astria Health (19-01189)	22	\$1,316.24	\$263.25	Satisfied (Paid Plan Amount in full on 8/22/22)

49.	N/A	CR BARD INCORPORATED	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,139.69	\$627.94	Satisfied (Paid Plan Amount in full on 8/22/22)
50.	N/A	CUMMINS INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$2,822.94	\$564.59	Satisfied (Paid Plan Amount in full on 8/22/22)
51.	N/A	CURBELL MEDICAL PRODUCTS,	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,221.64	\$244.33	Satisfied (Paid Plan Amount in full on 8/22/22)
52.	N/A	DATEX OHMEDA INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$760.98	\$152.20	Satisfied (Paid Plan Amount in full on 8/22/22)
53.	N/A	ECOLAB	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,139.35	\$427.87	Satisfied (Paid Plan Amount in full on 8/22/22)
54.	N/A	ECOLAB	SHC Medical Center- Yakima (19-01192)	Scheduled	\$3,700.24	\$740.05	Satisfied (Paid Plan Amount in full on 8/22/22)
55.	N/A	ECOLAB INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$310.79	\$62.16	Satisfied (Paid Plan Amount in full on 8/22/22)
56.	N/A	ECOLAB INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$418.98	\$83.80	Satisfied (Paid Plan Amount in full on 8/22/22)
57.	N/A	ECOLAB INC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,434.16	\$286.83	Satisfied (Paid Plan Amount in full on 8/22/22)

58.	N/A	ECOLAB INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$1,721.63	\$344.33	Satisfied (Paid Plan Amount in full on 8/22/22)
59.	N/A	ECOLAB INC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$2,904.88	\$580.98	Satisfied (Paid Plan Amount in full on 8/22/22)
60.	N/A	ECOLAB INC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,644.24	\$728.85	Satisfied (Paid Plan Amount in full on 8/22/22)
61.	N/A	GE Precision Healthcare LLC	Sunnyside Community Hospital Association (19-01191)	19	\$175.32	\$35.06	Satisfied (Paid Plan Amount in full on 8/22/22)
62.	N/A	GE Precision Healthcare LLC	SHC Medical Center- Toppenish (19-01190)	9	\$2,663.43	\$532.69	Satisfied (Paid Plan Amount in full on 8/22/22)
63.	N/A	GE Precision Healthcare LLC	Sunnyside Community Hospital Association (19-01191)	18	\$3,161.60	\$632.32	Satisfied (Paid Plan Amount in full on 8/22/22)
64.	N/A	GETINGE USA SALES LLC	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$712.14	\$142.43	Satisfied (Paid Plan Amount in full on 8/22/22)
65.	N/A	GETINGE USA SALES LLC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,475.85	\$895.17	Satisfied (Paid Plan Amount in full on 8/22/22)
66.	N/A	GUARDIAN SECURITY SYSTEMS, INC.	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$94.35	\$18.87	Satisfied (Paid Plan Amount in full on 8/22/22)

67.	N/A	GUARDIAN SECURITY SYSTEMS, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$491.48	\$98.30	Satisfied (Paid Plan Amount in full on 8/22/22)
68.	N/A	GUY BROWN MANAGEMENT LLC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,731.63	\$346.33	Satisfied (Paid Plan Amount in full on 8/22/22)
69.	N/A	HALYARD HEALTH INC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,258.40	\$451.68	Satisfied (Paid Plan Amount in full on 8/22/22)
70.	N/A	HEALTHSTREAM, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$2,698.76	\$539.75	Satisfied (Paid Plan Amount in full on 8/22/22)
71.	N/A	IRON MOUNTAIN	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,055.65	\$211.13	Satisfied (Paid Plan Amount in full on 8/22/22)
72.	N/A	JANITORS CLOSET	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$363.77	\$72.75	Satisfied (Paid Plan Amount in full on 8/22/22)
73.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	79	\$24.10	\$4.82	Satisfied (Paid Plan Amount in full on 8/22/22)
74.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	191	\$131.09	\$26.22	Satisfied (Paid Plan Amount in full on 8/22/22)
75.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	98	\$358.19	\$71.64	Satisfied (Paid Plan Amount in full on 8/22/22)

76.	N/A	Kelleys Tele-Communications, Inc	Astria Health (19-01189)	78	\$1,399.54	\$279.91	Satisfied (Paid Plan Amount in full on 8/22/22)
77.	N/A	KEY SURGICAL INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,331.50	\$266.30	Satisfied (Paid Plan Amount in full on 8/22/22)
78.	N/A	LANTHEUS MEDICAL IMAGING	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,728.00	\$345.60	Satisfied (Paid Plan Amount in full on 8/22/22)
79.	N/A	LINKEDIN CORPORATION	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,677.75	\$935.55	Satisfied (Paid Plan Amount in full on 8/22/22)
80.	N/A	LSL HEALTHCARE INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$2,393.67	\$478.73	Satisfied (Paid Plan Amount in full on 8/22/22)
81.	N/A	MASIMO	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$481.23	\$96.25	Satisfied (Paid Plan Amount in full on 8/22/22)
82.	N/A	MASIMO	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,175.29	\$635.06	Satisfied (Paid Plan Amount in full on 8/22/22)
83.	N/A	MCKESSON MEDICAL SURGICAL	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,854.84	\$370.97	Satisfied (Paid Plan Amount in full on 8/22/22)
84.	N/A	MEDIVATORS INC	Sunnyside Community Hospital Association (19-01191)	85	\$2,781.75	\$556.35	Satisfied (Paid Plan Amount in full on 8/22/22)

85.	N/A	Medline Industries Inc.	Astria Health (19-01189)	319	\$3,202.98	\$640.60	Satisfied (Paid Plan Amount in full on 8/22/22)
86.	N/A	Medtronic USA, Inc.	SHC Medical Center-Toppenish (19-01190)	37	\$381.00	\$76.20	Satisfied (Paid Plan Amount in full on 8/22/22)
87.	N/A	MENKE JACKSON BEYER, LLP NUMBER	Astria Health (19-01189)	Scheduled	\$878.00	\$175.60	Satisfied (Paid Plan Amount in full on 8/22/22)
88.	N/A	Nancy J Leahy	Astria Health (19-01189)	637	\$709.98	\$142.00	Satisfied (Paid Plan Amount in full on 8/22/22)
89.	N/A	NET HEALTH SYSTEMS, INC.	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,937.02	\$987.40	Satisfied (Paid Plan Amount in full on 8/22/22)
90.	N/A	NORTHWEST VITAL RECORDS CENTER	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$2,245.32	\$449.06	Satisfied (Paid Plan Amount in full on 11/8/22)
91.	N/A	Olympus America Inc	Astria Health (19-01189)	313	\$521.12	\$104.22	Satisfied (Paid Plan Amount in full on 8/22/22)
92.	N/A	Oscar Hernandez	Astria Health (19-01189)	361 ³	\$1,049.03	\$209.81	Satisfied (Paid Plan Amount in full on 8/22/22)

³ This was incorrectly listed as “Scheduled” in the Notice of Satisfaction [Docket No. 2798]; however, it is Claim No. 361 that should have been referenced and was in fact satisfied and paid in full on 8/22/22.

93.	N/A	Otis Elevator Company	Astria Health (19-01189)	470	\$1,297.90	\$259.58	Satisfied (Paid Plan Amount in full on 8/22/22)
94.	N/A	PACIFIC MEDICAL	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,544.15	\$508.83	Satisfied (Paid Plan Amount in full on 8/22/22)
95.	N/A	PACIFIC MEDICAL	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,885.00	\$777.00	Satisfied (Paid Plan Amount in full on 8/22/22)
96.	N/A	PacifiCorp	Yakima HMA Home Health, LLC (19-01200)	11	\$1,297.04	\$259.41	Satisfied (Paid Plan Amount in full on 8/22/22)
97.	N/A	PacifiCorp	Sunnyside Community Hospital Association (19-01191)	61	\$3,779.89	\$755.98	Satisfied (Paid Plan Amount in full on 8/22/22)
98.	N/A	PALM HARBOR MEDICAL	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,228.90	\$445.78	Satisfied (Paid Plan Amount in full on 8/22/22)
99.	N/A	PARTS SOURCE INC	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,025.11	\$605.02	Satisfied (Paid Plan Amount in full on 8/22/22)
100.	N/A	PATHOLOGY ASSOC MEDICAL LABS	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$14.50	\$2.90	Satisfied (Paid Plan Amount in full on 8/22/22)
101.	N/A	PATHOLOGY ASSOC MEDICAL LABS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$389.20	\$77.84	Satisfied (Paid Plan Amount in full on 8/22/22)

102.	N/A	PATHOLOGY ASSOC MEDICAL LABS	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,681.01	\$336.20	Satisfied (Paid Plan Amount in full on 8/22/22)
103.	N/A	PDC HEALTHCARE	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$185.10	\$37.02	Satisfied (Paid Plan Amount in full on 8/22/22)
104.	N/A	PDC HEALTHCARE	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,480.96	\$296.19	Satisfied (Paid Plan Amount in full on 8/22/22)
105.	N/A	PDC HEALTHCARE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,575.77	\$715.15	Satisfied (Paid Plan Amount in full on 8/22/22)
106.	N/A	PEPSI COLA BOTTLING	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,793.20	\$358.64	Satisfied (Paid Plan Amount in full on 8/22/22)
107.	N/A	PEPSI COLA BOTTLING	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,849.36	\$769.87	Satisfied (Paid Plan Amount in full on 8/22/22)
108.	N/A	PHILIPS HEALTHCARE	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$3,039.55	\$607.91	Satisfied (Paid Plan Amount in full on 8/22/22)
109.	N/A	PLATT ELECTRIC SUPPLY, IN	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,596.91	\$319.38	Satisfied (Paid Plan Amount in full on 8/22/22)
110.	N/A	POSEY COMPANY	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$83.52	\$16.70	Satisfied (Paid Plan Amount in full on 8/22/22)

111.	N/A	Precision Dynamics Corporation	SHC Medical Center-Toppenish (19-01190)	4	\$185.10	\$37.02	Satisfied (Paid Plan Amount in full on 8/22/22)
112.	N/A	Precision Dynamics Corporation	SHC Medical Center-Yakima (19-01192)	7	\$1,320.71	\$264.14	Satisfied (Paid Plan Amount in full on 8/22/22)
113.	N/A	Precision Dynamics Corporation	Sunnyside Home Health (19-01198)	1	\$3,666.99	\$733.40	Satisfied (Paid Plan Amount in full on 8/22/22)
114.	N/A	PRESS GANEY	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,458.54	\$691.71	Satisfied (Paid Plan Amount in full on 8/22/22)
115.	N/A	ROTO ROOTER-WA	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$631.91	\$126.38	Satisfied (Paid Plan Amount in full on 8/22/22)
116.	N/A	ROTO ROOTER-WA	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,887.15	\$377.43	Satisfied (Paid Plan Amount in full on 8/22/22)
117.	N/A	Siemens Healthcare Diagnostics, Inc.	Astria Health (19-01189)	265	\$1,733.48	\$346.70	Satisfied (Paid Plan Amount in full on 8/22/22)
118.	N/A	SPECIAL CLEANING SERVICES/A	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$1,207.95	\$241.59	Satisfied (Paid Plan Amount in full on 8/22/22)
119.	N/A	SPECIAL CLEANING SERVICES/A	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,182.00	\$636.40	Satisfied (Paid Plan Amount in full on 8/22/22)

120.	N/A	SPECIAL CLEANING SERVICES/A	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$4,124.16	\$824.83	Satisfied (Paid Plan Amount in full on 8/22/22)
121.	N/A	Specialty Center MOB LLC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$1,127.90	\$225.58	Satisfied (Paid Plan Amount in full on 8/22/22)
122.	N/A	STANLEY CONVERGENT SECURITY SO	Yakima HMA Home Health, LLC (19-01200)	Scheduled	\$186.38	\$37.28	Satisfied (Paid Plan Amount in full on 8/22/22)
123.	N/A	STANLEY CONVERGENT SECURITY SO	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,888.79	\$377.76	Satisfied (Paid Plan Amount in full on 8/22/22)
124.	N/A	STRATEGIC SYSTEMS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,729.23	\$345.85	Satisfied (Paid Plan Amount in full on 8/22/22)
125.	N/A	STRYKER FINANCE	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$289.31	\$57.86	Satisfied (Paid Plan Amount in full on 8/22/22)
126.	N/A	STRYKER INSTRUMENTS	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$509.94	\$101.99	Satisfied (Paid Plan Amount in full on 8/22/22)
127.	N/A	STRYKER INSTRUMENTS	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,102.13	\$620.43	Satisfied (Paid Plan Amount in full on 8/22/22)
128.	N/A	STRYKER MEDICAL	SHC Medical Center-Yakima (19-01192)	Scheduled	\$4,528.47	\$905.69	Satisfied (Paid Plan Amount in full on 8/22/22)

129.	N/A	SYSCO	SHC Medical Center-Yakima (19-01192)	Scheduled	\$33.84	\$6.77	Satisfied (Paid Plan Amount in full on 8/22/22)
130.	N/A	TALENTWISE	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$3,053.62	\$610.72	Satisfied (Paid Plan Amount in full on 8/22/22)
131.	N/A	THE ULTIMATE SOFTWARE GROUP INC	Astria Health (19-01189)	Scheduled	\$600.00	\$120.00	Satisfied (Paid Plan Amount in full on 8/22/22)
132.	N/A	THE ULTIMATE SOFTWARE GROUP INC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$1,377.66	\$275.53	Satisfied (Paid Plan Amount in full on 8/22/22)
133.	N/A	THREE M COMPANY 3M VXC5717	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$841.86	\$168.37	Satisfied (Paid Plan Amount in full on 8/22/22)
134.	N/A	TOPPENISH/CITY OF	SHC Medical Center-Yakima (19-01192)	Scheduled	\$272.22	\$54.44	Satisfied (Paid Plan Amount in full on 8/22/22)
135.	N/A	UnitedHealthcare Insurance Company	Sunnyside Community Hospital Association (19-01191)	1	\$4,215.33	\$843.07	Satisfied (Paid Plan Amount in full on 8/22/22)
136.	N/A	UNIVERSAL BACKGROUND SCREENING	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$922.50	\$184.50	Satisfied (Paid Plan Amount in full on 8/22/22)
137.	N/A	UNIVERSAL BACKGROUND SCREENING	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,768.00	\$753.60	Satisfied (Paid Plan Amount in full on 8/22/22)

138.	N/A	VALLEY SURGICAL	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$4,388.00	\$877.60	Satisfied (Paid Plan Amount in full on 8/22/22)
139.	N/A	WASHINGTON STATE DEPARTMENT OF HEALTH	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$495.00	\$99.00	Satisfied (Paid Plan Amount in full on 8/22/22)
140.	N/A	WASHINGTON STATE DEPARTMENT OF HEALTH	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,046.51	\$209.30	Satisfied (Paid Plan Amount in full on 8/22/22)
141.	N/A	YAKIMA HERALD REPUBLIC	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$1,224.44	\$244.89	Satisfied (Paid Plan Amount in full on 8/22/22)
142.	N/A	YAKIMA HERALD REPUBLIC	SHC Medical Center- Yakima (19-01192)	Scheduled	\$1,633.12	\$326.62	Satisfied (Paid Plan Amount in full on 8/22/22)
143.	N/A	YAKIMA VALLEY MEMORIAL HOSPITAL	Astria Health (19- 01189)	402	\$36.30	\$7.26	Satisfied (Paid Plan Amount in full on 8/22/22)
144.	N/A	Yakima Valley Memorial Hospital	Astria Health (19- 01189)	416	\$1,930.00	\$386.00	Satisfied (Paid Plan Amount in full on 8/22/22)
145.	N/A	YAKIMA VALLEY MEMORIAL HOSPITAL	Astria Health (19- 01189)	400	\$4,413.72	\$882.74	Satisfied (Paid Plan Amount in full on 8/22/22)
146.	N/A	ZOLL MEDICAL CORP	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$1,588.19	\$317.64	Satisfied (Paid Plan Amount in full on 8/22/22)

147.	N/A	ZOLL MEDICAL CORP	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$2,291.85	\$458.37	Satisfied (Paid Plan Amount in full on 8/22/22)
148.	N/A	ZOLL MEDICAL CORP	SHC Medical Center-Yakima (19-01192)	Scheduled	\$3,911.65	\$782.33	Satisfied (Paid Plan Amount in full on 8/22/22)
<i>B. The Previous Exhibit combined and aggregated two <u>scheduled</u> Claims under “Filed Claim Amount,” but referenced only one of the two Debtors against whom the Claims were scheduled, and included a “Plan Amount” of only one of the Claims. This exhibit clarifies/corrects the Previous Exhibit to split the total between the two Debtors as scheduled, and indicate the additional payable Plan Amount. All included Claims have now been satisfied.</i>							
149.	1	ALADDIN TEMP RITE LLC	SHC Medical Center-Yakima (19-01192)	Scheduled	\$930.96	\$186.19	Satisfied (Paid Plan Amount in full: \$186.19 on 1/25/2021, \$33.29 on 1/20/2022)
			<i>SHC Medical Center-Toppenish (19-01190)</i>		\$166.43	\$33.29	
					Total: \$1,097.39	Total: \$219.48	
150.	2	American Profit Recovery	SHC Medical Center-Toppenish (19-01190)	Scheduled	\$1,327.66	\$265.53	Satisfied (Paid Plan Amount in full: \$265.53 on 1/25/2021, \$30.09 on 1/20/2022)
			<i>SHC Medical Center-Yakima (19-01192)</i>		\$150.44	\$30.09	
					Total: \$1,478.10	Total: \$295.62	
151.	7	BESTWESTERN GRAPEVINE INN	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$430.76	\$86.15	Satisfied (Paid Plan Amount in full: \$86.15 on 1/25/2021, \$43.08 on 1/20/2022)
			<i>Astria Health (19-01189)</i>		\$215.38	\$43.08	

					Total: \$646.14	Total: \$129.23	
152.	9	CLINICAL AND LABORATORY STANDARDS INSTITUTE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$708.40	\$141.68	Satisfied (Paid Plan Amount in full: \$141.68 on 1/25/2021, \$39.60 on 1/20/2022)
			SHC Medical Center- Yakima (19-01192)		\$198.00	\$39.60	
					Total: \$906.40	Total: \$181.28	
153.	10	DatCard Systems, INC.	SHC Medical Center- Yakima (19-01192)	Scheduled	\$672.00	\$134.40	Satisfied (Paid Plan Amount in full: \$134.40 on 1/25/2021, \$38.40 on 1/20/2022)
			SHC Medical Center- Toppenish (19-01190)		\$192.00	\$38.40	
					Total: \$864.00	Total: \$172.80	
154.	12	EXPAND A BAND MEDICAL PRODUCTS	SHC Medical Center- Yakima (19-01192)	Scheduled	\$462.00	\$92.40	Satisfied (Paid Plan Amount in full: \$92.40 on 1/25/2021, \$8.80 on 1/20/2022)
			SHC Medical Center- Toppenish (19-01190)		\$44.00	\$8.80	
					Total: \$506.00	Total: \$101.20	
155.	13	FERGUSON ENTERPRISES, INC FEI #3007	SHC Medical Center- Yakima (19-01192)	Scheduled	\$3,268.38	\$653.68	Satisfied (Paid Plan Amount in full: \$653.68 on 1/25/2021, \$9.70 on 1/20/2022)
			Yakima HMA Home Health, LLC (19- 01200)		\$48.48	\$9.70	
					Total: \$3,316.86	Total: \$663.38	

156.	5	GRANDVIEW CHAMBER OF COMMERCE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$255.00	\$51.00	Satisfied (Paid Plan Amount in full: \$51.00 on 1/25/2021, \$36.00 on 1/20/2022)
			<i>Astria Health (19-01189)</i>		\$180.00	\$36.00	
					Total: \$435.00	Total: \$87.00	
157.	6	INLAND FIRE PROTECTION	SHC Medical Center-Yakima (19-01192)	Scheduled	\$491.41	\$98.28	Satisfied (Paid Plan Amount in full: \$98.28 on 1/25/2021, \$43.28 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$216.40	\$43.28	
					Total: \$707.81	Total: \$141.56	
158.	8	MERIT RESOURCE SERVICES	SHC Medical Center-Yakima (19-01192)	Scheduled	\$270.00	\$54.00	Satisfied (Paid Plan Amount in full: \$54.00 on 1/25/2021, \$4.40 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$22.00	\$4.40	
					Total: \$292.00	Total: \$58.40	
159.	9	MICRO-AIRE	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$573.48	\$114.70	Satisfied (Paid Plan Amount in full: \$114.70 on 1/25/2021, \$38.16 on 1/20/2022)
			<i>SHC Medical Center-Yakima (19-01192)</i>		\$190.80	\$38.16	
					Total: \$764.28	Total: \$152.86	

160.	20	MSR WEST	SHC Medical Center- Toppenish (19-01190)	Scheduled	\$753.02	\$150.60	Satisfied (Paid Plan Amount in full: \$150.60, on 1/25/2021, \$32.37 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$161.86	\$32.37	
					Total: \$914.88	Total: \$182.97⁴	
161.	21	NETWORK SERVICES	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$785.37	\$157.07	Satisfied (Paid Plan Amount in full: \$157.07, on 1/25/2021, \$6.82 on 1/20/2022)
			<i>SHC Medical Center- Toppenish (19-01190)</i>		\$34.08	\$6.82	
					Total: \$819.45	Total: \$163.89	
162.	26	PERFORMANCE HEALTH	Sunnyside Community Hospital Association (19-01191)	Scheduled	\$3,332.23	\$666.45	Satisfied (Paid Plan Amount in full: \$666.45, on 1/25/2021, \$40.95 on 1/20/2022)
			<i>SHC Medical Center- Yakima (19-01192)</i>		\$204.73	\$40.95	
					Total: \$3,536.96	Total: \$707.40⁵	
163.	28	SUNNYSIDE HIGH SCHOOL ASB	Astria Health (19- 01189)	Scheduled	\$750.00	\$150.00	Satisfied (Paid Plan Amount in

⁴ Due to rounding, there is a one-cent difference between the sum of the two Plan Amounts, and 20% of the total Filed Claim Amount. The total listed reflects the Plan Amounts paid on account of each discrete Claim.

⁵ See note 3.

			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$100.00	\$20.00	full: \$150.00, on 1/25/2021, \$20.00 on 1/20/2022)
					Total: \$850.00	Total: \$170.00	
164.	29	TRI-TECH, INC.	SHC Medical Center-Yakima (19-01192)	Scheduled	\$297.00	\$59.40	Satisfied (Paid Plan Amount in full: \$59.40, on 1/25/2021, \$22.80 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$114.00	\$22.80	
					Total: \$411.00	Total: \$82.20	
165.	30	YAKIMA COUNTY PUBLIC WORKS	SHC Medical Center-Yakima (19-01192)	Scheduled	\$1,164.64	\$232.93	Satisfied (Paid Plan Amount in full: \$232.93, on 1/25/2021, \$20.00 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$100.00	\$20.00	
					Total: \$1,264.64	Total: \$252.93	
166.	31	Yakima Steak Company	Astria Health (19-01189)	Scheduled	\$442.20	\$88.44	Satisfied (Paid Plan Amount in full: \$88.44, on 1/25/2021, \$34.35 on 1/20/2022)
			<i>Sunnyside Community Hospital Association (19-01191)</i>		\$171.76	\$34.35	
					Total: \$613.96	Total: \$122.79	

C. The Previous Exhibit listed two filed Claims separately for each Claimant, and listed the respective Plan Amounts correctly, but the Filed Claim Amount for each Claim set forth the aggregated total for that Claimant. This exhibit clarifies/corrects the Previous Exhibit to show the respective Claim amounts asserted. All included Claims have been satisfied as represented in the Previous Exhibit.

167.	3	APOLLO SHEET METAL, INC.	Astria Health (19-01189)	472	\$482.31 <i>(Total with POC 606: \$2,139.30)</i>	\$96.46	Satisfied (Paid Plan Amount in full 1/25/2021)
168.	4	APOLLO SHEET METAL, INC.	Astria Health (19-01189)	606	\$1,656.99 <i>(Total with POC 472: \$2,139.30)</i>	\$331.40	Satisfied (Paid Plan Amount in full 1/25/2021)
169.	5	Beckman Coulter, Inc.	Sunnyside Community Hospital Association (19-01191)	9	\$581.89 <i>(Total with POC 103: \$2,191.55)</i>	\$116.38	Satisfied (Paid Plan Amount in full 1/25/2021)
170.	6	Beckman Coulter, Inc.	Astria Health (19-01189)	103	\$1,609.66 <i>(Total with POC 9: \$2,191.55)</i>	\$321.93	Satisfied (Paid Plan Amount in full 1/25/2021)

D. The Previous Exhibit listed two scheduled Claims separately for one Claimant, and both the total Filed Claim Amount and the total Plan Amount paid to Claimant was correct aggregating both Claims, the respective Plan Amounts had a slight error. This exhibit clarifies/corrects the Previous Exhibit to list the correct Filed Claim Amount and Plan Amount for each Claim. All included Claims have been satisfied as represented in the Previous Exhibit.

171.	22	NORTHWEST TISSUE CENTER	SHC Medical Center-Yakima (19-01192)	Scheduled	Corrected: \$1,102.50	Corrected: \$220.50	Satisfied (Paid Plan Amount in full 1/25/2021)
					(Previously: \$1,101.00)	(Previously: \$220.20)	
					(Total: \$3,273.50)	(Total: \$654.70)	
172.	23	NORTHWEST TISSUE CENTER	Sunnyside Community Hospital Association (19-01191)	Scheduled	Corrected: \$2,171.00	Corrected: \$434.20	Satisfied (Paid Plan Amount in full 1/25/2021)
					(Previously: \$2,172.50)	(Previously: \$434.50)	
					(Total: \$3,273.50)	(Total: \$654.70)	

E. The Previous Exhibit had an error in the Filed Claim Amount, but the Plan Amount paid was correct and satisfied as represented in the Previous Exhibit. In addition, the Reorganized Debtor identified and satisfied an additional Claim belonging to this Claimant.

173.	14	FISHER & PAYKEL HEALTHCARE INC	SHC Medical Center-Yakima (19-01192)	Scheduled	Corrected: \$516.23	\$103.25	Satisfied (Paid Plan Amount in full 1/25/2021)
					(Previously: \$513.23)		

			<i>SHC Medical Center- Toppenish (19-01190)</i>	<i>Scheduled</i>	<i>\$129.48</i>	<i>\$25.90</i>	Satisfied (Paid Plan Amount in full 1/20/2022)
<i>F. The Previous Exhibit referenced one <u>filed</u> Claim, and set forth its correct Plan Amount, but set forth a total Filed Claim Amount which aggregated three different filed Claims belonging to the same Claimant. This exhibit clarifies/corrects the Previous Exhibit to indicate the three Claims, their respective Filed Claim Amounts, and their respective Plan Amounts. All included Claims have now been satisfied.</i>							
174.	11	e3 Diagnostics	Astria Health (19-01189)	427	<i>\$1,681.04</i>	\$336.21	Satisfied (Paid Plan Amount in full: \$492.65 on 1/25/2021; \$34.32 on 1/20/2022)
				425	<i>\$782.25</i>	<i>\$156.45</i>	
				426	<i>\$171.58</i>	<i>\$34.32</i>	
					<i>Total:</i> \$2,634.87	<i>Total:</i> \$526.97	
175.	24	On Hold Concepts, Inc.	SHC Medical Center- Yakima (19-01192)	28	<i>\$315.25</i>	\$63.05	Satisfied (Paid Plan Amount in full: \$63.05 on 1/25/2021, \$41.58 on 1/20/2022)
			<i>SHC Medical Center- Toppenish (19-01190)</i>	19	<i>\$207.90</i>	<i>\$41.58</i>	
					<i>Total:</i> \$523.15	<i>Total:</i> \$104.63	