UNITED STATES BANKRUPTCY COURT

Central DIST	TRICT OF California
In Re. Beverly Community Hospital Association	§ Case No. 23-12359 §
Debtor(s)	§ Lead Case No. <u>23-12359</u>
Monthly Operating Report	Chapter 11
Reporting Period Ended: 10/31/2023	Petition Date: 04/19/2023
Months Pending: 7	Industry Classification: 6 2 2 1
Reporting Method: Accrual Basis •	Cash Basis \bigcirc
Debtor's Full-Time Employees (current):	130
Debtor's Full-Time Employees (as of date of order for relief):	632
Statement of cash receipts and disbursements Balance sheet containing the summary and detail of th Statement of operations (profit or loss statement) Accounts receivable aging Postpetition liabilities aging Statement of capital assets Schedule of payments to professionals Schedule of payments to insiders All bank statements and bank reconciliations for the reconcipition of the assets sold or transferred and the ten	e assets, liabilities and equity (net worth) or deficit eporting period
/s/ Howard M. Ehrenberg Signature of Responsible Party 12/14/2023 Date	Howard M. Ehrenberg Printed Name of Responsible Party 1875 Century Park East, Suite 1900 Los Angeles, CA 90067 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefo § 1320.4(a)(2) applies.



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Debtor's Name Beverly Community Hospital Association

Pa	rt 1: Cash Receipts and Disbursements	Current Month	Cumulative
a.	Cash balance beginning of month	\$22,905,116	
b.	Total receipts (net of transfers between accounts)	\$12,914,767	\$79,310,077
c.	Total disbursements (net of transfers between accounts)	\$6,240,260	\$73,492,072
d.	Cash balance end of month (a+b-c)	\$29,579,623	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$24,020,852
f.	Total disbursements for quarterly fee calculation (c+e)	\$6,240,260	\$97,512,924
	rt 2: Asset and Liability Status or generally applicable to Individual Debtors. See Instructions.)	Current Month	
a.	Accounts receivable (total net of allowance)	\$9,127,264	
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$4,995,175	
c.	Inventory (Book Market Other (attach explanation))	\$0	
d	Total current assets	\$42,089,367	
e.	Total assets	\$51,015,534	
f.	Postpetition payables (excluding taxes)	\$17,363,701	
g.	Postpetition payables past due (excluding taxes)	\$4,249,188	
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes past due	\$0	
j.	Total postpetition debt (f+h)	\$17,363,701	
k.	Prepetition secured debt	\$67,064,945	
1.	Prepetition priority debt	\$0	
m.	Prepetition unsecured debt	\$45,753,385	
n.	Total liabilities (debt) (j+k+l+m)	\$130,182,031	
o.	Ending equity/net worth (e-n)	\$-79,166,497	
Pa	rt 3: Assets Sold or Transferred	Current Month	Cumulative
	1 Adjustin Bott of Trumpletree	C W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$38,313,618
b.	Total payments to third parties incident to assets being sold/transferred		#24.020.052
c.	outside the ordinary course of business Net cash proceeds from assets sold/transferred outside the ordinary		\$24,020,852
C.	course of business (a-b)	\$0	\$14,292,767
Pai	rt 4: Income Statement (Statement of Operations)	Current Month	Cumulative
(No	ot generally applicable to Individual Debtors. See Instructions.)		
a.	Gross income/sales (net of returns and allowances)	\$1,664,718	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$-381,673	
с.	Gross profit (a-b)	\$2,046,391	
d.	Selling expenses	\$993,859	
e.	General and administrative expenses	\$146,978 \$-1,035,717	
f.	Other expenses Depreciation and/or amortization (not included in 4h)	\$-1,033,717	
g. h	Depreciation and/or amortization (not included in 4b)		
h. i.	Interest Taxes (local, state, and federal)	\$49,280 \$0	
	Reorganization items	\$463,421	
J. k.	Profit (loss)	\$1,428,570	\$-86,269,000
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			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
Debto	or's professional fees & expenses (bank	ruptcy) Aggregate Total	\$0	\$315,053	\$0	\$200,000
Itemiz	Itemized Breakdown by Firm					
	Firm Name	Role				
i	Kurtzman Carson Consultant	Other	\$0	\$115,053	\$0	\$0
ii	Sheppard, Mullin, Richter	Lead Counsel	\$0	\$0	\$0	\$0
iii	Portage Point Partners, LLC	Financial Professional	\$0	\$0	\$0	\$0
iv	Orrick Herrington & Sutcliffe	Special Counsel	\$0	\$0	\$0	\$0
v	Bryan Cave Leighton Paisner	Other	\$0	\$200,000	\$0	\$200,000
vi	Dentons US LLP	Other	\$0	\$0	\$0	\$0
vii	Greenberg Traurig, LLP	Other	\$0	\$0	\$0	\$0
viii	Sill Cummins & Gross P.C	Other	\$0	\$0	\$0	\$0
ix	Colliers International Greater	Other	\$0	\$0	\$0	\$0
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Debtor's Name Beverly Community Hospital Association Page 4 of 99

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Debtor's Name Beverly Community Hospital Association

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			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
Debto	r's professional fees & expenses (nonba	ankruptcy) Aggregate Total	\$0	\$5,372	\$0	\$5,372
Itemized Breakdown by Firm						
	Firm Name	Role				
i	Seyfarth and Shaw LLP	Other	\$0	\$0	\$0	\$0
ii	MKM Law Group PC	Other	\$0	\$0	\$0	\$0
iii	Blanchard Saiger Law PC	Other	\$0	\$0	\$0	\$0
iv	Clark-Hill	Other	\$0	\$0	\$0	\$0
v	Reeves Immigration Law Group	Other	\$0	\$0	\$0	\$0
vi	Doyle, Schiffer, McMahon LLF	Other	\$0	\$5,372	\$0	\$5,372
vii	West and Rosa LLP	Other	\$0	\$0	\$0	\$0
viii	Hooper, Lundy, and Bookman	Other	\$0	\$0	\$0	\$0
ix	Nixon Peabody	Other	\$0	\$0	\$0	\$0
х	James R. Lahana	Other	\$0	\$0	\$0	\$0
xi	Moss Adams LLP	Other	\$0	\$0	\$0	\$0
xii	Holthouse Carlin & Van Trigt	Other	\$0	\$0	\$0	\$0
xiii	Miller Geer & Associates	Other	\$0	\$0	\$0	\$0
xiv	Nizette Short	Other	\$0	\$0	\$0	\$0

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XV	Bell, McAndrews & Hitachi	Other	\$0	\$0	\$0	
xvi	Tegria Services Group	Other	\$0	\$0	\$0	
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Debtor's Name Beverly Community Hospital Association

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	xcix				
	c				
c.	All professional fees and expenses (debtor & committees)				

Pa	rt 6: Postpetition Taxes	Cur	rent Month	Cumulative
a.	Postpetition income taxes accrued (local, state, and federal)		\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)		\$0	\$0
c.	Postpetition employer payroll taxes accrued		\$0	\$0
d.	Postpetition employer payroll taxes paid		\$244,104	\$6,707,628
e.	Postpetition property taxes paid		\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)		\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)		\$0	\$0
Pa	rt 7: Questionnaire - During this reporting period:			
a.	Were any payments made on prepetition debt? (if yes, see Instructions)	Yes •	No 🔿	
b.	Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)	Yes 🔿	No 💿	
c.	Were any payments made to or on behalf of insiders?	Yes 🔿	No 💿	
d.	Are you current on postpetition tax return filings?	Yes 🔘	No 💿	
e.	Are you current on postpetition estimated tax payments?	Yes •	No 🔘	
f.	Were all trust fund taxes remitted on a current basis?	Yes •	No 🔘	
g.	Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)	Yes 🔿	No 💿	
h.	Were all payments made to or on behalf of professionals approved by the court?	Yes •	No O N/A O	
i.	Do you have: Worker's compensation insurance?	Yes •	No 🔘	
	If yes, are your premiums current?	Yes •	No O N/A O	(if no, see Instructions)
	Casualty/property insurance?	Yes •	No 🔿	
	If yes, are your premiums current?	Yes •	No O N/A O	(if no, see Instructions)
	General liability insurance?	Yes •	No 🔘	
	If yes, are your premiums current?	Yes •	No O N/A O	(if no, see Instructions)
j.	Has a plan of reorganization been filed with the court?	Yes 🔿	No 💿	
k.	Has a disclosure statement been filed with the court?	Yes 🔿	No 💿	
1.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes •	No 🔿	

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Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Par	t 8: Individual Chapter 11 Debtors (Only)					
a.	Gross income (receipts) from salary and wages	\$0				
b.	Gross income (receipts) from self-employment	\$0				
c.	Gross income from all other sources	\$0				
d.	Total income in the reporting period (a+b+c)	\$0				
e.	Payroll deductions	\$0				
f.	Self-employment related expenses	\$0				
g.	Living expenses	\$0				
h.	All other expenses	\$0				
i.	Total expenses in the reporting period (e+f+g+h)	\$0				
j.	Difference between total income and total expenses (d-i)	\$0				
k.	List the total amount of all postpetition debts that are past due	\$0				
1.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes ○ No •				
m.	If yes, have you made all Domestic Support Obligation payments?	Yes O No O N/A •				
Privacy Act Statement 28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F). I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.						
<u>/s/</u>	Howard M. Ehrenberg Howard	rd M. Ehrenberg				
Sign	nature of Responsible Party Printed I	Name of Responsible Party				

12/14/2023

Date

Chapter 11 Trustee

Title

BEVERLY COMMUNITY HOSPITAL ASSOCIATION BALANCE SHEET UNAUDITED

	FOR THE MONTH ENDED 10/31/2023
Assets Cash and each aguivalents	\$ 29,579,623
Cash and cash equivalents Certifcates of Deposit& Savings	\$ 29,579,623 2,130,247
Net Patient Accounts receivable	6,393,625
Third Party Settlements Receivable	14,181,050
Other Receivables	(7,767,175)
Inventories	(7,707,173)
Prepaid Expeses	1,078,358
Deposits & Other Current Assets	173,875
Total current assets	45,769,603
Non-Current Assets	5,245,931
Total Assets	\$ 51,015,534
Liabilities and Fund Balance	
Current Liabilities - Post-petition Trade payables	\$ 13,350,846
Accrued compensation and liabilities	\$ 13,350,846 2,108,628
Accrued Paid Time Off & Sick Leave Reserve	260,586
Accrued Interest Payable	1,442,587
Accrued Professional Fees	201,054
Accrued Other Expense	
Total current liabilities	17,363,701
Liabilities subject to compromise	45,753,385
Long term Debt, net	67,064,945
Taxes payable	-
Total Liabilities	130,182,031
Fund Balance	(79,166,497)
Total Liabilities and Fund Balance	\$ 51,015,534

^[1] Note: Substantially all of the Debtors' assets were sold pursuant to court approved sale on September 6, 2023 [Docket No. 718].

BEVERLY COMMUNITY HOSPITAL ASSOCIATION STATEMENT OF OPERATIONS UNAUDITED

	OCT 1,2023 - OCT 31, 202	
Net Revenue	\$	1,664,718
Cost of Good Sold		381,673
Gross Profit		2,046,391
Selling, General & Admistrative Selling Expenses General & Administrative Depreciation and Amortization Total Expenses		993,859 146,978 - 1,140,837
Income (Loss) from Operataions		905,554
Other expense, net [1] Interest Expense, net		1,035,717 (49,280)
Net Income (Loss)		1,891,991
Reorganization items		(463,421)
Adjusted Net income (Loss)	\$	1,428,570

^[1] Includes loss on sale of assets pursuant to court approved sale on September 6, 2023 [Docket No. 718].

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BEVERLY COMMUNITY HOSPITAL ASSOCIATION ACCOUNTS RECEIVABLE AGING UNAUDITED

October	31.	2023
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CATEGORY	TOTAL	CURRENT	1-30 DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
Insurance Claims	11,638,588	\$ (2,392,632)	\$ 9,743	\$ 1,748,307	\$ 4,093,669	\$ 2,852,222	\$ 5,327,278
Workers Comp Receivable	196,743	15,859	-	1,571	78,941	43,528	56,844
Allowance for Doubtful Accounts	(5,441,706	(378,715)	(9,085)	(395,466)	(1,373,742)	(1,140,123)	(2,144,575)
	6,393,625	(2,755,489)	658	1,354,413	2,798,868	1,755,627	3,239,548
Third Party Settlement Receivable	14,181,050						
Other Receivables	(11,447,411)					
Total	\$ 9,127,264	\$ (2,755,489)	\$ 658	\$ 1,354,413	\$ 2,798,868	\$ 1,755,627	\$ 3,239,548

BEVERLY COMMUNITY HOSPITAL ASSOCIATION ACCOUNTS RECEIVABLE AGING October 31, 2023 UNAUDITED

CATEGORY	TOTAL	1-30 DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
Trade Payables	\$ 5,171,671	159,440	763,043	3,224,509	825,231	199,448
Accrual Journal Entries	 8,179,175	8,179,175				
Total	\$ 13,350,846	8,338,615	\$ 763,043	\$ 3,224,509	\$ 825,231	\$ 159,440

BEVERLY COMMUNITY HOSPITAL ASSOCIATION SCHEDULE OF INSIDER PAYMENTS October 31, 2023 UNAUDITED

DATE	PAYEE	REASON	AMOUNT

None

BEVERLY COMMUNITY HOSPITAL ASSOCIATION SCHEDULE OF PRE-PETITION PAYMENTS October 31, 2023 UNAUDITED

DATE	PAYEE	REASON	AUTHORIZATION	AMOUNT
	None			

BEVERLY COMMUNITY HOSPITAL ASSOCIATION STATEMENT OF CAPITALIZED ASSETS October 31, 2023 UNAUDITED

TYPE CAPITALIZED ASSET BOOK VALUE

None.

[1] Includes gain on sale of assets pursuant to court approved sale on September 6, 2023 [Docket No. 718].

BEVERLY COMMUNITY HOSPITAL ASSOCIATION CASH ACTIVITY UNAUDITED

	 T 1 -31, 2023
Total Receipts	\$ 12,914,767
Cash Disbursements:	
Payroll & Taxes	3,395,334
Employee Benefits	1,550,315
Temp Nursing	28,096
Physicians	-
Leases & Rentals	-
Utilities	23,081
Insurance	116,870
Medical Supplies	-
Purchased Services	854,904
Patient Refunds	1,886
Other G&A	18,917
UST Fees	 250,858
Total Disbursements	 6,240,260
Cash Flow	6,674,507
Beginning Balance	22,905,116
Ending Balance	\$ 29,579,623

Note: Substantially all of the Debtors' assets were sold pursuant to court approved sale on September 6, 2023 [Docket No. 718]. Proceeds from the sale, totaling \$24,020,852, were disbursed from escrow for the benefit of secured lenders.

ACCOUNT: XXXXXXXXXXXX0641 10/31/2023

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BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK REFUND ACCOUNT

309 W BEVERLY BLVD 0 MONTEBELLO CA 90640 0

SPECIALTY LENDING DEPARTMENT TELEPHONE: 949-857-8222 2010 MAIN ST STE 590 IRVINE, CA 92614 Business Checking - Analysis ACCOUNT XXXXXXXXXXX0641 LAST STATEMENT 09/29/23 19,932.64 1 CREDITS DEBITS MINIMUM BALANCE 19,932.64 1,886.21 AVG AVAILABLE BALANCE AVERAGE BALANCE 21,170.46 .00 21,229.40 THIS STATEMENT 10/31/23 21,818.85 TOTAL DAYS IN STATEMENT PERIOD 09/30/23 THROUGH 10/31/23: 32 AMOUNT DESCRIPTION DATE 10/10 1,886.21 REMOTE DEPOSIT - - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -| TOTAL * TOTAL FOR 1 | TOTAL FOR | TOTAL *
| THIS PERIOD | YEAR TO DATE * * TOTAL OVERDRAFT FEES: \$.00 | *-----* | \$.00 * TOTAL RETURNED ITEM FEES: ----- DAILY BALANCE -----

DATE.....BALANCE DATE.....BALANCE DATE.....BALANCE

10/10

21,818.85

ACCOUNT: XXXXXXXXXXXX0668 10/31/2023

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK NON MEDI-CAL RECEIPT 309 W BEVERLY BLVD MONTEBELLO CA 90640

30 0 0

SPECIALTY LENDING DEPARTMENT TELEPHONE: 949-857-8222 2010 MAIN ST STE 590 IRVINE, CA 92614 Business Checking - Analysis ACCOUNT XXXXXXXXXXX0668 LAST STATEMENT 09/29/23 .30 CREDITS MINIMUM BALANCE .30 .00 AVG AVAILABLE BALANCE .00 .30 DEBITS AVERAGE BALANCE .30 .30 THIS STATEMENT 10/31/23 TOTAL DAYS IN STATEMENT PERIOD 09/30/23 THROUGH 10/31/23: 32 - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -****************** | TOTAL FOR | TOTAL * | THIS PERIOD | YEAR TO DATE * \$.00 | * TOTAL OVERDRAFT FEES: \$.00

\$.00 |

* TOTAL RETURNED ITEM FEES: |

BMO Harris Bank N.A. P.O. Box 94033 Toll Free: 1-888-340-2265

Palatine, IL 60094-4033

ACCOUNT NUMBER:

7284

Statement Period 10/01/23 TO 10/31/23 IM0099002900000000

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BEVERLY COMMUNITY HOSPITAL ASSOCIATION GENERAL CHECKING ACCOUNT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

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IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMO.COM.

CHECKING ACCOUNTS SMALL BUS INTEREST CKG BEVERLY COMMUNITY HOSPITAL ASSOCIATION ACCOUNT NUMBER 7284 (Checking) Interest Paid YTD 112.33 DEPOSIT ACCOUNT SUMMARY Previous Balance as of September 30, 2023 442,010.60 (Plus) 213,130.58 66 Deposits 7,747.19 3 Withdrawals (Minus) Interest Paid (Plus) 4.77 October 31, 2023 647,398.76 Ending Balance as of Deposits and Other Credits Amount Description Date EDI/EFT CCD+ CREDIT Oct 02 119.13 CCD MERCHANT SERVICE MERCH DEP 130.23 EDI/EFT CCD+ CREDIT Oct 02 CCD BSC Promise EDI/EFT CCD+ CREDIT HCCLAIMPMT Oct 02 162.90 CCD MERCHANT SERVICE MERCH DEP CURRENCY DEPOSIT CURRENCY DEPOSIT 2278014577 LOC 0000000000 Oct 02 371.27 640.74 EDI/EFT CCD+ CREDIT CCD ABC PLATINUM Oct. 02 HCCT₁A TMPMT EDI/EFT CCD+ CREDIT Oct 02 1,861.94 CCD UnitedHealthcare HCCLAIMPMT 6,278.76 EDI/EFT CCD+ CREDIT Oct. 02 CCD BLUE CROSS CA5C HCCLAIMPMT 101.52 EDI/EFT CCD+ CREDIT Oct 03 CCD BLUE CROSS CA5C EDI/EFT CCD+ CREDIT HCCLAIMPMT 566.44 Oct 03 CCD MERCHANT SERVICE MERCH DEP EDI/EFT CCD+ CREDIT 1,157.19 Oct 03 CCD BLUE CROSS CA5C HCCLAIMPMT Oct. 03 2.241.79 EDI/EFT CCD+ CREDIT CCD BLUE CROSS CA5C HCCLAIMPMT

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BMO Harris Bank N.A. P.O. Box 94033

Palatine, IL 60094-4033 Toll Free: 1-888-340-2265

ACCOUNT NUMBER:

7284

Statement Period 10/01/23 TO 10/31/23 IM0099002900000000

05710 BEVERLY COMMUNITY HOSPITAL ASSOCIATION

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Oct 04	740.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE M	MERCH DEP
Oct 04	17,855.17	EDI/EFT CCD+ CREDIT	
		CCD UnitedHealthcare H	HCCLAIMPMT
Oct 04	24,652.34	EDI/EFT CCD+ CREDIT	
		CCD BLUE SHIELD CA F	HCCLAIMPMT
Oct 05	5.00	CURRENCY DEPOSIT	
		CURRENCY DEPOSIT 227801	L6219 LOC 0000000000
Oct 05	349.00	EDI/EFT CCD+ CREDIT	
	0.1.0.00	CCD MERCHANT SERVICE N	MERCH DEP
Oct 06	210.00	EDI/EFT CCD+ CREDIT	ran arr nan
0	1 402 50	CCD MERCHANT SERVICE N	MERCH DEP
Oct 06	1,483.50	EDI/EFT CCD+ CREDIT CCD BLUE SHIELD CA	ICCL A TMDME
Oct 06	20 164 76	EDI/EFT CCD+ CREDIT	HCCLAIMPMT
000 00	28,104.70	CCD MERCHANT SERVICE N	MERCH DED
Oct 10	74.30	EDI/EFT CCD+ CREDIT	HERCH DEL
000 10	, 1.30		HCCLAIMPMT
Oct 10	86.25	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE N	MERCH DEP
Oct 10	1,442.00	EDI/EFT CCD+ CREDIT	
		CCD UnitedHealthcare H	HCCLAIMPMT
Oct 10	2,149.63	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE M	MERCH DEP
Oct 10	2,457.55	EDI/EFT CCD+ CREDIT	
0 10	7 550 01	CCD MERCHANT SERVICE MEDI/EFT CCD+ CREDIT	MERCH DEP
Oct 10	7,559.91		HCCLAIMPMT
Oct 11	61 03	EDI/EFT CCD+ CREDIT	ICCLAIMFMI
000 11	01.03	CCD BLUE CROSS CA5C H	HCCLAIMPMT
Oct 11	142.50	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE N	MERCH DEP
Oct 12	50.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE M	MERCH DEP
Oct 12	90.82	CURRENCY DEPOSIT	
0 1 10	100.00	CURRENCY DEPOSIT 227801	18089 LOC 0000000000
Oct 12	120.92	EDI/EFT CCD+ CREDIT	ICCL & TMDME
Oct 12	245 00	CCD UNITEDHEALTHCARE F EDI/EFT CCD+ CREDIT	ICCLAIMPMI
OCL 12	245.00	CCD UnitedHealthcare F	ICCT. A TMDMT
Oct 12	326.50	CURRENCY DEPOSIT	ICCHAINI NI
000 11	320.30	CURRENCY DEPOSIT 229701	11070 LOC 0000000000
Oct 12	7,573.06	EDI/EFT CCD+ CREDIT	
		CCD UnitedHealthcare H	HCCLAIMPMT
Oct 13	786.75	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE M	MERCH DEP
Oct 16	50.00		
		CCD MERCHANT SERVICE N	MERCH DEP
Oct 16	100.00	EDI/EFT CCD+ CREDIT	MEDGII DED
Oa+ 16	E4F 00	CCD MERCHANT SERVICE N	MERCH DEP
Oct 16	545.98	EDI/EFT CCD+ CREDIT CCD MERCHANT SERVICE M	MEDCH DED
Oct 16	8 780 7 <i>1</i>	EDI/EFT CCD+ CREDIT	MERCH DEF
OCC IO	0,709.74		HCCLAIMPMT

Case 2:23-bk-12359-SK Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc Main Document Page 22 of 99

BMO Harris Bank N.A. P.O. Box 94033 Palatine, IL 60094-4033 Toll Free: 1-888-340-2265

ACCOUNT NUMBER:

7284

Statement Period 10/01/23 TO 10/31/23 IM0099002900000000

91 05710

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

PAGE 3 OF

0

Oct	17	558.53	EDI/EFT CCD+ CREDIT	
Oct	17		CCD MERCHANT SERVICE CURRENCY DEPOSIT	MERCH DEP
	4.5		CURRENCY DEPOSIT 22970	012509 LOC 0000000000
Oct	17		EDI/EFT CCD+ CREDIT CCD BLUE CROSS CA5C	нсст. а тирит
Oct	17		EDI/EFT CCD+ CREDIT	HCCDAITH FI
			CCD BLUE CROSS CA5C	HCCLAIMPMT
Oct	17		EDI/EFT CCD+ CREDIT CCD MERCHANT SERVICE	MERCH DEP
Oct	18		EDI/EFT CCD+ CREDIT	LICCL A TMDME
Oct	19		CCD BLUE CROSS CA5C EDI/EFT CCD+ CREDIT	HCCLAIMPMI
000			CCD MERCHANT SERVICE	MERCH DEP
Oct	19		EDI/EFT CCD+ CREDIT	
Oct	10 1		CCD UnitedHealthcare EDI/EFT CCD+ CREDIT	HCCLAIMPMT
000	1)			HCCLAIMPMT
Oct	20	230.00	EDI/EFT CCD+ CREDIT	
0	0.0		CCD MERCHANT SERVICE	MERCH DEP
Oct	20		EDI/EFT CCD+ CREDIT CCD BLUE SHIELD CA	HCCLAIMPMT
Oct	23		EDI/EFT CCD+ CREDIT	HCCLAIM M
			CCD MERCHANT SERVICE	MERCH DEP
Oct	23		EDI/EFT CCD+ CREDIT CCD MERCHANT SERVICE	MEDCU DED
Oct	23		EDI/EFT CCD+ CREDIT	MERCH DEP
				HCCLAIMPMT
Oct	23 1		EDI/EFT CCD+ CREDIT	VED CV. DED
Oct	2.4		CCD MERCHANT SERVICE CURRENCY DEPOSIT	MERCH DEP
000	24		CURRENCY DEPOSIT 22680	018034 LOC 000000000
Oct	24	218.54	EDI/EFT CCD+ CREDIT	
0-5	24			HCCLAIMPMT
Oct	24		EDI/EFT CCD+ CREDIT CCD MERCHANT SERVICE	MERCH DEP
Oct	24		EDI/EFT CCD+ CREDIT	
	0.5		CCD BLUE CROSS CA5C	HCCLAIMPMT
Oct	25		EDI/EFT CCD+ CREDIT CCD MERCHANT SERVICE	MEDCH DED
Oct	25		EDI/EFT CCD+ CREDIT	MBRCII DBI
			CCD BLUE CROSS CA5C	HCCLAIMPMT
Oct	26		EDI/EFT CCD+ CREDIT CCD MERCHANT SERVICE	MEDGII DED
Oct	26 2		EDI/EFT CCD+ CREDIT	MERCH DEP
			CCD BLUE SHIELD CA	HCCLAIMPMT
Oct	27		EDI/EFT CCD+ CREDIT	MED OIL DED
Oct	30		CCD MERCHANT SERVICE EDI/EFT CCD+ CREDIT	MERCH DEP
000			CCD MERCHANT SERVICE	MERCH DEP
Oct	30		EDI/EFT CCD+ CREDIT	
Oct	31		CCD MERCHANT SERVICE EDI/EFT CCD+ CREDIT	MERCH DEP
OCL	J±		CCD BLUE CROSS CA5C	HCCLAIMPMT



Case 2:23-bk-12359-SK Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc Main Document Page 23 of 99

BMO Harris Bank N.A.

P.O. Box 94033 Palatine, IL 60094-4033 Toll Free: 1-888-340-2265

ACCOUNT NUMBER:

7284

Statement Period 10/01/23 TO 10/31/23 IM0099002900000000

05710

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

PAGE 4 OF

0

Oct 31	746.00	EDI/EFT CCD+ CREDIT		
		CCD MERCHANT SERVI	CE MERCH DEP	
Oct 31	4.77	INTEREST PAID		
ithdrawals and	d Other Debits			
Date	Amount	Description		
Oct 02	5,403.19	ACH DEBIT		
		CCD MERCHANT SERVI	CE MERCH FEE	
Oct 06	200.00	ACH DEBIT		
		CCD MERCHANT SERVI	CE MERCH DEP	
Oct 30	2,144.00	ACCT ANALYSIS SERV	CHG	
aily Balance :				
Date	Balance	Date	Balance	
Sep 30	<u>442</u> ,010.60	Oct 17	565,994.67	
Oct 02	446,172.38	Oct 18	566,109.48	
Oct 03	450,239.32	Oct 19	579,664.54	
Oct 04	493,486.83	Oct 20	587,096.05	
Oct 05	493,840.83	Oct 23	611,247.47	
000				
Oct 06	523,499.09	Oct 24	615,247.95	
		Oct 24 Oct 25	615,247.95 616,175.84	
Oct 06	523,499.09			
Oct 06 Oct 10	523,499.09 537,268.73	Oct 25	616,175.84	
Oct 06 Oct 10 Oct 11	523,499.09 537,268.73 537,472.26	Oct 25 Oct 26	616,175.84 639,737.60	

3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK DENTAL PLAN ACCOUNT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

BEVERLY COMMUNITY HOSPITAL Customer Number: XXXXXXXX0455 Page 1 of 2

Managing Your Accounts

Branch Name Headquarters

3660 Wilshire Blvd., Ste

PH-A Mailing Address

Los Angeles, CA 90010

Call Center

(9AM-6PM, M-F)

(855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts	5
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Account Type Ending Balance Account Number Business Checking - Analysis XXXXXXXXX0455 \$0.00

Business Checking - Analysis-XXXXXXXXXX0455

Account Summary

Date Description **Amount** 09/30/2023 \$0.00 **Beginning Balance** 4 Credit(s) This Period \$28,973.04 4 Debit(s) This Period \$28,973.04 10/31/2023 **Ending Balance** \$0.00

Other Credits

Date	Description	Amount
10/05/2023	656468 Internet Transfer from 550198764 on 10/05/23 AT 12:45 Funds Transfer via	\$13,494.67
10/11/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,966.53
10/18/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$7,219.66
10/25/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$4,292.18

Electronic Debits

Date	Description	Amount
10/04/2023	DELTA-3941461312 PAYMENT 29806	\$13,494.67
10/11/2023	DELTA-3941461312 PAYMENT 30123	\$3,966.53
10/18/2023	DELTA-3941461312 PAYMENT 30444	\$7,219.66
10/25/2023	DELTA-3941461312 PAYMENT 30735	\$4,292.18

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/04/2023	-\$13,494.67	10/11/2023	\$0.00	10/25/2023	\$0.00
10/05/2023	\$0.00	10/18/2023	\$0.00		



BEVERLY COMMUNITY HOSPITAL

Desc

CHECKS OUTSTANDING				CHECKBOOK RECONCILIATION				
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
0.00						SUBTRACT		
	Outstanding					TOTAL CHECKS OUTSTANDING		
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you - Accounted for bank charges? - Verified debit card purchases? - Verified additions and subtractions? - Verified ATM withdrawals and fees? - Computed deposit amount on statement to your checkbook?								

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to: Tell us your name and account number.

- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- · Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

DPS-100 / DPS-101 Rev. 03/2018 3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK "H" ACCOUNT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308 BEVERLY COMMUNITY HOSPITAL

Page 1 of 4

Customer Number: XXXXXXXXX0544

Managing Your Accounts

Branch Name Headquarters

3660 Wilshire Blvd., Ste

Mailing Address PH-A

Los Angeles, CA 90010

Call Center (9AM-6PM, M-F)

(855) 773-8778

Online

Online Banking www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account TypeAccount NumberEnding BalanceBusiness Checking - AnalysisXXXXXXXXX0544\$40,884.56

Business Checking - Analysis-XXXXXXXXXX0544

Account Summary

 Date
 Description
 Amount

 09/30/2023
 Beginning Balance
 \$41,901.53

 4 Credit(s) This Period
 \$16,050.33

 36 Debit(s) This Period
 \$17,067.30

 10/31/2023
 Ending Balance
 \$40,884.56

Deposits

 Date
 Description
 Amount

 10/11/2023
 REMOTE DEPOSIT
 \$5,860.26

 10/31/2023
 REMOTE DEPOSIT
 \$4,325.98

Electronic Credits

 Date
 Description
 Amount

 10/16/2023
 MBI SETL MED-I-BANK
 \$188.49

 10/18/2023
 COBRA Prem IGOE AND COMPANY NTE* REF* Sep COBRA PREM\
 \$5,675.60

Electronic Debits

Date	Description	Amount
10/02/2023	MBI SETL MED-I-BANK	\$81.59
10/02/2023	MBI SETL MED-I-BANK	\$143.48
10/02/2023	MBI SETL MED-I-BANK	\$198.61
10/03/2023	MBI SETL MED-I-BANK	\$49.42
10/04/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$120.00
10/04/2023	MBI SETL MED-I-BANK	\$125.00
10/04/2023	IDR Chk Re Igoe and Company 9/18-10/2 Checks\	\$2,048.05
10/05/2023	MBI SETL MED-I-BANK	\$40.00
10/10/2023	MBI SETL MED-I-BANK	\$404.57
10/10/2023	MBI SETL MED-I-BANK	\$1,051.36
10/11/2023	MBI SETL MED-I-BANK	\$379.14
10/12/2023	MBI SETL MED-I-BANK	\$20.53
10/13/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$59.94
10/13/2023	MBI SETL MED-I-BANK	\$89.38
10/16/2023	MBI SETL MED-I-BANK	\$13.46
10/16/2023	MBI SETL MED-I-BANK	\$30.00



BEVERLY COMMUNITY HOSPITAL

Desc

CHECKS OUTSTANDING				CHECKBOOK RECONCILIATION				
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
- (31 1						SUBTRACT		
Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you Accounted for bank charges? Verified debit card purchases? Verified additions and subtractions? Verified ATM withdrawals and fees? TOTAL CHECKS OUTSTANDING TOTAL CHECKS OUTSTANDING					g credits not BALAN	CE		

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

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- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

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DPS-100 / DPS-101 Rev. 03/2018 3660 Wilshire Blvd Ste PH-A
Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL

Customer Number: XXXXXXXXX0544

Page 3 of 4

Business Checking - Analysis-XXXXXXXXXXX0544 (continued)

Electronic	Debits (continued)	
Date	Description	Amount
10/16/2023	MBI SETL MED-I-BANK	\$698.06
10/18/2023	MBI SETL MED-I-BANK	\$90.68
10/19/2023	MBI SETL MED-I-BANK	\$64.60
10/19/2023	IDR Chk Re Igoe and Company 10/2-10/15 Checks\	\$173.30
10/20/2023	MBI SETL MED-I-BANK	\$192.83
10/23/2023	MBI SETL MED-I-BANK	\$85.25
10/23/2023	MBI SETL MED-I-BANK	\$271.55
10/23/2023	MBI SETL MED-I-BANK	\$503.48
10/24/2023	MBI SETL MED-I-BANK	\$1,461.13
10/25/2023	MBI SETL MED-I-BANK	\$36.97
10/26/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$76.23
10/26/2023	MBI SETL MED-I-BANK	\$150.47
10/27/2023	MBI SETL MED-I-BANK	\$375.14
10/30/2023	IGOE AND COMPANY DIRECT DEP MED-I-BANK	\$25.16
10/30/2023	IGOE AND COMP IN Admin Pymt	\$332.00
10/30/2023	MBI SETL MED-I-BANK	\$379.83
10/30/2023	MBI SETL MED-I-BANK	\$773.70
10/30/2023	MBI SETL MED-I-BANK	\$1,057.99
10/31/2023	MBI SETL MED-I-BANK	\$133.42

Other Debits

Date	Description	Amount
10/02/2023	119251 Internet Transfer to 550198764 on 10/02/23 AT 8:55 Flex Monthly Fee	\$5,330,98

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$36,146.87	10/13/2023	\$37,619.74	10/25/2023	\$39,862.52
10/03/2023	\$36,097.45	10/16/2023	\$37,066.71	10/26/2023	\$39,635.82
10/04/2023	\$33,804.40	10/18/2023	\$42,651.63	10/27/2023	\$39,260.68
10/05/2023	\$33,764.40	10/19/2023	\$42,413.73	10/30/2023	\$36,692.00
10/10/2023	\$32,308.47	10/20/2023	\$42,220.90	10/31/2023	\$40,884.56
10/11/2023	\$37,789.59	10/23/2023	\$41,360.62		
10/12/2023	\$37,769.06	10/24/2023	\$39,899.49		

Case 2:23-bk-12359-SK

BEVERLY COMMUNITY HOSPITAL

Desc

Page 4 of 4

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3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL

Page 1 of 10

Customer Number: XXXXXXXX0552

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK AHC BLUE CROSS CAPITATION ACCT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts							
<u>iii</u>	Branch Name	Headquarters					
×	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010					
2	Call Center (9AM-6PM, M-F)	(855) 773-8778					
	Online Banking	www.Hanmi.com					
	Mobile Banking	Hanmi Mobile Banking App					

Summary of Accounts					
Account Type	Account Number	Ending Balance			
Business Checking - Analysis	XXXXXXXX0552	\$832,394.02			

Business Checking - Analysis-XXXXXXXXX0552

Account Summary

 Date
 Description
 Amount

 09/30/2023
 Beginning Balance
 \$914,085.54

 2 Credit(s) This Period
 \$4,965.66

 36 Debit(s) This Period
 \$86,657.18

10/31/2023 Ending Balance \$832,394.02

Deposits

 Date
 Description

 10/24/2023
 REMOTE DEPOSIT
 \$765.66

Electronic Credits

 Date
 Description
 Amount

 10/11/2023
 ANTHEM BLUE 5T DMS EFT 3223030723
 \$4,200.00

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
122572	10/02/2023	\$949.93	122588	10/10/2023	\$597.30	122600	10/13/2023	\$16,169.74
122573	10/02/2023	\$850.73	122589	10/06/2023	\$68.19	122602*	10/20/2023	\$7,283.76
122577*	10/19/2023	\$2,836.59	122590	10/10/2023	\$49.60	122603	10/23/2023	\$18.19
122578	10/02/2023	\$1,594.84	122591	10/06/2023	\$149.00	122604	10/30/2023	\$13.57
122579	10/02/2023	\$221.98	122592	10/12/2023	\$1,837.03	122605	10/19/2023	\$3,814.40
122580	10/04/2023	\$429.23	122593	10/10/2023	\$21.98	122606	10/27/2023	\$995.16
122581	10/02/2023	\$758.70	122594	10/10/2023	\$41.69	122607	10/24/2023	\$8,533.71
122582	10/03/2023	\$996.05	122595	10/18/2023	\$1,590.76	122608	10/24/2023	\$8,970.04
122584*	10/20/2023	\$50.66	122596	10/16/2023	\$688.10	122609	10/20/2023	\$4,054.57
122585	10/19/2023	\$497.13	122597	10/16/2023	\$24.42	122610	10/23/2023	\$366.37
122586	10/10/2023	\$4,921.93	122598	10/16/2023	\$3,805.18	122611	10/30/2023	\$1,535.54
122587	10/05/2023	\$253.90	122599	10/16/2023	\$200.42	122612	10/30/2023	\$11,466.79

^{*} Indicates skipped check number



BEVERLY COMMUNITY HOSPITAL

Page 2 of 10

CHECKS OUTSTANDING				CHECKBOOK RECONCILIATION				
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
- 101 1								
	taldt	.111.1.	1- 11 A			TOTAL CHECKS OUTSTANDING		
shown in yo Interest -ADD If your check • Accounted to • Computed of	Fotal Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you Accounted for bank charges? Verified debit card purchases? Verified ATM withdrawals and fees? TOTAL CHECKS OUTSTANDING TOTAL CHECKS OUTSTANDING BALANCE BALANCE TOTAL CHECKS OUTSTANDING FOR ACCOUNTSTANDING TOTAL CHECKS OUTSTANDING BALANCE						E	

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to: Tell us your name and account number.

- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

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We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

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DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXXX0552

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Business Checking - Analysis-XXXXXXXXXXX0552 (continued)

Daily Balances

Los Angeles, CA 90010

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$909,709.36	10/11/2023	\$906,380.49	10/20/2023	\$863,527.73
10/03/2023	\$908,713.31	10/12/2023	\$904,543.46	10/23/2023	\$863,143.17
10/04/2023	\$908,284.08	10/13/2023	\$888,373.72	10/24/2023	\$846,405.08
10/05/2023	\$908,030.18	10/16/2023	\$883,655.60	10/27/2023	\$845,409.92
10/06/2023	\$907,812.99	10/18/2023	\$882,064.84	10/30/2023	\$832,394.02
10/10/2023	\$902,180.49	10/19/2023	\$874,916.72		

Case 2:23-bk-12359-SK

BEVERLY COMMUNITY HOSPITAL

Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06

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XXXXXXXXX0552 Statement Ending 10/31/2023

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Desc

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3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

Customer Number: XXXXXXXXX0579

BEVERLY COMMUNITY HOSPITAL

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK PAYROLL ACCOUNT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts							
<u> </u>	Branch Name	Headquarters					
×	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010					
2	Call Center (9AM-6PM, M-F)	(855) 773-8778					
	Online Banking	www.Hanmi.com					
	Mobile Banking	Hanmi Mobile Banking App					

Summary of Accounts					
Account Type	Account Number	Ending Balance			
Business Checking - Analysis	XXXXXXXX0579	\$522,463.92			

Business Checking - Analysis-XXXXXXXXX0579

Account Summary

Date Description **Amount** 09/30/2023 **Beginning Balance** \$943,767.44 2 Credit(s) This Period \$2,007,277.73 37 Debit(s) This Period \$2,428,581.25 10/31/2023 **Ending Balance** \$522,463.92

Other Credits

Date	Description	Amount
10/11/2023	410677 Internet Transfer from 550198764 on 10/11/23 AT 10:27 PPE 10 07 2023	\$925,589.93
10/24/2023	320832 Internet Transfer from 550198764 on 10/24/23 AT 15:40 Payroll PPE 10 21 2	\$1,081,687.80

Other Debits

Date	Description	Amount
10/11/2023	Outgoing Wire 388237 ADP CLIENT TRUST 8250123503	\$914,898.99
10/25/2023	Outgoing Wire 391725 ADP CLIENT TRUST 7350253824	\$1,070,121.18
10/27/2023	Outgoing Wire 392450 ADP CLIENT TRUST 9000137366	\$384,137.23

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
206315	10/11/2023	\$1,548.96	206435	10/02/2023	\$2,625.35	206592*	10/10/2023	\$3,595.44
206326*	10/05/2023	\$691.39	206437*	10/02/2023	\$1,979.30	206593	10/12/2023	\$1,151.73
206327	10/19/2023	\$926.96	206442*	10/03/2023	\$2,213.50	206594	10/17/2023	\$432.42
206329*	10/31/2023	\$1,734.31	206469*	10/11/2023	\$1,541.02	206595	10/17/2023	\$2,811.71
206357*	10/10/2023	\$1,899.77	206487*	10/10/2023	\$676.91	206596	10/23/2023	\$56.61
206367*	10/26/2023	\$1,065.22	206510*	10/10/2023	\$509.96	206597	10/31/2023	\$2,449.21
206375*	10/02/2023	\$1,632.24	206513*	10/11/2023	\$1,490.85	206599*	10/23/2023	\$5,207.76
206379*	10/11/2023	\$2,100.62	206516*	10/10/2023	\$212.42	206600	10/31/2023	\$1,954.88
206397*	10/10/2023	\$296.20	206525*	10/26/2023	\$1,698.67	206601	10/30/2023	\$2,103.69
206418*	10/19/2023	\$480.96	206552*	10/16/2023	\$265.19	206604*	10/31/2023	\$2,146.02
206420*	10/31/2023	\$503.85	206565*	10/02/2023	\$10,146.41			
206434*	10/02/2023	\$202.30	206575*	10/10/2023	\$1,072.02			

^{*} Indicates skipped check number



BEVERLY COMMUNITY HOSPITAL

Desc

Page 2 of 10

CHECKS OUTSTANDING				CHECKBOOK RECONCILIATION				
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
SUBTRACT					SUBTRACT TOTAL CHECKS OUTSTANDING			
Total Checks Outstanding								
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							NCE	

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

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- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
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BEVERLY COMMUNITY HOSPITAL Customer Number: XXXXXXXXX0579 Page 3 of 10

Business Checking - Analysis-XXXXXXXXXX0579 (continued)

Daily Balances

Los Angeles, CA 90010

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$927,181.84	10/16/2023	\$918,606.80	10/26/2023	\$917,493.11
10/03/2023	\$924,968.34	10/17/2023	\$915,362.67	10/27/2023	\$533,355.88
10/05/2023	\$924,276.95	10/19/2023	\$913,954.75	10/30/2023	\$531,252.19
10/10/2023	\$916,014.23	10/23/2023	\$908,690.38	10/31/2023	\$522,463.92
10/11/2023	\$920,023.72	10/24/2023	\$1,990,378.18		
10/12/2023	\$918,871.99	10/25/2023	\$920,257.00		

Case 2:23-bk-12359-SK

BEVERLY COMMUNITY HOSPITAL

Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06

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Statement Ending 10/31/2023

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BEVERLY COMMUNITY HOSPITAL

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Customer Number: XXXXXXXX0595

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **BEVERLY HOSPITAL DEBTOR-IN-POSSESSION** GENERAL ACCOUNT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts						
<u> </u>	Branch Name	Headquarters				
\bowtie	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010				
Q	Call Center (9AM-6PM, M-F)	(855) 773-8778				
	Online Banking	www.Hanmi.com				
	Mobile Banking	Hanmi Mobile Banking App				

Summary of Accounts		
Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0595	\$4,457,574.11

Business Checking - Analysis-XXXXXXXXX0595

Account Summary

Date Description **Amount** 09/30/2023 **Beginning Balance** \$484,705.54 167 Credit(s) This Period \$6,517,464.38 34 Debit(s) This Period \$2,544,595.81 10/31/2023 **Ending Balance** \$4,457,574.11

Deposits

Date	Description	Amount
10/02/2023	REMOTE DEPOSIT	\$206,250.00
10/02/2023	REMOTE DEPOSIT	\$2,214,114.24
10/03/2023	REMOTE DEPOSIT	\$233,729.24
10/04/2023	REMOTE DEPOSIT	\$100.74
10/04/2023	REMOTE DEPOSIT	\$1,539.33
10/04/2023	REMOTE DEPOSIT	\$10,913.27
10/04/2023	REMOTE DEPOSIT	\$11,695.50
10/04/2023	REMOTE DEPOSIT	\$250,878.30
10/05/2023	REMOTE DEPOSIT	\$9,034.13
10/05/2023	REMOTE DEPOSIT	\$43,352.08

Electronic Credits

Date	Description	Amount
10/02/2023	HCCLAIMPMT DIGNITY HEALTH TRN* 1* 4013540* 1954310407\	\$109.57
10/02/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105424204* 1341858379\	\$235.94
10/02/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1420664* 1465596242\	\$354.60
10/02/2023	HCCLAIMPMT ZP NETWORKME400 TRN* 1* 401437057* 1954472349\	\$392.45
10/02/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105606913* 1341858379\	\$561.57
10/02/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 928000551478* 1954518790~	\$916.19
10/02/2023	HCCLAIMPMT DIGNITY HEALTH TRN* 1* 2043655* 1954310407\	\$1,328.62
10/02/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105606914* 1341858379\	\$9,047.36
10/02/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826466494* 1542174068\	\$15,788.40
10/02/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105606915* 1341858379\	\$22,330.93
10/02/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 928000551479* 1954518790~	\$24,417.02
10/03/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826467984* 1542174068\	\$6.00
10/03/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826468345* 1542174068\	\$24.00



BEVERLY COMMUNITY HOSPITAL

	CHECKS OUTSTANDING		CHECKBOOK RECONCILIATION					
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOO	K RECONCILIA I	ION
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED STATEMENT	ON THIS	
						SUBTOTAL		
A1 5055 55	0.0					SUBTRACT		
Total Checks Outstanding TOTAL CHECKS OUTSTANDING								
	_				arges and addin	g credits not		
Shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -I If your checkbook and statement do not balance, have you • Accounted for bank charges? • Computed cancelled checks to check stubs? • Verified ATM withdrawals and fees? • Computed deposit amount on state				es? ractions?	ur checkbook?	BALANCE		

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DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXXX0595

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Business Checking - Analysis-XXXXXXXXXX0595 (continued)

Date Description Amount 10/03/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1105990575* 1341858379) \$27,92 10/03/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1105990575* 13418583790 \$27,138 10/03/2023 HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102/402* 19619489320 \$27,138 10/03/2023 HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102/402* 19619489321 \$35,559 10/03/2023 HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102/32** 1961949832 \$30,000.22 10/03/2023 HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102/32** 1961949832 \$3,000.22 10/03/2023 HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102/32** 196194980 \$4,001.52 10/03/2023 HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102/32** 196194980 \$4,001.52 10/03/2023 HCCLAIMPMT LACAREHEAUTHPLAN TRN* 1* 988000534049** 1994518790- \$7,27.72 10/03/2023 HCCLAIMPMT ACAREHEAUTHPLAN TRN* 1* 988000534049** 1994518790- \$26,885.56 10/03/2023 HCCLAIMPMT ACAREHEAUTHPLAN TRN* 1* 986000534049** 1994518790- \$26,885.56 10/03/2023 HCCLAIMPMT ACAREHEAUTHPLAN TRN* 1* 92700051221** 1994518790- \$80,285.12 10/03/2023 HCCLAIMPMT ACAREHEAUTHPLAN TRN* 1* 92700061221** 1994518790- \$80,885.50	Electronic	Credits (continued)	
HOCLAIMPMT INB. ECHO TRN. 11 110599075 134188379 \$263.67	Date	Description	Amount
HOCLAIMPHT VALLEY PRESPITERT NRT 1 8100/402" 1954439760 \$271.5	10/03/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105723333* 1341858379\	
HOCLAIMPMT NALEY PRESBYTER TRN-1* 18102402* 1951945832\ \$355.59 1003/2023 HOCLAIMPMT NALEY PRESBYTER TRN-1* 18102321* 1951945832\ \$30.002 1003/2023 HOCLAIMPMT VALLEY PRESBYTER TRN-1* 18102321* 1951945832\ \$3.000.162 1003/2023 HOCLAIMPMT HALT HENT COMMUTEN* 1* 10628467260* 1542174068\ \$4.001.62 1003/2023 HOCLAIMPMT HALT HENT COMMUTEN* 1* 19620467260* 1542174068\ \$4.001.62 1003/2023 HOCLAIMPMT HALT HENT COMMUTEN* 1* 1968000534048* 195451870- \$7.927.71 1003/2023 HOCLAIMPMT LACAREHEALTH PTRN* 1* 26430560* 1912155938- \$8.261.84 1003/2023 HOCLAIMPMT AETMA A06 TRN* 1* 182327100033253* 1066033492\ \$1.865.00 1003/2023 HOCLAIMPMT AETMA A06 TRN* 1* 182327100033253* 1066033492\ \$1.95418790- \$26.865.30 1003/2023 HOCLAIMPMT AETMA A06 TRN* 1* 182327100033253* 1066033492\ \$1.95418790- \$26.865.30 1003/2023 HOCLAIMPMT AETMA A06 TRN* 1* 182327100033253* 1066033492\ \$1.95418790- \$26.865.30 1004/2023 HOCLAIMPMT AETMA A06 TRN* 1* 170599056* 19431858379\ \$93.325.12 1004/2023 HOCLAIMPMT AESOCAITED HISPATRN* 1* 2321839* 1994365761\ \$5.37 1004/2023 HOCLAIMPMT ASSOCIATED HISPATRN* 1* 2321839* 1994365761\ \$5.37 1004/2023 HOCLAIMPMT LACAREHEALTHEAN TRN* 1* 2700081221* 1994518790- \$66.80 1004/2023 HOCLAIMPMT LACAREHEALTHEAN TRN* 1* 2700081221* 1994518790- \$66.80 1004/2023 HOCLAIMPMT HALTHEAN TRN* 1* 19700081221* 1994518790- \$66.80 1004/2023 HOCLAIMPMT HISPATRN* 1* 106199164* 1341858379\ \$6.80 1004/2023 H			
1003/2023 CCLAIMPMT HOR E-CHO TRN' 1" 11059990573" 1341858379 \$.000.22 1003/2023 CCLAIMPMT HEALTH NET COMMU TRN' 1" 18 102324" 1951945832 \$.000.22 1003/2023 CCLAIMPMT HEALTH NET COMMU TRN' 1" 1022467260" 1542174068 \$.4,001.62 \$.4,00			
1003/2023			
1003/2023			
HCCLAIMPMT HAB. ECHO TRN' 1' 1105990574' 1341858379\			
1003/2023 CCCLAIMPMT CENTRAL FEALTH PT RN '1' 2843056' 1912155938- \$8.8218.4 1003/2023 EFT Paymen OPTUM TRN '1 6746932' 1330219954 \$8.865.00 1003/2023 CCCLAIMPMT AETNA AGE REALTH PT RN '1' 2843056' 1912155938- \$8.865.00 1003/2023 CCCLAIMPMT AETNA AGE REALTH PT RN '1' 2843056' 1964518790- \$28.885.35 1003/2023 CCCLAIMPMT LACAREHEALTHPLAN TRN' 1' 988000534049' 1954518790- \$28.885.35 1003/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 110899056' 1341888379' \$953.25.12 1004/2023 CCCLAIMPMT ASSOCIATED HISPA TRN' 1' 2271839' 1954365'61' \$5.37 1004/2023 CCCLAIMPMT LACAREHEALTHPLAN TRN' 1' 9270068122'12' 1954518790- \$68.80 1004/2023 CCCLAIMPMT LACAREHEALTHPLAN TRN' 1' 9270068122'13' 1954318790- \$68.80 1004/2023 CCCLAIMPMT LACAREHEALTHPLAN TRN' 1' 927006122'13' 1954318790- \$68.80 1004/2023 CCCLAIMPMT LACAREHEALTHPLAN TRN' 1' 927006122'13' 1954318790- \$68.25 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 1106109495' 1341858379' \$1.610.44 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 1106109495' 1341858379' \$1.610.44 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 1106199164' 1341858379' \$3.83 .41 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 1106199164' 1341858379 \$3.83 .41 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 1106199164' 1341858379 \$2.49 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 100196750' 1205327501 \$7.24 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 100196750' 1205327501 \$7.24 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 100196750' 1205327501 \$7.24 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 100196750' 1205327501 \$7.24 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 100196750' 1205327501 \$7.24 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 100196750' 1205327501 \$7.24 .52 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 106532855' 1542174068 \$3.165.37 1004/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 1065372525' 134188379 \$8.81.71 1005/2023 CCCLAIMPMT HAB - ECHO TRN' 1' 106537255' 134188379 \$8.91.71 1005/2023 CCCLAIMPMT HAB - ECHO			
10/03/2023			
10/03/2023 EFT Paymen OPTUM TRN* 1* 6746932* 1330/219954\ \$3.865.00 10/03/2023 HCCLAIMPMT AETNA AGE REN** 1* 28227/21000332633* 1066033492\ \$1.951.14* 10/03/2023 HCCLAIMPMT LACAREHEALT-HPLAN TRN** 1* 988000534049* 1954518790- \$26.885.35 10/04/2023 HCCLAIMPMT HNB - ECHO TRN** 1* 11/05/990576* 1341883879\ \$9.33.25.12* 10/04/2023 HCCLAIMPMT DIGNITY HEALTH TRN** 1* 29/20365* 1954518790- \$66.80 10/04/2023 HCCLAIMPMT LACAREHEALT-HPLAN TRN** 1* 92/200612213* 1954518790- \$66.80 10/04/2023 HCCLAIMPMT LACAREHEALT-HPLAN TRN** 1* 19/20700612213* 1954518790- \$66.80 10/04/2023 HCCLAIMPMT LACAREHEALT-HPLAN TRN** 1* 19/20700612213* 1954518790- \$66.80 10/04/2023 HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06109495* 1341858379\ \$1.810.44 10/04/2023 HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06109495* 1341858379\ \$1.810.44 10/04/2023 HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199164* 13414858379\ \$1.838.41* 10/04/2023 HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199164* 13414858379\ \$1.838.41* 10/04/2023 HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199164* 13414858379\ \$1.604.2023 HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199164* 13414858379\ \$2.4306.48* HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199165* 1341488379\ \$2.4306.48* HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199165* 1341488379\ \$2.4306.48* HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199165* 1341488379\ \$2.4306.48* HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199165* 1341488379\ \$2.4306.48* HCCLAIMPMT HABLE - ECHO TRN** 1* 11/06199165* 1341488379\ \$2.4306.48* HCCLAIMPMT AETAN ASDI TRN** 1* 189237/201008172** 10/069023* HCCLAIMPMT AETAN ASDI TRN** 1* 189237/201008172** 10/069023* HCCLAIMPMT HABLE - ECHO TRN** 1* 11/0639165* 1542174068\ \$31.455.37* HCCLAIMPMT AETAN ASDI TRN** 1* 189287/201008172** 199447/2349\ \$31.475.4* HCCLAIMPMT HABLE - ECHO TRN** 1* 10/05/2023* HCCLAIMPMT HABLE - EC			
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10/04/2023	10/04/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106109495* 1341858379\	\$1,610.44
10/04/2023	10/04/2023	EFT Paymen HealthCare Partn TRN* 1* 222635307* 1330219954\	\$3,478.45
10/04/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000195750* 1205327501\ \$7,249.52 10/04/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106199163* 1341858379\ \$34,06.48 10/04/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106199163* 1341858379\ \$31,165.37 10/04/2023 HCCLAIMPMT AETNA ASOI TRN* 1* 882327201008173* 1066033492\ \$31,479.54 10/04/2023 HCCLAIMPMT HALTA ASOI TRN* 1* 882327201008173* 1066033492\ \$31,479.54 10/05/2023 HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826469525* 1542174068\ \$57.74 10/05/2023 HCCLAIMPMT HEALTH NET COMMU TRN* 1* 10826469525* 1542174068\ \$57.74 10/05/2023 HCCLAIMPMT HONEY HEALTH TRN* 1* 4015583* 1954310407\ \$77.42 10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106274556* 1341858379\ \$88.21 10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372525* 1341858379\ \$99.78 10/05/2023 HCCLAIMPMT PARE FEND TRN* 1* 1106372525* 1341858379\ \$1,645.16 10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\ \$16,896.97 10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\ \$16,896.97 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\ \$16,896.97 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\ \$25.873 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\ \$6,812.97 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\ \$6,822.30 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106529315* 1341858379\ \$6,822.30 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106529315* 1341858379\ \$6,822.30 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106629315* 1341858379\ \$14,449.93 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106629315* 1341858379\ \$14,449.93 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106629315* 1341858379\ \$14,449.93 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106629315* 1341858379\ \$16,632.90 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106629315* 1341858379\ \$16,632.90 10/06/2023 HCCLAIMPMT HABL -	10/04/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106199164* 1341858379\	\$3,638.41
10/04/2023			
10/04/2023 EFT Paymen OPTUM TRN' 1* 674707* 1330219954\ \$31,165.37			
10/04/2023 EFT Paymen OPTUM TRN* 1* 882327201008173* 1066033492\ \$31,479.54			
10/04/2023 HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826469525* 1542174068\ \$57.74			
10/05/2023			
10/05/2023 HCCLAIMPMT HEALTH TRN* 1* 4013583* 1954310407\ \$88.21			
10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106274556* 1341858379\ \$611.79			
10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 106372525* 1341858379\ \$997.78			
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10/05/2023 HCCLAIMPMT ZP NETWORKME400 TRN* 1* 402974420* 1954472349\			
10/05/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106372527* 1341858379\			
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10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106529315* 1341858379\			
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10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106621372* 1341858379\ \$14,449.93	10/06/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1421687* 1465596242\	\$5,632.36
10/06/2023 EFT Paymen OPTUM TRN* 1* 6747421* 1330219954\	10/06/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 902000727968* 1954518790~	\$10,175.28
10/06/2023 HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826478590* 1542174068\ \$16,032.90 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106529316* 1341858379\ \$16,219.79 10/06/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 902000727967* 1954518790~ \$16,858.70 10/06/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106621374* 1341858379\ \$23,940.70 10/10/2023 HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826479835* 1542174068\ \$25.19 10/10/2023 HCCLAIMPMT GLOBAL CARE MEDI TRN* 1* 3268611* 1954439760\ \$35.10 10/10/2023 HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826479834* 1542174068\ \$67.74 10/10/2023 HCCLAIMPMT HNB - ECHO TRN* 1* 1106896258* 1341858379\ \$388.08 10/10/2023 EFT Paymen OPTUM TRN* 1* 106896258* 1341858379\ \$1,585.00 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626979* 1954518790~ \$4,487.96 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422011* 1465596242\ \$5,612.98 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1405596242\ \$7,871.24 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1405596242\ \$8,751.92 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 14000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 914000626977* 1954518790~ \$37,273.36 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 914000626977* 1954518790~ \$37,273.36 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36 10/10/2023			
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10/10/2023 EFT Paymen OPTUM TRN* 1* 6747693* 1330219954\ \$1,585.00 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626979* 1954518790~ \$4,487.96 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422011* 1465596242\ \$5,612.98 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 969000655585* 1954518790~ \$7,871.24 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422574* 1465596242\ \$8,751.92 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36			
10/10/2023 HCCLAİMPMT LACAREHEALTHPLAN TRN* 1* 914000626979* 1954518790~ \$4,487.96 10/10/2023 HCCLAİMPMT AHP CA CLAİM TRN* 1* 1422011* 1465596242\ \$5,612.98 10/10/2023 HCCLAİMPMT LACAREHEALTHPLAN TRN* 1* 969000655585* 1954518790~ \$7,871.24 10/10/2023 HCCLAİMPMT AHP CA CLAİM TRN* 1* 1422574* 1465596242\ \$8,751.92 10/10/2023 HCCLAİMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAİMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36			
10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422011* 1465596242\ \$5,612.98 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 969000655585* 1954518790~ \$7,871.24 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422574* 1465596242\ \$8,751.92 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36			
10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 969000655585* 1954518790~ \$7,871.24 10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422574* 1465596242\ \$8,751.92 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36			
10/10/2023 HCCLAIMPMT AHP CA CLAIM TRN* 1* 1422574* 1465596242\ \$8,751.92 10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36			
10/10/2023 HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\ \$19,361.43 10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36			
10/10/2023 HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 914000626977* 1954518790~ \$37,273.36	10/10/2023	HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000196234* 1205327501\	
10/11/2023 HCCLAIMPMT ZP NETWORKME400 TRN* 1* 405019420* 1954472349\ \$57.33			
	10/11/2023	HCCLAIMPMT ZP NETWORKME400 TRN* 1* 405019420* 1954472349\	\$57.33

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Business Checking - Analysis-XXXXXXXXXX0595 (continued)

Electronic	Credits (continued)	
Date	Description	Amount
10/11/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 925000604080* 1954518790~	\$98.67
10/11/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 4055565* 1330219954\	\$114.22
10/11/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826481639* 1542174068\	\$115.12
10/11/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107108904* 1341858379\	\$242.46
10/11/2023 10/11/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8125444* 1330219954\	\$263.39 \$385.57
10/11/2023	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4554532* 1954298276\ HCCLAIMPMT HNB - ECHO TRN* 1* 1107108903* 1341858379\	\$363.37 \$1,766.24
10/11/2023	EFT Paymen OPTUM TRN* 1* 1689478* 1330219954\	\$2,928.87
10/11/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826481989* 1542174068\	\$3,555.31
10/11/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107108902* 1341858379\	\$10,977.46
10/11/2023	EFT Paymen OPTUM TRN* 1* 6747802* 1330219954\	\$36,093.25
10/12/2023	HCCLAİMPMT HEALTH NET COMMU TRN* 1* 0826482267* 1542174068\	\$48.85
10/12/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 903000454292* 1954518790~	\$2,574.17
10/12/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 903000454293* 1954518790~	\$4,355.15
10/12/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107309478* 1341858379\	\$8,042.24
10/13/2023 10/13/2023	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4556131* 1954298276\ HCCLAIMPMT HNB - ECHO TRN* 1* 1107542241* 1341858379\	\$145.48 \$224.90
10/13/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107497794* 1341858379\	\$384.70
10/13/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8126218* 1330219954\	\$1,539.00
10/13/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107497796* 1341858379\	\$2,386.45
10/13/2023	EFT Paymen OPTUM TRN* 1* 6748159* 1330219954\	\$12,172.00
10/13/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107497795* 1341858379\	\$38,858.74
10/16/2023	MEDICAL IEHP MEDICAL TRN* 1* EFT-1915399* 1330704304\	\$160.80
10/16/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826489522* 1542174068\	\$305.79
10/16/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1424479* 1465596242\	\$2,816.18
10/16/2023 10/16/2023	HCCLAIMPMT AETNA AS01 TRN* 1* 823284000279478* 1066033492\	\$4,859.17
10/16/2023	HCCLAIMPMT CA DHCS MEDI-CAL TRN* 1* 050100205* 1680217053~ HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 932000631679* 1954518790~	\$4,912.11 \$7,756.35
10/16/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107901229* 1341858379\	\$10,972.37
10/16/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1424962* 1465596242\	\$20,877.11
10/16/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107901230* 1341858379\	\$38,788.65
10/17/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1108148762* 1341858379\	\$14.70
10/17/2023	HCCLAIMPMT BELLA VISTA MEDI TRN* 1* 1097350* 1954457453\	\$45.73
10/17/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1108148763* 1341858379\	\$206.51
10/17/2023	HCCLAIMPMT Health Net, LLC TRN* 1* 0809748654* 1954402957\	\$240.51
10/17/2023 10/17/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8126674* 1330219954\	\$374.95 \$1,046.93
10/17/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826490512* 1542174068\ EFT Paymen OPTUM TRN* 1* 6748404* 1330219954\	\$1,046.93
10/17/2023	HCCLAIMPMT ZP NETWORKME400 TRN* 1* 408244633* 1954472349\	\$102.11
10/18/2023	GEN-PYMT LA COUNTY NTE* 202310155888075 * A2400213672 * 504132	\$353.08
10/18/2023	HCCLAIMPMT CIGNA TRN* 1* 231013090037352* 1591031071\	\$1,019.61
10/18/2023	EFT Paymen HealthCare Partn TRN* 1* 222642955* 1330219954\	\$1,539.00
10/18/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8126784* 1330219954\	\$4,768.77
10/18/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1108372636* 1341858379\	\$17,499.85
10/18/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1425781* 1465596242\	\$23,061.13
10/18/2023	EFT Paymen OPTUM TRN* 1* 6748498* 1330219954\	\$24,964.93
10/19/2023 10/19/2023	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4559331* 1954298276\ HCCLAIMPMT HNB - ECHO TRN* 1* 1108447205* 1341858379\	\$3.45 \$784.08
10/19/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1108544393* 1341858379\	\$3,106.13
10/19/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1426122* 1465596242\	\$3,209.22
10/19/2023	HCCLAIMPMT CENTRAL HEALTH P TRN* 1* 26723575* 1912155938~	\$7,793.36
10/20/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 919000767854* 1954518790~	\$103.43
10/20/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 946000690511* 1954518790~	\$5,123.01
10/20/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1426527* 1465596242\	\$8,550.25
10/20/2023	EFT Paymen OPTUM TRN* 1* 6748818* 1330219954\	\$9,608.59
10/23/2023 10/23/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1109042414* 1341858379\ HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826501994* 1542174068\	\$603.06 \$1,600.00
10/23/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8127483* 1330219954\	\$1,600.00
10/23/2023	HCCLAIMPMT CA DHCS MEDI-CAL TRN* 1* 050105940* 1680217053~	\$8,323.01
10/23/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1109042415* 1341858379\	\$11,936.00
10/24/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1109258490* 1341858379\	\$58.60
10/24/2023	36 TREAS 310 MISC PAY 951816005360012	\$115.21

3660 Wilshire Blvd Ste PH-A BEVERLY COMMUNITY HOSPITAL Los Angeles, CA 90010 Customer Number: XXXXXXXX0595

Business Checking - Analysis-XXXXXXXXXX0595 (continued)

10/24/2023 HO 10/24/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 EF	CLAIMPMT HNB - ECHO TRN* 1* 1109258491* 1341858379\ CLAIMPMT ADVENTIST HEALTH TRN* 1* 2200962* 1952282647\ CLAIMPMT HNB - ECHO TRN* 1* 1109258492* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1109443127* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1109443127* 1341858379\ CLAIMPMT HEALTH NET COMMU TRN* 1* 0826504339* 1542174068\ CLAIMPMT LACAREHEALTHPLAN TRN* 1* 949001062511* 1954518790~ CLAIMPMT HNB - ECHO TRN* 1* 1109443128* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1428468* 1465596242\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\ T Paymen OPTUM TRN* 1* 6749104* 1330219954\	\$989.45 \$5,302.90 \$16,307.88 \$4,560.49 \$6,079.30 \$16,151.27 \$17,499.85 \$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/24/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT HNB - ECHO TRN* 1* 1109258492* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1109443127* 1341858379\ CLAIMPMT HAB - ECHO TRN* 1* 1109443127* 1341858379\ CLAIMPMT HEALTH NET COMMU TRN* 1* 0826504339* 1542174068\ CLAIMPMT LACAREHEALTHPLAN TRN* 1* 949001062511* 1954518790~ CLAIMPMT HNB - ECHO TRN* 1* 1109443128* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ CCAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$16,307.88 \$4,560.49 \$6,079.30 \$16,151.27 \$17,499.85 \$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT HNB - ECHO TRN* 1* 1109443127* 1341858379\ CCLAIMPMT HEALTH NET COMMU TRN* 1* 0826504339* 1542174068\ CCLAIMPMT LACAREHEALTHPLAN TRN* 1* 949001062511* 1954518790~ CCLAIMPMT HNB - ECHO TRN* 1* 1109443128* 1341858379\ CCLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CCLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CCLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1309640461* 1341858379\ CCLAIMPMT HNB - EC	\$4,560.49 \$6,079.30 \$16,151.27 \$17,499.85 \$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/26/2023 MI 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT HEALTH NET COMMU TRN* 1* 0826504339* 1542174068\ CCLAIMPMT LACAREHEALTHPLAN TRN* 1* 949001062511* 1954518790~ CCLAIMPMT HNB - ECHO TRN* 1* 1109443128* 1341858379\ CCLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CCLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ CCLAIMPMT BELLA VISTA MEDI TRN* 1* 10964017* 1954457453\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1428468* 1465596242\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1309640461* 1341858379\ CCLAIMPMT HNB -	\$6,079.30 \$16,151.27 \$17,499.85 \$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/25/2023 HO 10/25/2023 HO 10/25/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT LACAREHEALTHPLAN TRN* 1* 949001062511* 1954518790~ CLAIMPMT HNB - ECHO TRN* 1* 1109443128* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ Chargepoint Inc Payment from Chargepoint for: SEP23-FLEXBILL NA01675 CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1309640461* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1309640461* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1330219954\	\$16,151.27 \$17,499.85 \$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/25/2023 HO 10/25/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT HNB - ECHO TRN* 1* 1109443128* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ CCLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1428468* 1465596242\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ CCLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$17,499.85 \$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/25/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT AHP CA CLAIM TRN* 1* 1428180* 1465596242\ CLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ C Chargepoint Inc Payment from Chargepoint for: SEP23-FLEXBILL NA01675 CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$48,444.77 \$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/26/2023 HO 10/26/2023 MI 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT BELLA VISTA MEDI TRN* 1* 1098017* 1954457453\ Chargepoint Inc Payment from Chargepoint for: SEP23-FLEXBILL NA01675 CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$54.08 \$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/26/2023 MI 10/26/2023 HO 10/26/2023 HO 10/26/2023 HO 10/27/2023 EF 10/27/2023 HO	CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$987.78 \$1,666.17 \$2,144.32 \$10,456.70
10/26/2023 H0 10/26/2023 H0 10/26/2023 H0 10/27/2023 EF 10/27/2023 EF 10/27/2023 H0	CLAIMPMT HNB - ECHO TRN* 1* 1109640462* 1341858379\ CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$1,666.17 \$2,144.32 \$10,456.70
10/26/2023 HC 10/26/2023 HC 10/27/2023 EF 10/27/2023 EF 10/27/2023 HC	CLAIMPMT AHP CA CLAIM TRN* 1* 1428468* 1465596242\ CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$2,144.32 \$10,456.70
10/26/2023 HO 10/27/2023 EF 10/27/2023 EF 10/27/2023 HO	CLAIMPMT HNB - ECHO TRN* 1* 1109640461* 1341858379\ T Paymen OPTUM TRN* 1* 6749467* 1330219954\	\$10,456.70
10/27/2023 EF 10/27/2023 EF 10/27/2023 HC	T Paymen OPTUM TRN* 1* 6749467* 1330219954\	
10/27/2023 EF 10/27/2023 HC		\$202.51
10/27/2023 HC		\$2,420.00
	CLAIMPMT AHP CA CLAIM TRN* 1* 1428757* 1465596242\	\$12,702.25
10/27/2023 EF	T Paymen OPTUM TRN* 1* 1690625* 1330219954\	\$24,344.00
	CLAIMPMT AETNA AS01 TRN* 1* 882329701052940* 1066033492\	\$56.13
	CLAIMPMT AHP CA CLAIM TRN* 1* 1429695* 1465596242\	\$2,137.63
	T Paymen OPTUM CARE NETWO TRN* 1* 8128789* 1330219954\	\$2,615.10
	CLAIMPMT CA DHCS MEDI-CAL TRN* 1* 050111828* 1680217053~	\$1,509,315.00
	T Paymen OPTUM CARE NETWO TRN* 1* 8129215* 1330219954\	\$1,585.00
10/31/2023 HC	CLAİMPMT LACAREHEALTHPLAN TRN* 1* 906000969628* 1954518790~	\$7,450.58
Other Credits		
	scription	Amount
10/05/2023 66	3183 Internet Transfer from 550198764 on 10/05/23 AT 13:59 Funds Transfer via	\$850,615.61
	scription ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Amount \$1,102.43
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX8764	\$2,480,552.43
	JUSTMENT FOR CHECK#33143 MICRO LINE MISMATCH W/O 9/21/23	\$2,460,332.43
	TURNED ITEMS	\$2,446.56
	arge Back Item Check 154233	\$11,695.50
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$170.96
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$3,079.42
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$1,495.90
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$7,152.23
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$600.52
10/11/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$3,966.53
10/12/2023 TF	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX4870	\$114.53
	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$339.30
10/13/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$206.70
10/13/2023 TR 10/13/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$206.70 \$281.10
10/13/2023 TF 10/13/2023 TF 10/16/2023 TF	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXX0625	\$281.10 \$98.19 \$2,261.65
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX0617	\$281.10 \$98.19 \$2,261.65 \$193.95
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR 10/18/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92 \$158.05
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR 10/18/2023 TR 10/18/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92 \$158.05 \$7,219.66
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR 10/18/2023 TR 10/18/2023 TR 10/18/2023 TR 10/19/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92 \$158.05 \$7,219.66 \$114.53
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR 10/18/2023 TR 10/18/2023 TR 10/19/2023 TR 10/19/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92 \$158.05 \$7,219.66 \$114.53 \$1,037.91
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR 10/18/2023 TR 10/18/2023 TR 10/19/2023 TR 10/19/2023 TR 10/19/2023 TR 10/20/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92 \$158.05 \$7,219.66 \$114.53 \$1,037.91 \$1,149.91
10/13/2023 TR 10/13/2023 TR 10/16/2023 TR 10/16/2023 TR 10/17/2023 TR 10/17/2023 TR 10/18/2023 TR 10/18/2023 TR 10/19/2023 TR 10/19/2023 TR 10/19/2023 TR 10/20/2023 TR 10/20/2023 TR	ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0617 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0625 ANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$281.10 \$98.19 \$2,261.65 \$193.95 \$4,177.92 \$158.05 \$7,219.66 \$114.53 \$1,037.91

Business Checking - Analysis-XXXXXXXXXX0595 (continued)

Other Debi	its (continued)	
Date	Description	Amount
10/25/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$661.60
10/25/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXX0625	\$800.00
10/25/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0455	\$4,292.18
10/26/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXX0625	\$14.20
10/26/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXX0617	\$110.68
10/30/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXX0625	\$552.83
10/31/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$3 457 42

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$498,897.57	10/12/2023	\$2,508,568.00	10/23/2023	\$2,777,108.43
10/03/2023	\$904,266.39	10/13/2023	\$2,563,791.47	10/24/2023	\$2,796,590.09
10/04/2023	\$1,330,863.01	10/16/2023	\$2,652,880.16	10/25/2023	\$2,883,571.99
10/05/2023	\$2,261,052.87	10/17/2023	\$2,652,007.13	10/26/2023	\$2,898,756.16
10/06/2023	\$2,365,158.71	10/18/2023	\$2,717,937.90	10/27/2023	\$2,938,424.92
10/10/2023	\$2,441,970.58	10/19/2023	\$2,731,681.70	10/30/2023	\$4,451,995.95
10/11/2023	\$2,494,001.42	10/20/2023	\$2,753,917.07	10/31/2023	\$4,457,574.11

Customer Number: XXXXXXXXX0617

BEVERLY COMMUNITY HOSPITAL

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts						
	Branch Name	Headquarters				
	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010				
Q	Call Center (9AM-6PM, M-F)	(855) 773-8778				
	Online Banking	www.Hanmi.com				
	Mobile Banking	Hanmi Mobile Banking App				

Summary of Accounts		
Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0617	\$0.00

Business Checking - Analysis-XXXXXXXXX0617

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$0.00
	8 Credit(s) This Period	\$3,066.46
	11 Debit(s) This Period	\$3,066.46
10/31/2023	Ending Balance	\$0.00

Other Credits

Date	Description	Amount
10/06/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$170.96
10/10/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,495.90
10/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0595	\$281.10
10/16/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$98.19
10/17/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0595	\$193.95
10/24/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$54.08
10/25/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXX0595	\$661.60
10/26/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$110.68

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
11357	10/13/2023	\$93.70	11364	10/10/2023	\$1,495.90	11368	10/17/2023	\$193.95
11359*	10/13/2023	\$93.70	11365	10/26/2023	\$110.68	11370*	10/24/2023	\$54.08
11361*	10/06/2023	\$170.96	11366	10/16/2023	\$1.20	11371	10/25/2023	\$661.60
11363*	10/13/2023	\$93.70	11367	10/16/2023	\$96.99			

^{*} Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/06/2023	\$0.00	10/16/2023	\$0.00	10/25/2023	\$0.00
10/10/2023	\$0.00	10/17/2023	\$0.00	10/26/2023	\$0.00
10/13/2023	\$0.00	10/24/2023	\$0.00		



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BEVERLY COMMUNITY HOSPITAL

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION			
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION			
						ENTER BALANCE STATEMENT			
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT			
						SUBTOTAL			
Total Checks	Outstanding					SUBTRACT TOTAL CHECKS OUTSTANDING			
Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting checkbown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Constitution of the part of t				harge -Deduct es? ractions?		BALANCE			

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

Tell us your name and account number.

- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL

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Customer Number: XXXXXXXX0625

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts								
<u> </u>	Branch Name	Headquarters						
\bowtie	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010						
Q	Call Center (9AM-6PM, M-F)	(855) 773-8778						
	Online Banking	www.Hanmi.com						
	Mobile Banking	Hanmi Mobile Banking App						

Summary of Accounts		
Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0625	\$0.00

Business Checking - Analysis-XXXXXXXX0625

Account Summary

 Date
 Description
 Amount

 09/30/2023
 Beginning Balance
 \$0.00

 18 Credit(s) This Period
 \$33,622.08

 68 Debit(s) This Period
 \$33,622.08

 10/31/2023
 Ending Balance
 \$0.00

Other Credits

Date	Description	Amount
10/02/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$1,102.43
10/05/2023	656284 Internet Transfer from 550198764 on 10/05/23 AT 12:44 Funds Transfer via	\$2,529.23
10/06/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX595	\$3,079.42
10/10/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX595	\$7,152.23
10/11/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$600.52
10/12/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$339.30
10/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$206.70
10/16/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$2,261.65
10/17/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$4,177.92
10/18/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$158.05
10/19/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$1,037.91
10/20/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,149.91
10/23/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,764.06
10/24/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0595	\$3,238.30
10/25/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$800.00
10/26/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX595	\$14.20
10/30/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXX595	\$552.83
10/31/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,457.42

Other Debits

Date	Description	Amount
10/03/2023	NSF RETURNED CHARGE	\$50,00



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BEVERLY COMMUNITY HOSPITAL

CHECKS OUTSTANDING					CHECKBOOK RECONCILIATION				
Date or #	Amount	Date or #	Amount	Date or#	Amount	- CHECKBOOK RECONCILIATION			
						ENTER BALANCE STATEMENT			
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT			
						SUBTOTAL SUBTOTAL			
	SUBTRACT								
						TOTAL CHECKS OUTSTANDING			
Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you Accounted for bank charges? Verified debit card purchases? Verified ATM withdrawals and fees? BALANCE Computed deposit amount on statement to your checkbook?									

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

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Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to:

Tell us your name and account number.

- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
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We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

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DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL Customer Number: XXXXXXXX0625

Business Checking - Analysis-XXXXXXXXX0625 (continued)

Checks Clea	ared							
Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
15501	10/10/2023	\$777.00	15564	10/10/2023	\$1,042.02	15587	10/19/2023	\$253.00
15526*	10/10/2023	\$170.19	15565	10/10/2023	\$767.00	15588	10/20/2023	\$115.50
15527	10/16/2023	\$214.03	15566	10/11/2023	\$290.06	15591*	10/23/2023	\$110.03
15535*	10/18/2023	\$158.05	15567	10/11/2023	\$155.23	15592	10/20/2023	\$1,034.41
15541*	10/02/2023	\$66.00	15568	10/11/2023	\$155.23	15593	10/23/2023	\$248.28
15542	10/02/2023	\$726.00	15569	10/10/2023	\$4.80	15594	10/23/2023	\$160.31
15543	10/05/2023	\$1,363.50	15570	10/10/2023	\$134.17	15595	10/23/2023	\$149.85
15544	10/02/2023	\$165.04	15571	10/10/2023	\$503.00	15596	10/23/2023	\$1,042.02
15548*	10/06/2023	\$3,079.42	15572	10/12/2023	\$2.40	15597	10/24/2023	\$3,238.30
15549	10/02/2023	\$1.20	15573	10/16/2023	\$15.42	15598	10/23/2023	\$1.20
15550	10/02/2023	\$54.17	15574	10/12/2023	\$336.90	15599	10/23/2023	\$38.58
15551	10/05/2023	\$135.47	15575	10/16/2023	\$230.00	15600	10/25/2023	\$800.00
15552	10/05/2023	\$135.47	15576	10/13/2023	\$206.70	15602*	10/30/2023	\$230.00
15554*	10/04/2023	\$249.38	15577	10/16/2023	\$146.85	15603	10/30/2023	\$234.37
15555	10/02/2023	\$90.02	15578	10/16/2023	\$750.00	15604	10/26/2023	\$1.20
15556	10/05/2023	\$221.62	15579	10/17/2023	\$3,079.42	15605	10/26/2023	\$13.00
15557	10/23/2023	\$13.79	15580	10/16/2023	\$14.35	15606	10/31/2023	\$247.83
15558	10/04/2023	\$6.00	15581	10/17/2023	\$1,098.50	15607	10/31/2023	\$3,079.42
15559	10/04/2023	\$139.19	15582	10/31/2023	\$90.00	15608	10/30/2023	\$3.60
15560	10/05/2023	\$172.50	15583	10/16/2023	\$132.00	15609	10/30/2023	\$84.86
15561	10/05/2023	\$56.10	15584	10/16/2023	\$759.00	15611*	10/31/2023	\$40.17
15562	10/10/2023	\$515.75	15585	10/19/2023	\$4.80			
15563	10/10/2023	\$3,238.30	15586	10/19/2023	\$780.11			

^{*} Indicates skipped check number

Los Angeles, CA 90010

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$0.00	10/12/2023	\$0.00	10/23/2023	\$0.00
10/03/2023	-\$50.00	10/13/2023	\$0.00	10/24/2023	\$0.00
10/04/2023	-\$444.57	10/16/2023	\$0.00	10/25/2023	\$0.00
10/05/2023	\$0.00	10/17/2023	\$0.00	10/26/2023	\$0.00
10/06/2023	\$0.00	10/18/2023	\$0.00	10/30/2023	\$0.00
10/10/2023	\$0.00	10/19/2023	\$0.00	10/31/2023	\$0.00
10/11/2023	\$0.00	10/20/2023	\$0.00		

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$50.00	\$50.00

Case 2:23-bk-12359-SK

BEVERLY COMMUNITY HOSPITAL

Desc

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RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308 BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXX0633

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Managing Your Accounts

Branch Name Headquarters

3660 Wilshire Blvd., Ste

Mailing Address PH-A

Los Angeles, CA 90010

Call Center

(9AM-6PM, M-F) (855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

ing Hanmi Mobile Banking App

Summary of Accounts

Account TypeAccount NumberEnding BalanceBusiness Checking - AnalysisXXXXXXXXX0633\$0.00

Business Checking - Analysis-XXXXXXXX0633

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$0.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
10/31/2023	Ending Balance	\$0.00



Statement Ending 10/31/2023

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Desc

BEVERLY COMMUNITY HOSPITAL

	CHECKS OUTSTANDING				CHECKBOOK RECONCILIATION		LION	
Date or #	Amount	Date or #	Amount	Date or#	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT SUBTOTAL		
					SUBTRACT TOTAL CHECKS OUTSTANDING			
Total Checks								
shown in yo Interest -ADE If your chec • Accounted • Computed o	should agree wi ur checkbook bu) Overdraft -: kbook and stater for bank charges? cancelled checks to IM withdrawals ar	nt included on to Deduct Automore ment do not ball to check stubs?	his statement as atic Payment -De ance, have you Verified d Verified a	s follows: duct Service Cl lebit card purchas dditions and subt	narge -Deduct		BALANCE	

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

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DPS-100 / DPS-101 Rev. 03/2018 ACCOUNT: XXXXXXXXXXXX0676 11/10/2023

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK MMKT FUNDED DEPRECIATION ACCT 309 W BEVERLY BLVD

<c> 30 0 MONTEBELLO CA 90640 * * * FINAL STATEMENT * * *

SPECIALTY LENDING DEPARTMENT TELEPHONE: 949-857-8222 2010 MAIN ST STE 590

Business Money Market ACCOUNT XXXXXXXXXXX0676 ______

LAST STATEMENT 10/31/23 250,151.82 CREDITS .00
1 DEBITS 250,151.82
THIS STATEMENT 11/10/23 .00 TOTAL DAYS IN STATEMENT PERIOD 11/01/23 THROUGH 11/10/23: 10

- - - - - - - - OTHER DEBITS - - - - - - -DESCRIPTION DATE AMOUNT 442914 Internet Transfer to 550198764 on 11/08/23 AT 9:52 11/08 250,151.82 DESCRIPTION Kathy Lam Request

THE DISCLOSURE PERIOD FOR THIS ACCOUNT IS 11/01/23 THRU 11/08/23.

INTEREST PAID 2023: 4,557.13

IRVINE, CA 92614

- - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

*******	* * * * * * *	* * * * * * * * * * * * * * * *	* * * *		* * *
*		TOTAL FOR	- 1	TOTAL	*
*		THIS PERIOD	-	YEAR TO DATE	*
*					*
* TOTAL OVERDRAFT FEES:	1	\$.00	- 1	\$.00	*
*					*
* TOTAL RETURNED ITEM FEES:	1	\$.00	-	\$.00	*
* * * * * * * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * * * * * * * * * *	* * * * *		* * *

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

Business	Money	Market	ACCOUNT	xxxxxxx	XXX0676		
		DAILY	BALANCE				==
DATEBALANCE	DATI	g	BALA	ANCE	DATE	BALANCE	
11/08 .00							

ACCOUNT: XXXXXXXXXXXX0676 10/31/2023

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK MMKT FUNDED DEPRECIATION ACCT 309 W BEVERLY BLVD MONTEBELLO CA 90640

30 0 0

SPECIALTY LENDING DEPARTMENT TELEPHONE: 949-857-8222 2010 MAIN ST STE 590 IRVINE, CA 92614 Business Money Market ACCOUNT XXXXXXXXXXXX0676 250,020.30 LAST STATEMENT 09/29/23 250,020.30 MINIMUM BALANCE 1 CREDITS DEBITS AVG AVAILABLE BALANCE 250,020.30 131.52 AVERAGE BALANCE 250,020.30 .00 THIS STATEMENT 10/31/23 250,151.82 TOTAL DAYS IN STATEMENT PERIOD 09/30/23 THROUGH 10/31/23: 32 ----- OTHER CREDITS ------AMOUNT DATE DESCRIPTION INTEREST 10/31 131.52 -----INTEREST-------AVERAGE LEDGER BALANCE: 250,020.30 INTEREST EARNED: INTEREST PAID THIS PERIOD: 131.52 DAYS IN PERIOD:09/30/23-10/31/23: 32 INTEREST PAID 2023: 4,557.13 ANNUAL PERCENTAGE YIELD EARNED: .60% - - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -TOTAL FOR TOTAL | TOTAL FOR | TOTAL *
| THIS PERIOD | YEAR TO DATE * \$.00 | * TOTAL OVERDRAFT FEES: *-----* | \$.00 | \$.00 * * TOTAL RETURNED ITEM FEES:

* * * CONTINUED * * *

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

Business	Money Market ACCOUNT XXXXXXXX	XXX0676
	DAILY BALANCE	
DATEBALANCE	DATEBALANCE	DATEBALANCE
10/31 250,151.82		

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK GENERAL RESERVE ACCOUNT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

BEVERLY COMMUNITY HOSPITAL

Page 1 of 2

Customer Number: XXXXXXXX0684

Managing Your Accounts

Branch Name

Headquarters

3660 Wilshire Blvd., Ste PH-A

Mailing Address

Los Angeles, CA 90010

Call Center

(9AM-6PM, M-F)

(855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary	of A	Accounts	
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Account Type Ending Balance Account Number Business Checking - Analysis XXXXXXXXX0684 \$0.00

Business Checking - Analysis-XXXXXXXXX0684

Account Summary

······· ,	
Description	Amount
Beginning Balance	\$0.00
0 Credit(s) This Period	\$0.00
0 Debit(s) This Period	\$0.00
Ending Balance	\$0.00
	Description Beginning Balance 0 Credit(s) This Period 0 Debit(s) This Period



BEVERLY COMMUNITY HOSPITAL

CHECKS OUTSTANDING					CHECKBOOK RECONCILIATION		FION	
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
				ļ				
						ADD RECENT DEPOSITS NOT CREDITED ON THIS		
						STATEMENT		
						SUBTOTAL		
						SUBTRACT		
Total Checks Outstanding TOTAL CHE			TOTAL CHECKS OUTSTANDING	TOTAL CHECKS OUTSTANDING				
BALANCE	should agree wi	th your checkb	ook balance aft	er deducting ch	arges and addin	g credits not		
shown in yo	ur checkbook bu	it included on t	his statement as	s follows:		90		
Interest -ADD	Overdraft -	Deduct Automa	atic Payment -De	duct Service C	harge -Deduct			
If your checkbook and statement do not balance, have you								
Accounted f	• Accounted for bank charges? • Verified debit card purchases?						BALANCE	
Computed cancelled checks to check stubs? Verified additions and subtractions?								
 Verified AT 	• Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							

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DPS-100 / DPS-101 Rev. 03/2018

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK AHC HEALTH NET CAPITATION ACCT 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

BEVERLY COMMUNITY HOSPITAL Customer Number: XXXXXXXX0692 Page 1 of 2

Managing Your Accounts

Branch Name Headquarters

3660 Wilshire Blvd., Ste

Mailing Address PH-A

Los Angeles, CA 90010

Call Center

(9AM-6PM, M-F)

(855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account Type Ending Balance Account Number Business Checking - Analysis XXXXXXXX0692 \$91,925.41

Business Checking - Analysis-XXXXXXXXX0692

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$91,925.41
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
10/31/2023	Ending Balance	\$91,925.41



BEVERLY COMMUNITY HOSPITAL

Desc

CHECKS OUTSTANDING					CHECKBOOK RECONCILIATION			
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						-SUBTOTAL		
SUBTRACT								
Total Checks Outstanding				TOTAL CHECKS OUTSTANDING				
shown in yo Interest -ADE If your check • Accounted: • Computed of	should agree wit ur checkbook bu Overdraft -l kbook and stater for bank charges? cancelled checks to TM withdrawals an	nt included on to Deduct Automent do not bale to check stubs?	his statement as atic Payment -Dec ance, have you Verified d Verified a	s follows: duct Service Cl ebit card purchas dditions and subt	harge -Deduct	BALANCE		

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DPS-100 / DPS-101 Rev. 03/2018

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

BEVERLY COMMUNITY HOSPITAL

Page 1 of 2

Customer Number: XXXXXXXX0706

Managing Your Accounts

Branch Name

Headquarters

3660 Wilshire Blvd., Ste PH-A

Mailing Address

Los Angeles, CA 90010

Call Center (9AM-6PM, M-F)

(855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account Type Ending Balance Account Number Business Checking - Analysis XXXXXXXXX0706 \$0.00

Business Checking - Analysis-XXXXXXXXX0706

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$0.00
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
10/31/2023	Ending Balance	\$0.00



Page 2 of 2

BEVERLY COMMUNITY HOSPITAL

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION		
Date or #	Amount	Date or#	Amount	Date or #	Amount	СПЕСКВОО	K RECONCILIA.	HON
						ENTER		
						BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED	ONTHIS	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
						SUBTUTAL		
						SUBTRACT		
Total Checks Outstanding					TOTAL CHECKS OUTSTANDING			
BALANCE	should agree wi	th your checkb	ook balance afte	er deducting ch	arges and adding	credits not		
shown in yo	ur checkbook bu	it included on t	his statement as	follows:				
Interest -ADD	Overdraft -	Deduct Autom	atic Payment -Dec	duct Service Cl	harge -Deduct			
If your check	kbook and stater	nent do not bal	lance, have you					
 Accounted to 	for bank charges?			ebit card purchas			BALANCE	
· Computed of	ancelled checks to	check stubs?	 Verified a 	dditions and subt	ractions?			
 Verified AT 	M withdrawals ar	id fees?	 Computed 	l deposit amount	on statement to you	ır checkbook?		

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DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL

Page 1 of 4

Customer Number: XXXXXXXX1486

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts						
	Branch Name	Headquarters				
\bowtie	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010				
Q	Call Center (9AM-6PM, M-F)	(855) 773-8778				
	Online Banking	www.Hanmi.com				
	Mobile Banking	Hanmi Mobile Banking App				

Summary of Accounts		
Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX1486	\$279,483.44

Business Checking - Analysis-XXXXXXXX1486

Account Summary

 Date
 Description
 Amount

 09/30/2023
 Beginning Balance
 \$267,253.48

 2 Credit(s) This Period
 \$12,994.88

 3 Debit(s) This Period
 \$764.92

 10/31/2023
 Ending Balance
 \$279,483.44

Electronic Credits

	0.00.00	
Date	Description	Amount
10/18/2023	MOLINA HEALTHCAR MOLINAACH 01228694	\$6,221.88
10/20/2023	MOLINA HEALTHCAR MOLINAACH 01228762	\$6,773.00

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
368	10/25/2023	\$519.09	369	10/17/2023	\$97.52	370	10/12/2023	\$148.31
* Indicates sk	ipped check nu	mber						

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/12/2023	\$267,105.17	10/18/2023	\$273,229.53	10/25/2023	\$279,483.44
10/17/2023	\$267,007.65	10/20/2023	\$280,002.53		



BEVERLY COMMUNITY HOSPITAL

Desc

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION		
Date or #	Amount	Date or#	Amount	Date or#	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
						SUBTRACT		
Total Checks Outstanding					TOTAL CHECKS OUTSTANDING			
shown in yo Interest -ADI If your chec • Accounted • Computed	ur checkbook bu	at included on to Deduct Automent do not ball to check stubs?	his statement as atic Payment -Dec lance, have you Verified d Verified a	s follows: duct Service C ebit card purchas dditions and subt	ses?	BALANCE		

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DPS-100 / DPS-101 Rev. 03/2018 Case 2:23-bk-12359-SK

BEVERLY COMMUNITY HOSPITAL

Page 4 of 4

Desc

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RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308 BEVERLY COMMUNITY HOSPITAL

Page 1 of 4

Customer Number: XXXXXXXX4870

Managing Your Accounts

III Branch Name Headquarters

3660 Wilshire Blvd., Ste

Mailing Address PH-A

Los Angeles, CA 90010

Call Center (9AM-6PM, M-F)

M-6PM M-F) (855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account TypeAccount NumberEnding BalanceBusiness Checking - AnalysisXXXXXXXX4870\$0.00

Business Checking - Analysis-XXXXXXXXX4870

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$0.00
	2 Credit(s) This Period	\$229.06
	2 Debit(s) This Period	\$229.06
10/31/2023	Ending Balance	\$0.00

Other Credits

Date	Description	Amount
10/12/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXX595	\$114.53
10/19/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0595	\$114.53

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount
422	10/12/2023	\$114.53	424*	10/19/2023	\$114.53

^{*} Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount
10/12/2023	\$0.00	10/19/2023	\$0.00



BEVERLY COMMUNITY HOSPITAL

Statement Ending 10/31/2023

Page 2 of 4

Desc

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION		
Date or #	Amount	Date or #	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT SUBTOTAL		
						SUBTRACT TOTAL CHECKS OUTSTANDING		
Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting char								
shown in yo Interest -ADE If your check • Accounted to • Computed of	ur checkbook bu	nt included on to Deduct Automore ment do not ball to check stubs?	his statement a atic Payment -De ance, have you • Verified a • Verified a	s follows: duct Service Cl	narge -Deduct es? ractions?		BALANCE	

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INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

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DPS-100 / DPS-101 Rev. 03/2018 Case 2:23-bk-12359-SK

BEVERLY COMMUNITY HOSPITAL

Desc Page 4 of 4

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RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

BEVERLY COMMUNITY HOSPITAL Customer Number: XXXXXXXX5079 Page 1 of 2

Managing Your Accounts

Branch Name

Headquarters

Mailing Address

3660 Wilshire Blvd., Ste PH-A

Los Angeles, CA 90010

Call Center (9AM-6PM, M-F)

(855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account Type Ending Balance Account Number Business Checking - Analysis XXXXXXXX5079 \$0.00

Business Checking - Analysis-XXXXXXXX5079

Account Summary

Date Description **Amount**

09/30/2023 **Beginning Balance** \$599,228.10 0 Credit(s) This Period

\$0.00 1 Debit(s) This Period \$599,228.10

Ending Balance \$0.00

Other Debits

10/31/2023

Description **Amount** Date

118984 Internet Transfer to 500615095 on 10/02/23 AT 8:53 September Health Net C \$599,228.10

Daily Balances

Date Amount 10/02/2023 \$0.00



Desc

BEVERLY COMMUNITY HOSPITAL

		CHECKS C	DUTSTANDI	CHECKBOOK RECONCILIATION				
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOO	K KECONCILIA	HON
						ADD RECENT DEPOSITS NOT CREDITED STATEMENT	ON THIS	
						-SUBTOTAL		
SUBTRACT Total Checks Outstanding TOTAL CHECKS OUTSTANDING								
shown in yo Interest -ADE If your chec • Accounted: • Computed of	should agree wi ur checkbook bu Overdraft -i gbook and stater for bank charges? ancelled checks to M withdrawals ar	at included on to Deduct Automoment do not ball to check stubs?	his statement as atic Payment -Dec ance, have you Verified d Verified a	g credits not ur checkbook?	BALANCE			

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

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Tell us your name and account number.

- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

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DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL

Page 1 of 22

Customer Number: XXXXXXXX5095

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Mai	naging You	r Accounts
	Branch Name	Headquarters
\bowtie	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010
Q	Call Center (9AM-6PM, M-F)	(855) 773-8778
	Online Banking	www.Hanmi.com
	Mobile Banking	Hanmi Mobile Banking App

Summary of Accounts		
Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX5095	\$1,975,209.94

Business Checking - Analysis-XXXXXXXX5095

Account Summary

 Date
 Description
 Amount

 09/30/2023
 Beginning Balance
 \$1,592,585.27

 2 Credit(s) This Period
 \$599,353.40

 104 Debit(s) This Period
 \$216,728.73

Ending Balance \$1,975,209.94

Deposits

10/31/2023

 Date
 Description
 Amount

 10/12/2023
 REMOTE DEPOSIT
 \$125.30

Other Credits

 Date
 Description

 10/02/2023
 118984 Internet Transfer from 500615079 on 10/02/23 AT 8:53 September Health Net
 \$599,228.10

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
898	10/31/2023	\$97.58	18193	10/02/2023	\$79.44	18209*	10/11/2023	\$97.20
8297*	10/31/2023	\$99.20	18194	10/02/2023	\$24,324.34	18210	10/12/2023	\$161.29
18163*	10/03/2023	\$141.79	18195	10/04/2023	\$126.78	18211	10/11/2023	\$63.64
18178*	10/10/2023	\$11,984.56	18196	10/04/2023	\$88.45	18212	10/11/2023	\$49.60
18181*	10/13/2023	\$4,530.00	18197	10/02/2023	\$3,025.31	18213	10/10/2023	\$745.34
18183*	10/05/2023	\$166.07	18198	10/03/2023	\$1,360.73	18214	10/10/2023	\$822.83
18184	10/03/2023	\$405.06	18199	10/02/2023	\$685.34	18215	10/11/2023	\$299.73
18185	10/02/2023	\$42.91	18200	10/02/2023	\$360.80	18216	10/11/2023	\$478.97
18186	10/03/2023	\$149.17	18201	10/04/2023	\$12,945.07	18217	10/11/2023	\$388.27
18187	10/04/2023	\$341.59	18202	10/10/2023	\$1,324.57	18218	10/10/2023	\$560.31
18188	10/03/2023	\$98.38	18203	10/03/2023	\$83.48	18219	10/10/2023	\$740.21
18189	10/04/2023	\$1,081.50	18204	10/02/2023	\$1,383.03	18220	10/13/2023	\$280.44
18190	10/02/2023	\$360.91	18205	10/03/2023	\$49.60	18221	10/10/2023	\$58.60
18191	10/05/2023	\$6,000.00	18206	10/03/2023	\$351.18	18222	10/10/2023	\$155.57
18192	10/03/2023	\$193.20	18207	10/17/2023	\$225.61	18223	10/10/2023	\$2,159.88



Desc

Statement Ending 10/31/2023 BEVERLY COMMUNITY HOSPITAL XXXXXXXX5095

Date or # Amount Date or # Amount Date or # Amount ENTER BALANCE STATEMENT ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT SUBTOTAL SUBTOTAL SUBTRACT Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you	CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION			
BALANCE STATEMENT ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT SUBTOTAL SUBTOTAL Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you	Date or #	Amount	Date or #	Amount	Date or #	Amount	amount CHECKBOOK RECONCILIATI			
RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT SUBTOTAL SUBTOTAL SUBTRACT Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you							100000000000000000000000000000000000000			
SUBTRACT Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you	RECENT DEPOSITS NOT CREDITED									
Total Checks Outstanding BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you	SUBTOTAL									
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you	Natural Control Company of the Control Control Company of the Control Co									
shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you		1995								
 Accounted for bank charges? Computed cancelled checks to check stubs? Verified ATM withdrawals and fees? Verified debit card purchases? Verified additions and subtractions? Computed deposit amount on statement to your checkbook? 	shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you • Accounted for bank charges? • Verified debit card purchases? • Verified additions and subtractions?							ANCE		

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DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXX5095

Page 3 of 22

Business Checking - Analysis-XXXXXXXXX5095 (continued)

Checks Cleared (continued)

Los Angeles, CA 90010

The transfer of the	a. oa (oo							
Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount
18224	10/10/2023	\$172.93	18246	10/23/2023	\$4,343.35	18266	10/24/2023	\$11,445.68
18225	10/11/2023	\$427.06	18247	10/23/2023	\$304.19	18267	10/23/2023	\$9,458.84
18226	10/10/2023	\$127.58	18248	10/19/2023	\$114.99	18268	10/23/2023	\$49.60
18227	10/10/2023	\$108.26	18249	10/16/2023	\$446.55	18270*	10/30/2023	\$5,556.49
18228	10/12/2023	\$90.85	18250	10/17/2023	\$7,920.67	18273*	10/31/2023	\$234.96
18229	10/12/2023	\$3,500.84	18251	10/24/2023	\$89.16	18274	10/31/2023	\$178.68
18230	10/10/2023	\$171.67	18252	10/16/2023	\$254.57	18275	10/31/2023	\$271.20
18231	10/10/2023	\$265.21	18253	10/16/2023	\$55.56	18276	10/30/2023	\$399.01
18232	10/20/2023	\$3,270.14	18254	10/18/2023	\$142.16	18278*	10/30/2023	\$476.78
18233	10/26/2023	\$1,510.00	18255	10/17/2023	\$98.53	18280*	10/30/2023	\$48.45
18234	10/18/2023	\$58.70	18256	10/16/2023	\$5,866.96	18281	10/30/2023	\$8,986.88
18236*	10/17/2023	\$560.54	18257	10/23/2023	\$304.85	18282	10/30/2023	\$142.84
18237	10/17/2023	\$98.14	18258	10/23/2023	\$23.04	18284*	10/30/2023	\$49.60
18238	10/19/2023	\$308.66	18259	10/24/2023	\$77.03	18285	10/30/2023	\$136.77
18239	10/23/2023	\$5,083.03	18260	10/23/2023	\$6,398.43	18286	10/31/2023	\$822.35
18240	10/23/2023	\$6,107.85	18261	10/23/2023	\$14,078.04	18291*	10/27/2023	\$102.45
18241	10/20/2023	\$411.27	18262	10/23/2023	\$208.02	18292	10/30/2023	\$128.85
18242	10/18/2023	\$46.04	18263	10/31/2023	\$267.41	18294*	10/30/2023	\$135.18
18243	10/23/2023	\$10,386.83	18264	10/24/2023	\$78.10	18296*	10/31/2023	\$8,198.93
18245*	10/23/2023	\$313.01	18265	10/25/2023	\$16,647.44			

^{*} Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$2,161,551.29	10/13/2023	\$2,108,329.13	10/24/2023	\$2,019,700.99
10/03/2023	\$2,158,718.70	10/16/2023	\$2,101,705.49	10/25/2023	\$2,003,053.55
10/04/2023	\$2,144,135.31	10/17/2023	\$2,092,802.00	10/26/2023	\$2,001,543.55
10/05/2023	\$2,137,969.24	10/18/2023	\$2,092,555.10	10/27/2023	\$2,001,441.10
10/10/2023	\$2,118,571.72	10/19/2023	\$2,092,131.45	10/30/2023	\$1,985,380.25
10/11/2023	\$2,116,767.25	10/20/2023	\$2,088,450.04	10/31/2023	\$1,975,209.94
10/12/2023	\$2,113,139.57	10/23/2023	\$2,031,390.96		

Case 2:23-bk-12359-SK

Desc

BEVERLY COMMUNITY HOSPITAL

Page 22 of 22

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3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308 BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXX5767

Page 1 of 2

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Managing Your Accounts

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Branch Name

Headquarters

3660 Wilshire Blvd., Ste

Mailing Address PH-A

PH-A

Los Angeles, CA 90010

Call Center

(9AM-6PM, M-F)

(855) 773-8778

Online Banking

ng www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account TypeAccount NumberEnding BalanceBusiness Checking - AnalysisXXXXXXXX5767\$207,918.81

Business Checking - Analysis-XXXXXXXXX5767

Account Summary

 Date
 Description
 Amount

 09/30/2023
 Beginning Balance
 \$207,918.81

 0 Credit(s) This Period
 \$0.00

 0 Debit(s) This Period
 \$0.00

 10/31/2023
 Ending Balance
 \$207,918.81



Desc

BEVERLY COMMUNITY HOSPITAL

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION		LION
Date or #	Amount	Date or#	Amount	Date or #	Amount	CHECKBOOK RECONCIDIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
Total Checks Outstanding						SUBTRACT TOTAL CHECKS OUTSTANDING		
BALANCE should agree with your checkbook balance after deducting checkbown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service C If your checkbook and statement do not balance, have your Accounted for bank charges? Computed cancelled checks to check stubs? Verified ATM withdrawals and fees? Computed deposit amount					harge -Deduct		BALANCE	

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DPS-100 / DPS-101 Rev. 03/2018 3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXX8764

Page 1 of 8

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DEBTOR-IN-POSSESSION CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

Managing Your Accounts							
<u> </u>	Branch Name	Headquarters					
\bowtie	Mailing Address	3660 Wilshire Blvd., Ste PH-A Los Angeles, CA 90010					
Q	Call Center (9AM-6PM, M-F)	(855) 773-8778					
	Online Banking	www.Hanmi.com					
	Mobile Banking	Hanmi Mobile Banking App					

Summary of Accounts						
Account Type	Account Number	Ending Balance				
Business Checking - Analysis	XXXXXXXX8764	\$547,453.35				

Business Checking - Analysis-XXXXXXXXX8764

Account 50	ımmary	
Date	Description	Amount
09/30/2023	Beginning Balance	\$3,778,410.25
	41 Credit(s) This Period	\$4,557,088.96
	48 Debit(s) This Period	\$7,788,045.86
10/31/2023	Ending Balance	\$547,453.35

Deposits		
Date	Description	Amount
10/10/2023	REMOTE DEPOSIT	\$12,068.56
10/10/2023	REMOTE DEPOSIT	\$56,074.64
10/11/2023	REMOTE DEPOSIT	\$44,676.16
10/12/2023	REMOTE DEPOSIT	\$148.31
10/12/2023	REMOTE DEPOSIT	\$773.34
10/12/2023	REMOTE DEPOSIT	\$977.10
10/12/2023	REMOTE DEPOSIT	\$5,280.69
10/12/2023	REMOTE DEPOSIT	\$22,995.38
10/13/2023	REMOTE DEPOSIT	\$10,323.72
10/16/2023	REMOTE DEPOSIT	\$20,876.83
10/18/2023	REMOTE DEPOSIT	\$5,809.45
10/19/2023	REMOTE DEPOSIT	\$11,168.68
10/20/2023	REMOTE DEPOSIT	\$18,219.56
10/23/2023	REMOTE DEPOSIT	\$21,242.06
10/24/2023	REMOTE DEPOSIT	\$237.40
10/24/2023	REMOTE DEPOSIT	\$5,529.27
10/25/2023	REMOTE DEPOSIT	\$17,396.12
10/26/2023	REMOTE DEPOSIT	\$84.41
10/27/2023	REMOTE DEPOSIT	\$1,025.58
10/27/2023	REMOTE DEPOSIT	\$4,667.14
10/27/2023	REMOTE DEPOSIT	\$5,044.86
10/30/2023	REMOTE DEPOSIT	\$6,258.09
10/31/2023	REMOTE DEPOSIT	\$12.00
10/31/2023	REMOTE DEPOSIT	\$649.39



Deposits

BEVERLY COMMUNITY HOSPITAL

Statement Ending 10/31/2023

Page 2 of 8

Desc

CHECKS OUTSTANDING					CHECKBOOK RECONCILIATION			
Date or #	Amount	Date or #	Amount	Date or #	Amount	CHECKBOOK RECONCILIATION		
						ENTER BALANCE STATEMENT		
						ADD RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT SUBTOTAL		
		SUBTRACT TOTAL CHECKS OUTSTANDING						
Total Checks Outstanding								
BALANCE should agree with your checkbook balance after deducting charges and adding credits not shown in your checkbook but included on this statement as follows: Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct If your checkbook and statement do not balance, have you Accounted for bank charges? Verified debit card purchases? Verified additions and subtractions? Verified ATM withdrawals and fees? BALANCE BALANCE						BALANCE		

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- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- · Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 days (5 business days if involving a VISA transaction, 20 business days if involving a new account) after we hear from you and will correct any error promptly.

If we need more time, however, we may take up to 45 days (90 days involving a new account, point-of-sale, or foreign-initiated transaction) to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days (5 business days if involving a VISA transaction, 20 business days involving a new account) for the amount you think is in error, so that you will have the use of the money during the time that it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account was opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

DPS-100 / DPS-101 Rev. 03/2018

BEVERLY COMMUNITY HOSPITAL
Customer Number: XXXXXXXX8764

Page 3 of 8

Business Checking - Analysis-XXXXXXXXXXX8764 (continued)

Los Angeles, CA 90010

Electronic	Cradita	
Date	Description	Amount
10/06/2023	Adventist Health EDI PYMNTS 1853279	\$295,403.00
10/10/2023	Adventist Health EDI PYMNTS 1856120	\$1,477,780.00
10/25/2023	Adventist Health EDI PYMNTS 1870541	\$699.32
Other Cred		
Date	Description	Amount
10/02/2023	119251 Internet Transfer from 500290544 on 10/02/23 AT 8:55 Flex Monthly Fee	\$5,330.98
10/02/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$2,480,552.43
10/04/2023	DEBIT REVERSE FICTITIOUS CK#2230	\$1,984.50
10/04/2023	DEBIT REVERSE FICTITIOUS CK#2235	\$1,984.50
10/04/2023	DEBIT REVERSE FICTITIOUS CK#2174	\$2,490.50
10/05/2023	DEBIT REVERSE FICTITIOUS CK#2220 DEBIT REVERSE FICTITIOUS CK#2215	\$1,984.50
10/10/2023 10/10/2023	DEBIT REVERSE FICTITIOUS CK#2215 DEBIT REVERSE FICTITIOUS CK#2172	\$1,984.50 \$2,490.50
10/11/2023	DEBIT REVERSE FICTITIOUS CK#2192	\$2,490.50
10/12/2023	DEBIT REVERSE FICTITIOUS CK#2204	\$1,499.99
10/12/2023	DEBIT REVERSE FICTITIOUS CK#2185	\$2,490.50
10/13/2023	DEBIT REVERSE FICTITIOUS CK#2211	\$1,984.50
10/20/2023	ACH DEBIT RETURNED NOT AUTHORIZED SYDEO LLC	\$2,200.00
10/20/2023	ACH DEBIT RETURNED NOT AUTHORIZED SYDEO LLC	\$2,200.00
Electronic	Debits	
Date	Description	Amount
10/06/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 9/25/23	\$37,171.01
10/06/2023	ACH Paymen BEVERLY COMMUNIT Transamerica TT069231 00001 PPE 09 23 2023 PAY DATE	\$126,039.85
10/06/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 10/2/2023	\$175,241.08
10/13/2023	ADP PAYROLL FEES ADP FEES 926330811934	\$12,204.55
10/13/2023	ACH Paymen BEVERLY COMMUNIT Beverly Hospital Acct BE0001 Invoice 14402	\$67,590.00
10/13/2023	ACH Paymen BEVERLY COMMUNIT 47769001c & 29307041A, 47707921C & 29264391A, 478048	\$80,063.24
10/13/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 10/9/23	\$87,334.10
10/13/2023	ACH Paymen BEVERLY COMMUNIT Stop Loss September and October 2023	\$92,631.60
10/13/2023	ACH Paymen BEVERLY COMMUNIT Transamerica TT069231 PPE 10 07 2023	\$120,943.61
10/20/2023 10/30/2023	ACH Paymen BEVERLY COMMUNIT Week of 10/15/23 + Week of 9/11/23 QUARTERLY FEE PAYMENT 0000	\$102,455.64
10/30/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 10/23/2023	\$250,857.77 \$327,570.16
		Ψ321,310.10
Other Debi Date	ts Description	Amount
10/04/2023	Outgoing Wire 386781 Beverly Community Hospital Assoc.	\$2,214,114.24
10/05/2023	656284 Internet Transfer to 500290625 on 10/05/23 AT 12:44 Funds Transfer via On	\$2,529.23
10/05/2023	656468 Internet Transfer to 500290455 on 10/05/23 AT 12:45 Funds Transfer via On	\$13,494.67
10/05/2023	668183 Internet Transfer to 500290595 on 10/05/23 AT 13:59 Funds Transfer via On	\$850,615.61
10/06/2023	Outgoing Wire 387300 Pitney Bowes	\$1,000.00
10/11/2023	410677 Internet Transfer to 500290579 on 10/11/23 AT 10:27 PPE 10 07 2023	\$925,589.93
10/12/2023	Outgoing Wire 388629 ADP CLIENT TRUST 0700391193	\$1,732.90
10/12/2023	Outgoing Wire 388632 ADP CLIENT TRUST 2083844VV	\$398,346.85
10/13/2023	Outgoing Wire 388936 Beverly Community Hospital Assoc.	\$50,000.00
10/24/2023	320832 Internet Transfer to 500290579 on 10/24/23 AT 15:40 Payroll PPE 10 21 202	\$1,081,687.80
10/26/2023	Outgoing Wire 392061 ADP CLIENT TRUST 5700284184	\$1,829.65 \$476.271.01
10/26/2023 10/27/2023	Outgoing Wire 392060 ADP CLIENT TRUST 2263771VV Outgoing Wire 392447 ADP CLIENT TRUST 9000137367	\$476,271.91 \$1,452.56
10/27/2023	Outgoing Wire 392447 ADP CLIENT TROST 9000 137307 Outgoing Wire 392445 ADP CLIENT TRUST 2285072VV	\$1,432.30
10/21/2023	Outgoing Wire 393487 Adventist Health Systems/West	\$7,800.00
. 0/0 1/2020	2.55	Ψ1,000.00

Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06

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Statement Ending 10/31/2023

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BEVERLY COMMUNITY HOSPITAL

Business Checking - Analysis-XXXXXXXXXXX8764 (continued)

Checks Cle	Checks Cleared								
Check Nbr	Date	Amount	Check Nbr	Date	Amount	Check Nbr	Date	Amount	
1027	10/11/2023	\$270.00	1128*	10/11/2023	\$5,860.26	2204*	10/11/2023	\$1,499.99	
1046*	10/02/2023	\$1,000.00	1130*	10/17/2023	\$280.17	2211*	10/12/2023	\$1,984.50	
1067*	10/25/2023	\$45,000.00	1133*	10/20/2023	\$7,045.32	2215*	10/06/2023	\$1,984.50	
1068	10/25/2023	\$48,138.00	2172*	10/06/2023	\$2,490.50	2220*	10/04/2023	\$1,984.50	
1096*	10/25/2023	\$20,049.05	2174*	10/03/2023	\$2,490.50	2230*	10/03/2023	\$1,984.50	
1109*	10/03/2023	\$7,036.72	2185*	10/11/2023	\$2,490.50	2235*	10/03/2023	\$1,984.50	
1110	10/06/2023	\$9,007.77	2192*	10/10/2023	\$2,490.50	2510*	10/31/2023	\$4,325.98	

^{*} Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
10/02/2023	\$6,263,293.66	10/12/2023	\$3,409,436.22	10/23/2023	\$2,882,912.79
10/03/2023	\$6,249,797.44	10/13/2023	\$2,910,977.34	10/24/2023	\$1,806,991.66
10/04/2023	\$4,040,158.20	10/16/2023	\$2,931,854.17	10/25/2023	\$1,711,900.05
10/05/2023	\$3,175,503.19	10/17/2023	\$2,931,574.00	10/26/2023	\$1,233,882.90
10/06/2023	\$3,117,971.48	10/18/2023	\$2,937,383.45	10/27/2023	\$1,131,087.78
10/10/2023	\$4,665,879.18	10/19/2023	\$2,948,552.13	10/30/2023	\$558,917.94
10/11/2023	\$3,777,335.16	10/20/2023	\$2,861,670.73	10/31/2023	\$547,453.35

3660 Wilshire Blvd Ste PH-A Los Angeles, CA 90010

RETURN SERVICE REQUESTED

BEVERLY COMMUNITY HOSPITAL ASSOCIATION **DEBTOR-IN-POSSESSION** CASE # 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308

BEVERLY COMMUNITY HOSPITAL Customer Number: XXXXXXXX8953 Page 1 of 2

Managing Your Accounts

Branch Name

Headquarters

Mailing Address

3660 Wilshire Blvd., Ste PH-A

Los Angeles, CA 90010

Call Center (9AM-6PM, M-F)

(855) 773-8778

Online Banking

www.Hanmi.com

Mobile Banking

Hanmi Mobile Banking App

Summary of Accounts

Account Type Ending Balance Account Number Business Checking - Analysis XXXXXXXX8953 \$364.97

Business Checking - Analysis-XXXXXXXX8953

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$364.97
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
10/31/2023	Ending Balance	\$364.97



Desc

BEVERLY COMMUNITY HOSPITAL

CHECKS OUTSTANDING					CHECKBOOK RECONCILIATION			
Date or #	Amount	Date or#	Amount	Date or#	Amount	CHECKBOOK RECONCILIATION		
						ENTER		
						BALANCE STATEMENT		
						ADD	ONTRITIC	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT		
						SUBTOTAL		
						SUBTRACT		
Total Checks Outstanding					TOTAL CHECKS OUTSTANDING			
BALANCE	should agree wi	th your checkb	ook balance aft	er deducting ch	arges and adding	g credits not		
shown in yo	ur checkbook bu	it included on t	his statement as	s follows:				
Interest -ADD	Overdraft -	Deduct Autom	atic Payment -De	duct Service Cl	harge -Deduct			
If your check	kbook and stater	nent do not bal	lance, have you					
 Accounted for bank charges? Verified debit card purchases 								
 Computed cancelled checks to check stubs? Verified additions and subtractions 								
Verified ATM withdrawals and fees? Computed deposit amount on statement to your checkbook?								

Please report any errors or omissions within 30 days. Otherwise the statement will be considered correct and checks genuine. All deposits and credits are subject to final payment.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

Telephone or write us at the number or address shown on the front of this statement as soon as you can if you think your statement is wrong or if you need more information about a transfer listed on this statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. If you have a question concerning your statement, please be prepared to: Tell us your name and account number.

- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- · Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

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We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

A hold for uncollected funds may be placed on funds deposited by check or similar instruments. This could delay your ability to withdraw such funds. The delay, if any, would not exceed the period of time permitted by law. For a complete copy of our Funds Availability Policy, please contact your branch or write us at: Hanmi Bank, 3660 Wilshire Blvd., Penthouse Suite A, Los Angeles, CA 90010.

DPS-100 / DPS-101 Rev. 03/2018

Member FDIC

PO Box 26237 • Las Vegas, NV 89126-0237

Return Service Requested

BEVERLY COMMUNITY HOSPITAL ASSOCIATION CH. 11 DIP CASE 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308 Last statement: September 30, 2023 This statement: October 31, 2023 Total days in statement period: 31

Page 1 of 1 XXXXXX0265 (0)

Direct inquiries to: 877-476-2265

Western Alliance Bank 450 B Street Ste 150 San Diego CA 92101

THANK YOU FOR BANKING WITH US!

Analyzed Business Checking

Account number	XXXXXX0265	Beginning balance	\$6,262.02
Low balance	\$6,192.17	Total additions	.00
Average balance	\$6,225.97	Total subtractions	69.85
Avg collected balance	\$6,225	Ending balance	\$6,192.17

DEBITS

Date	Description	Subtractions
10-16	' POS Purchase	69.85

MERCHANT PURCHASE TERMINAL 469216 GRASSHOPPER COM LOGMEIN C MA XXXXXXXXXXXXXXX306 10-13-23

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
09-30	6,262.02	10-16	6,192,17		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

		O ACCOUN							Jaki
No.		\$							YOUR REGISTER ALL AUTOMATIC F YOUR STATEMENT.
					YOU SHOU IF ANY OC	JLD HAVE ADDE CURRED:	D		YOU SHOULD HAVE SUB- TRACTED IF ANY OCCURRED:
					1. Loan A	dvanoes		1.	Automatio loam payments.
]	2. Credit !	Memos		2	Automatio Savings transfers.
					8. Other A	Automatio Deposi	ts	3.	Service charges.
					4. Interest	Paid		4.	Debit memos.
								5.	Other automatic deductions and payments.
						BALANCE SE ON THIS STATE	Service Services	\$	
					ADD				
					0	EPOSITS NOT SE ON THIS STATE			
]			AMY)	\$	
]		1	TOTAL		
					SUBTRA	ACT			
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				H				•	
						BAL	ANCE	\$	
			<u> </u>						
				4	BALANCE	AGREE WITH YOU AFTER DEDUCT	NO SERV	CE CH	LARGE
	2120		-	1	(IF ANY) 8	HOWN ON THIS S	TATEMEN	Π.	
	TOTAL	\$		•					

Please examine immediately and report if incorrect. If no reply is received within 30 days the account will be considered correct.

The following notice regarding Electronic Transfers applies to Consumer Accounts only.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address located on the front of this statement as soon as you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

YOUR DEMAND DEPOSIT LOAN ACCOUNT SUMMARY OF RIGHTS IS OUTLINED BELOW

This is a summary of your rights: a full statement of your rights and our responsibilities under the Federal Fair Credit Billing Act will be sent to you both upon request and in response to a billing error notice.

Your Demand Deposit Loan Account is operated in conjunction with your Demand Deposit Account. Any charges for your checking account will be made to the Demand Deposit Account and they will be the same charges as are made for Demand Deposit Accounts not operated in conjunction with Demand Deposit Loan Accounts. The following information thus applies only to loans made to you under your Demand Deposit Account line of credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR DEMAND DEPOSIT LOAN

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address located on the front of this bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information describe the item you are unsure about.

You do not have to pay any money in question while we are investigating, but are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

We figure a portion of the FINANCE CHARGE on your Demand Deposit Loan Account by applying the daily periodic rate(s) to the "Daily Balance" of your account for the billing cycle. To get the "Daily Balance" we take the beginning balance of your account each day, add any new advances and subtract any payments or credits and unpaid FINANCE CHARGES. This

The minimum periodic payment required is shown on the front of this bill. You may pay off your Demand Deposit Loan Account loan balance at any time, or make voluntary additional payments. Payments shall be applied, first to any unpaid FINANCE CHARGES, and second the principal loan balance outstanding in your Demand Deposit Loan Account. Periodic statements may be sent to you at the end of each billing cycle showing your Demand Deposit Loan Account loan transactions.

Send payments and inquiries to the address shown on the front of this bill.

NOTE: Payments received after close of business shall be deemed received on the following business day for purposes of crediting your account.

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Direct inquiries to: 888 761-3967

(1)



9300 Flair Dr., 1St FL El Monte, CA. 91731 ACCOUNT STATEMENT

Page 1 of 3 STARTING DATE: October 01, 2023 ENDING DATE: October 31, 2023 Total days in statement period: 31 97-02000435

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC HOWARD EHRENBERG CH 11 TRUSTEE 200 CASE #23-12359 1875 CENTURY PARK E SUITE 1900 LOS ANGELES CA 90067 Our Online Banking & Mobile App are available at your convenience. You can perform many banking transactions from the comfort of your home without having to visit a branch. Visit digital.eastwestbank.com or call 833.468.8356 for details.

Trustee-Vendor Checking

Account number	0435	Beginning balance		\$0.00
Enclosures	1	Total additions	(3)	16,559,382.20
Low balance	\$0.00	Total subtractions	(3)	16,558,662.20
Average balance	\$620,321.82	Ending balance		\$720.00

CREDITS				
Number	Date	Transaction	Description	Additions
	10-04	Wire Trans-IN	BEVERLY COMMUNITY HOSPITAL ASSOCIAT	2,214,114.24
	10-10	Wire Trans-IN	BEVERLY COMMUNITY HOSPITAL ASSOCIAT	14,295,267.96
	10-13	Wire Trans-IN	BEVERLY COMMUNITY HOSPITAL ASSOCIAT	50.000.00

CHECKS Number 101	Date 10-23	Amount 49,280.00	Number	Date	Amount

Date	Transaction Descr	ription	Subtractions
10-06	Transfer Debit	TFR INTOXXX0449	2,214,114.24
10-11	Transfer Debit	TR TO XXX00442	14,295,267.96

DAILY BA	LANCES				
Date	Amount	Date	Amount	Date	Amount
09-30	0.00	10-10	14,295,267.96	10-23	720.00
10-04	2,214,114.24	10-11	0.00		
10-06	0.00	10-13	50,000.00		

DEBITS

Case 2:23-bk-12359-SK Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc Main Document Page 85 of 99



Page 2 of 3 STARTING DATE: October 01, 2023 ENDING DATE: October 31, 2023 97-02000435

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Case 2:23-bk-12359-SK Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc Main Document Page 86 of 99

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER Ending Balance of this Statement		\$		ENTER Present Balance in your checkbook	\$
Add Deposits not show on this Statement		\$		Subtract any service charges, finance or any other charges.	\$
Subtract Checks Issue but not on Statement		\$		Sub Total	\$
	AMOUNT	CHECK NUMBER OR DATE	AMOUNT	Add Monthly Interest Earned	\$
				Add any deposits not yet entered in checkbook (Reverse Advances)	\$
				Subtract any checks not yet entered in checkbook (Reverse Payments)	\$
TOTAL		TOTAL			
Total amount of outst				Balance	\$

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

- 1. Tell us your name and account number.
- Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

(REV 11/07)



9300 Flair Dr., 1St FL El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of STARTING DATE: October 02, 2023 ENDING DATE: October 31, 2023 Total days in statement period: 30 97-02000442 (0)

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC HOWARD EHRENBERG CH 11 TRUSTEE 200 CASE #23-12359 1875 CENTURY PARK E STE 1900 LOS ANGELES CA 90067-2519

Our Online Banking & Mobile App are available at your convenience. You can perform many banking transactions from the comfort of your home without having to visit a branch. Visit digital.eastwestbank.com or call 833.468.8356 for details.

Trustee-Vendor Money Market

Account number **1**442 Beginning balance \$0.00 Total additions Low balance \$0.00 14,323,609.30 (4) Average balance \$10,008,715.94 Total subtractions 0.00 (0) Interest paid year to date \$22,622.34 **Ending balance** \$14,323,609.30

CREDITS Number Date Additions Transaction Description 10001 10-03 719.00 Image Cl Deposi 14,295,267.96 10-11 Transfer Credit TR FROM XXX00435 10-24 5,000.00 Wire Trans-IN BEVERLY COMMUNITY HOSPITAL ASSOCIAT 10-31 22,622.34 Interest Credit

DAILY BALANCES Date **Amount** Date **Amount** Date **Amount** 10-03 719.00 10-24 14,300,986.96 10-11 14,295,986.96 10-31 14,323,609.30

INTEREST INFORMATION

Annual percentage yield earned 2.79% Interest-bearing days 27 \$11,120,742.23 \$22,622.34 Average balance for APY Interest earned

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Case 2:23-bk-12359-SK Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc Main Document Page 88 of 99

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER Ending Balance of this Statement		\$		ENTER Present Balance in your checkbook	\$	
Subtract Checks	Sub Total	\$ \$		Subtract any service charges, finance or any other charges		
but not on Stateme	21226					
CHECK NUMBER OR DATE	AMOUNT	OR DATE AMOUN		Add Monthly Interest Earned	\$	
				Add any deposits not yet entered in checkbook (Reverse Advances)	\$	
				Subtract any checks not yet entered in checkbook (Reverse Payments)	\$	
TOTAL		TOTAL		1		
Total amount of o checks				Balance	\$	

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

- 1. Tell us your name and account number.
- Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

(REV 11/07)

El Monte, CA. 91731

Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc

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Direct inquiries to: 888 761-3967

EASTWEST BANK 9300 Flair Dr., 1St FL

ACCOUNT STATEMENT

Page 1 of STARTING DATE: October 04, 2023 ENDING DATE: October 31, 2023 Total days in statement period: 28 97-02000449 (0)

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC HOWARD M EHRENBERG CH 11 TRUSTEE 200 CASE #23-12359 1875 CENTURY PARK E SUITE 1900 LOS ANGELES CA 90067-2519

Our Online Banking & Mobile App are available at your convenience. You can perform many banking transactions from the comfort of your home without having to visit a branch. Visit digital.eastwestbank.com or call 833.468.8356 for details.

Trustee-Vendor Checking

Account number 0449 Beginning balance \$0.00 Low balance \$0.00 Total additions 6,281,660.35 (2) Average balance \$5,106,622.81 Total subtractions .00 (0) **Ending balance** \$6,281,660.35

CREDITS

Number **Additions** Date Transaction Description 10-06 2,214,114.24 Transfer Credit TFR FROM XXX0435 10001 10-11 4,067,546.11 Image Cl Deposi

DAILY BALANCES

Date Amount Date Amount Date Amount 10-06 2,214,114.24 10-11 6,281,660.35

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Case 2:23-bk-12359-SK Doc 903 Filed 12/14/23 Entered 12/14/23 15:15:06 Desc Main Document Page 90 of 99

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER Ending Balance of this Statement Add Deposits not				ENTER Present Balance in your checkbook	\$	
on this Statement	Sub Total	\$ \$		Subtract any service charges, finance or any other charges	\$	
Subtract Checks but not on Stateme	Issued			Sub Total	\$	
CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT	Add Monthly Interest Earned Add any deposits not yet entered in checkbook (Reverse Advances)		
TOTAL	r.	TOTAL		yet entered in checkbook (Reverse Payments)	\$	
Total amount of ochecks				Balance	\$	

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

- 1. Tell us your name and account number.
- Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

(REV 11/07)

Member FDIC

PO Box 26237 • Las Vegas, NV 89126-0237

Return Service Requested

BEVERLY COMMUNITY HOSPITAL ASSOCIATION DBA BEVERLY HOSPITAL CH. 11 DIP CASE 2:23-BK-12359-SK 309 W BEVERLY BLVD MONTEBELLO CA 90640-4308 Last statement: September 30, 2023 This statement: October 31, 2023 Total days in statement period: 31

Page 1 of 2 XXXXXX0520 (0)

Direct inquiries to: 877-476-2265

Western Alliance Bank 450 B Street Ste 150 San Diego CA 92101

THANK YOU FOR BANKING WITH US!

Analyzed Business Checking

Account number	XXXXXXX0520	Beginning balance	\$14,300,267.96
Low balance	\$0.00	Total additions	.00
Average balance	\$4,153,948.76	Total subtractions	14,300,267.96
Avg collected balance	\$4,153,948	Ending balance	\$.00

DEBITS

Date	Description	Subtractions
10-10	' Wire Dr Usd	14,295,267.96
	WIRE OUT; BNF-Beverly Community Hospital; OBI-Re: Howard	
	M. Ehrenberg, Trustee	
10-24	' Wire Dr Usd	5,000.00
	WIRE OUT; BNF-BEVERLY COMMUNITY HOSPITAL ASSSOCIA; OBI-H	
	oward M. Ehrenberg, Trustee	

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
09-30	14,300,267.96	10-10	5,000.00	10-24	0.00

BEVERLY COMMUNITY HOSPITAL ASSOCIATION October 31, 2023

Page 2 of 2 XXXXXX0520

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

HATTIST AREA LO OLITOT ARBUNO

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

OLD I	\$	<u>. </u>				
				YOU SHOULD HAVE ADDED IF ANY OCCURRED:		YOU SHOULD HAVE SUB- TRACTED IF ANY OCCURRED:
				1. Loan Advances	1.	Automatio loam payments.
				2. Credit Memos	2	Automatio Savings transfers.
				8. Other Automatio Deposits	3.	Service charges.
				4. Interest Paid	4	Debit memos.
					5.	Other automatio deductions and payments.
				ADD		
				TOTAL		
				SUBTRACT		
			P			
		1		BALANCE	•	
						HARGE
						NAME OF TAXABLE PARTY.
TOTAL	\$		•			
	GED TO	\$	\$ SED TO ACCOUNT	*	PLEASE BE SURE YOU HAVE ENTER TRANSACTIONS SHOWN ON THE YOU SHOULD HAVE ADDED IF ANY OCCURRED: 1. Loan Advances 2. Credit Memos 3. Other Automatic Deposits 4. Interest Paid BALANCE SHOWN ON THIS STATEMENT ADD DEPOSITS NOT SHOWN ON THIS STATEMENT (IF ANY) TOTAL SUBTRACT WITHDRAWALS OUTSTANDING BALANCE SHOULD ADREE WITH YOUR REI BALANCE AFTER DEDUCTING SE (IF ANY) SHOWN ON THIS STATE	PLEASE BE SURE YOU HAVE ENTERED IN TRANSACTIONS SHOWN ON THE FRONT OF TRANSACTIONS SHOWN ON THE FRONT OF TRANSACTIONS SHOWN ON THE FRONT OF TRANSACTIONS SHOWN ON THE FRONT OF TRANSACTIONS SHOWN ON THE STATEMENT ADD DEPOSITS NOT SHOWN ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT ON THIS STATEMENT OUTSTANDING BALANCE SHOWN ON THIS STATEMENT. SHOULD AGREE WITH YOUR REGISTER BALANCE AFTER DEDUCTING SERVICE CIF ANY) SHOWN ON THIS STATEMENT.

Please examine immediately and report if incorrect. If no reply is received within 30 days the account will be considered correct.

The following notice regarding Electronic Transfers applies to Consumer Accounts only.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address located on the front of this statement as soon as you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. In your letter:

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as slearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

YOUR DEMAND DEPOSIT LOAN ACCOUNT SUMMARY OF RIGHTS IS OUTLINED BELOW

This is a summary of your rights: a full statement of your rights and our responsibilities under the Federal Fair Credit Billing Act will be sent to you both upon request and in response to a billing error notice.

Your Demand Deposit Loan Account is operated in conjunction with your Demand Deposit Account. Any charges for your checking account will be made to the Demand Deposit Account and they will be the same charges as are made for Demand Deposit Accounts not operated in conjunction with Demand Deposit Loan Accounts. The following information thus applies only to loans made to you under your Demand Deposit Account line of credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR DEMAND DEPOSIT LOAN

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address located on the front of this bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information describe the item you are unsure about.

You do not have to pay any money in question while we are investigating, but are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

We figure a portion of the FINANCE CHARGE on your Demand Deposit Loan Account by applying the daily periodic rate(s) to the "Daily Balance" of your account for the billing cycle. To get the "Daily Balance" we take the beginning balance of your account each day, add any new advances and subtract any payments or credits and unpaid FINANCE CHARGES. This

The minimum periodic payment required is shown on the front of this bill. You may pay off your Demand Deposit Loan Account loan balance at any time, or make voluntary additional payments. Payments shall be applied, first to any unpaid FINANCE CHARGES, and second the principal loan balance outstanding in your Demand Deposit Loan Account. Periodic statements may be sent to you at the end of each billing cycle showing your Demand Deposit Loan Account loan transactions.

Send payments and inquiries to the address shown on the front of this bill.

NOTE: Payments received after close of business shall be deemed received on the following business day for purposes of crediting your account.

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is 1875 Century Park East, Suite 1900, Los Angeles, CA 90067.

A true and correct copy of the foregoing document entitled (specify): MONTHLY OPERATING REPORT will be served or was served (a) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (b) in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (date) December 14, 2023 I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Megan M Adeyemo on behalf of Creditor Aya Healthcare, Inc. madevemo@grsm.com, asoto@grsm.com

David E Ahdoot on behalf of Creditor United Nurses Associations of California/Union of Health Care Professionals dahdoot@bushgottlieb.com, kprestegard@bushgottlieb.com

David E Ahdoot on behalf of Interested Party Courtesy NEF dahdoot@bushqottlieb.com, kprestegard@bushqottlieb.com

Joseph M Ammar on behalf of Creditor Stryker Corporation ammar@millercanfield.com

Scott E Blakeley on behalf of Creditor Baxter Healthcare Corporation seb@blakeleyllp.com, ecf@blakeleyllp.com

Joseph P Buchman on behalf of Creditor Montebello Land and Water Company jbuchman@bwslaw.com, gmitchell@bwslaw.com

Adrian Butler on behalf of Interested Party Courtesy NEF abutler@bushgottlieb.com

Augustus Curtis on behalf of Creditor United States of America, on behalf of HHS and CMS augustus.t.curtis@usdoj.gov

Howard M Ehrenberg (TR) ehrenbergtrustee@gmlaw.com, ca25@ecfcbis.com;C123@ecfcbis.com;howard.ehrenberg@ecf.courtdrive.com;Karen.Files@gmlaw.com

David K Eldan on behalf of Interested Party Attorney General of California David.Eldan@doj.ca.gov

Amanda N Ferns on behalf of Creditor DEXT CAPITAL, LLC aferns@fernslaw.com, mmakalintal@fernslaw.com

Amanda N Ferns on behalf of Interested Party Courtesy NEF aferns@fernslaw.com, mmakalintal@fernslaw.com

Alan W Forsley on behalf of Interested Party Courtesy NEF alan.forsley@flpllp.com, awf@fkllawfirm.com,awf@fl-lawyers.net,addy@flpllp.com

John-Patrick M Fritz on behalf of Interested Party Courtesy NEF jpf@Inbyg.com, JPF.LNBYB@ecf.inforuptcy.com

Evelina Gentry on behalf of Creditor Advantis Medical Staffing evelina.gentry@akerman.com, rob.diwa@akerman.com

Evan Gershbein on behalf of Other Professional Kurtzman Carson Consultants LLC ECFpleadings@kccllc.com

Faisal Gill on behalf of Other Professional Cal-Med Health Center fgill@glawoffice.com

Steven T Gubner on behalf of Interested Party Courtesy NEF sgubner@bg.law, ecf@bg.law

Melissa Hamill on behalf of Interested Party Attorney General For The State Of Ca melissa.hamill@doj.ca.gov

Hallie Dale Hannah on behalf of Creditor Harbor Pointe Air Conditioning & Control Systems, Inc. hallie@hannahlaw.com

Brian T Harvey on behalf of Creditor T.R.L. Systems Incorporated bharvey@buchalter.com, IFS_filing@buchalter.com;dbodkin@buchalter.com

Stella A Havkin on behalf of Creditor Lung Chung M.D. stella@havkinandshrago.com, shavkinesq@gmail.com

Robert M Hirsh on behalf of Interested Party Medline Industries, LP rhirsh@lowenstein.com

Mark S Horoupian on behalf of Interested Party Courtesy NEF mark.horoupian@gmlaw.com, mhoroupian@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com;karen.files@gmlaw.com

Mark S Horoupian on behalf of Trustee Howard M Ehrenberg (TR) mark.horoupian@gmlaw.com, mhoroupian@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com;karen.files@gmlaw.com

Darryl Jay Horowitt, ESQ on behalf of Other Professional The Huntington National Bank dhorowitt@ch-law.com, bkasst@ch-law.com

David I Horowitz on behalf of Interested Party Kirkland & Ellis LLP david.horowitz@kirkland.com,

keith.catuara@kirkland.com;terry.ellis@kirkland.com;elsa.banuelos@kirkland.com;ivon.granados@kirkland.com

David I Horowitz on behalf of Other Professional Triple P Securities, LLC and Triple P RTS, LLC david.horowitz@kirkland.com,

keith. catuara@kirkland.com; terry.ellis@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; terry.ellis@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; terry.ellis@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; terry.ellis@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; elsa.banuelos@kirkland.com; ivon.granados@kirkland.com; elsa.banuelos@kirkland.com; elsa.banuelos.banuelo

Sonja Hourany on behalf of Creditor Quinn Company sonja.hourany@quinngroup.net, kadele@wgllp.com;lbracken@wgllp.com;shourany@ecf.courtdrive.com

Eric P Israel on behalf of Interested Party Courtesy NEF eisrael@danninggill.com, danninggill@gmail.com;eisrael@ecf.inforuptcy.com

Quinn Scott Kaye on behalf of Creditor Stryker Corporation kaye@millercanfield.com

Nicholas A Koffroth on behalf of Creditor Philips Healthcare nkoffroth@foxrothschild.com, khoang@foxrothschild.com

David S Kupetz on behalf of Trustee Howard M Ehrenberg (TR) David.Kupetz@lockelord.com, mylene.ruiz@lockelord.com

Alexandria Lattner on behalf of Debtor Beverly Community Hospital Association alattner@sheppardmullin.com, ehwalters@sheppardmullin.com

Alexandria Lattner on behalf of Debtor Beverly Hospital Foundation alattner@sheppardmullin.com, ehwalters@sheppardmullin.com

Alexandria Lattner on behalf of Debtor Montebello Community Health Services, Inc. alattner@sheppardmullin.com, ehwalters@sheppardmullin.com

Daniel A Lev on behalf of Interested Party Courtesy NEF daniel.lev@gmlaw.com, cheryl.caldwell@gmlaw.com;dlev@ecf.courtdrive.com

Daniel A Lev on behalf of Trustee Howard M Ehrenberg (TR) daniel.lev@gmlaw.com, cheryl.caldwell@gmlaw.com;dlev@ecf.courtdrive.com

Marc A Levinson on behalf of Debtor Beverly Community Hospital Association MALevinson@orrick.com, borozco@orrick.com, casestream@ecf.courtdrive.com

Ron Maroko on behalf of U.S. Trustee United States Trustee (LA) ron.maroko@usdoj.gov

David M Medby on behalf of Creditor Gloria Aispuro dmedby@lawgarcia.com, jmobley@lawgarcia.com

Joshua M Mester on behalf of Interested Party White Memorial Medical Center d/b/a Adventist Health White Memorial jmester@jonesday.com

Elissa Miller on behalf of Interested Party Courtesy NEF elissa.miller@gmlaw.com, emillersk@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com

Elissa Miller on behalf of Trustee Howard M Ehrenberg (TR) elissa.miller@gmlaw.com, emillersk@ecf.courtdrive.com;cheryl.caldwell@gmlaw.com

Kenneth Misken on behalf of U.S. Trustee United States Trustee (LA) Kenneth.M.Misken@usdoj.gov

Kelly L Morrison on behalf of U.S. Trustee United States Trustee (LA) kelly.l.morrison@usdoj.gov

Tania M Moyron on behalf of Creditor Committee Attorneys for The Official Committee of Unsecured Creditors tania.moyron@dentons.com,

rebecca. wicks@dentons.com; kathryn.howard@dentons.com; derry.kalve@dentons.com; glenda.spratt@dentons.com; DOCKET.GENERAL.LIT.LOS@dentons.com

Tania M Moyron on behalf of Plaintiff Official Committee of Unsecured Creditors of Beverly Community Hospital Corporation, dba Beverly Hospital (A Nonprofit Public Benefit Corporation), et al., tania.moyron@dentons.com.

 $rebecca. \begin{tabular}{l} wicks@dentons.com; kathryn.howard@dentons.com; derry.kalve@dentons.com; glenda.spratt@dentons.com; DOCKET.GENERAL.LIT.LOS@dentons.com \end{tabular}$

Alan I Nahmias on behalf of Creditor Sodexo, Inc. & Affiliates anahmias@mbn.law, jdale@mbn.law

Jennifer L Nassiri on behalf of Debtor Beverly Community Hospital Association JNassiri@sheppardmullin.com

Jennifer L Nassiri on behalf of Debtor Beverly Hospital Foundation JNassiri@sheppardmullin.com

Jennifer L Nassiri on behalf of Debtor Montebello Community Health Services, Inc. JNassiri@sheppardmullin.com

Neli Nima Palma on behalf of Interested Party Attorney General For The State Of Caneli.palma@doj.ca.gov

Neli Nima Palma on behalf of Interested Party Attorney General of California neli.palma@doj.ca.gov

Valerie Bantner Peo on behalf of Creditor Siemens Healthcare Diagnostics Inc. & Siemens Medical Solutions USA, Inc. vbantnerpeo@buchalter.com

Thomas Phinney on behalf of Creditor California Healthcare Insurance Company, Inc. tphinney@ffwplaw.com, akieser@ffwplaw.com;docket@ffwplaw.com

Thomas J Polis on behalf of Creditor Eloy Sanchez, et al tom@polis-law.com, paralegal@polis-law.com;r59042@notify.bestcase.com

Christopher E Prince on behalf of Creditor Kaiser Foundation Hospitals cprince@lesnickprince.com, jmack@lesnickprince.com;cprince@ecf.courtdrive.com;jnavarro@lesnickprince.com

Dean G Rallis, Jr on behalf of Creditor Brascia Builders, Inc. drallis@hahnlawyers.com, jevans@hahnlawyers.com;drallis@ecf.courtdrive.com;jevans@ecf.courtdrive.com

Dean G Rallis, Jr on behalf of Interested Party Courtesy NEF drallis@hahnlawyers.com, jevans@hahnlawyers.com;drallis@ecf.courtdrive.com;jevans@ecf.courtdrive.com

William M Rathbone on behalf of Interested Party Cigna Health and Life Insurance Company wrathbone@grsm.com, sdurazo@grsm.com

William M Rathbone on behalf of Interested Party Cigna Healthcare of California, Inc. wrathbone@grsm.com, sdurazo@grsm.com

Michael B Reynolds on behalf of Creditor Blue Shield of California Promise Health Plan mreynolds@swlaw.com, kcollins@swlaw.com

Michael B Reynolds on behalf of Creditor California Physicians' Service dba Blue Shield of California mreynolds@swlaw.com, kcollins@swlaw.com

Russell W Reynolds on behalf of Other Professional The Huntington National Bank rreynolds@ch-law.com, bkasst@ch-law.com

Jason E Rios on behalf of Creditor FlexCare Medical Staffing jrios@ffwplaw.com, docket@ffwplaw.com

Mary H Rose on behalf of Interested Party Courtesy NEF mrose@buchalter.com, marias@buchalter.com;docket@buchalter.com

Kenneth N Russak on behalf of Interested Party Courtesy NEF krussak@knrlaw.com, krussak@russaklaw.com

Nathan A Schultz on behalf of Creditor Hanmi Bank nschultzesq@gmail.com

Nathan A Schultz on behalf of Interested Party Courtesy NEF nschultzesq@gmail.com

Olivia Scott on behalf of Interested Party HRE Montebello, LLC olivia.scott3@bclplaw.com

Olivia Scott on behalf of Interested Party Hilco Real Estate, LLC olivia.scott3@bclplaw.com

Zev Shechtman on behalf of Creditor Park Place International, LLC d/b/a CloudWave zs@DanningGill.com, danninggill@gmail.com;zshechtman@ecf.inforuptcy.com

Howard Steinberg on behalf of Creditor U.S. Bank Trust Company National Association, as Master Trustee steinbergh@gtlaw.com, pearsallt@gtlaw.com;NEF-BK@gtlaw.com;howard-steinberg-6096@ecf.pacerpro.com

Andrew Still on behalf of Creditor Blue Shield of California Promise Health Plan astill@swlaw.com, kcollins@swlaw.com

Andrew Still on behalf of Creditor California Physicians' Service dba Blue Shield of California astill@swlaw.com, kcollins@swlaw.com

Tamar Terzian on behalf of Health Care Ombudsman Tamar Terzian tterzian@hansonbridgett.com, ssingh@hansonbridgett.com

Jacob Unger on behalf of Creditor CASE MANAGEMENT INTEGRATED SOLUTIONS, LLC DBA HORIZON RECUPERATIVE CARE junger@jacobungerlaw.com

United States Trustee (LA) ustpregion16.la.ecf@usdoj.gov

Mark J Valencia on behalf of Creditor Ihsan Shamaan mvalencia@vclitigation.com

Emilio Eugene Varanini, IV on behalf of Interested Party Attorney General For The State Of Ca emilio.varanini@doi.ca.gov

Kevin Walsh on behalf of Creditor U.S. Bank Trust Company National Association, as Master Trustee kevin.walsh@gtlaw.com, kevin-walsh-3952@ecf.pacerpro.com

Kevin Walsh on behalf of Defendant U.S. Bank, National Association kevin.walsh@gtlaw.com, kevin-walsh-3952@ecf.pacerpro.com

Kenneth K Wang on behalf of Creditor Department of Health Care Services for the State of California kenneth.wang@doj.ca.gov, Richard.Waldow@doj.ca.gov

Sharon Z. Weiss on behalf of Creditor DIP Lender HRE Montebello, LLC sharon.weiss@bclplaw.com, raul.morales@bclplaw.com,REC_KM_ECF_SMO@bclplaw.com

Sharon Z. Weiss on behalf of Interested Party HRE Montebello, LLC sharon.weiss@bclplaw.com, raul.morales@bclplaw.com,REC_KM_ECF_SMO@bclplaw.com

Sharon Z. Weiss on behalf of Interested Party Hilco Real Estate, LLC sharon.weiss@bclplaw.com, raul.morales@bclplaw.com,REC KM ECF SMO@bclplaw.com

Date	Printed Name	Signature
December 14, 2023	Denise Walker	/s/Denise Walker
l declare under penalty of pe	rjury under the laws of the Un	☐ Service information continued on attached page. ited States that the foregoing is true and correct.
for each person or entity sen the following persons and/or such service method), by fac	ved): Pursuant to F.R.Civ.P. 5 entities by personal delivery, c simile transmission and/or em	□ Service information continued on attached page. AIL, FACSIMILE TRANSMISSION OR EMAIL (state method and/or controlling LBR, on (date), I served overnight mail service, or (for those who consented in writing to nail as follows. Listing the judge here constitutes a declaration II be completed II be compl
first class, postage prepaid, a	, I served the following persor g by placing a true and correc	ns and/or entities at the last known addresses in this bankruptcy t copy thereof in a sealed envelope in the United States mail, ing the judge here constitutes a declaration that mailing to the cument is filed.
		☐ Service information continued on attached page.
Roye Zur on behalf of Interestzur@elkinskalt.com, cavila@		lkinskalt.com;1648609420@filings.docketbird.com
	or Medico Professional Linen ⊉elkinskalt.com;lwageman@e	Service lkinskalt.com;1648609420@filings.docketbird.com