

UNITED STATES BANKRUPTCY COURT

Central DISTRICT OF California

In Re. Beverly Community Hospital Association

§
§
§
§

Debtor(s)

Case No. 23-12359

Lead Case No. 23-12359

☒ Jointly Administered

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
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Reporting Method:

Accrual Basis ☒

Cash Basis ☐

Debtor's Full-Time Employees (current):

130

Debtor's Full-Time Employees (as of date of order for relief):

632

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☒ Statement of cash receipts and disbursements
- ☒ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☒ 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 reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/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; therefore § 1320.4(a)(2) applies.



23123592403270000000000006

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Part 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

Part 2: Asset and Liability Status (Not 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 <input type="radio"/> Market <input type="radio"/> Other <input checked="" type="radio"/> (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
l.	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

Part 3: Assets Sold or Transferred		Current Month	Cumulative
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 outside the ordinary course of business	\$0	\$24,020,852
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$14,292,767

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)		Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$1,664,718	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$-381,673	
c.	Gross profit (a-b)	\$2,046,391	
d.	Selling expenses	\$993,859	
e.	General and administrative expenses	\$146,978	
f.	Other expenses	\$-1,035,717	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$49,280	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$463,421	
k.	Profit (loss)	\$1,428,570	\$-86,269,000

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Part 5: Professional Fees and Expenses

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$315,053	\$0	\$200,000
	<i>Itemized Breakdown by Firm</i>					
	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

Case No. 23-12359

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Debtor's Name Beverly Community Hospital Association

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b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>		\$0	\$5,372	\$0	\$5,372
	<i>Itemized Breakdown by Firm</i>					
	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 LLP	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
x	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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Case No. 23-12359

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Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

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

Part 6: Postpetition Taxes**Current 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

Part 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 ☐ N/A ☐
- i. Do you have:
- Worker's compensation insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- Casualty/property insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- General liability insurance? Yes ☒ No ☐
- If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (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 ☒
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name Beverly Community Hospital Association

Case No. 23-12359

Part 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 |
- l. 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 ☐ No ☐ 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.

/s/ Howard M. Ehrenberg

Signature of Responsible Party

Chapter 11 Trustee

Title

Howard M. Ehrenberg

Printed Name of Responsible Party

12/14/2023

Date

BEVERLY COMMUNITY HOSPITAL ASSOCIATION
BALANCE SHEET
UNAUDITED

FOR THE MONTH ENDED
10/31/2023

Assets

Cash and cash equivalents	\$ 29,579,623
Certificates of Deposit& Savings	2,130,247
Net Patient Accounts receivable	6,393,625
Third Party Settlements Receivable	14,181,050
Other Receivables	(7,767,175)
Inventories	-
Prepaid Expenses	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	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

Long term Debt, net	45,753,385
Taxes payable	67,064,945
	-
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, 2023
Net Revenue	\$ 1,664,718
Cost of Good Sold	381,673
Gross Profit	<u>2,046,391</u>
Selling, General & Administrative	
Selling Expenses	993,859
General & Administrative	146,978
Depreciation and Amortization	-
Total Expenses	<u>1,140,837</u>
Income (Loss) from Operataions	905,554
Other expense, net [1]	1,035,717
Interest Expense, net	<u>(49,280)</u>
Net Income (Loss)	1,891,991
Reorganization items	(463,421)
Adjusted Net income (Loss)	<u>\$ 1,428,570</u>

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

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

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
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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
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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**

	FOR THE PERIOD FROM OCT 1 -31, 2023
	<hr/>
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	<hr/> 6,240,260
Cash Flow	6,674,507
Beginning Balance	22,905,116
Ending Balance	<hr/> \$ 29,579,623 <hr/>

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.



BEVERLY COMMUNITY HOSPITAL ASSOCIATION

DEBTOR-IN-POSSESSION

CASE # 2:23-BK-12359-SK

REFUND ACCOUNT

30

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 XXXXXXXXXXXX0641

		LAST STATEMENT 09/29/23	19,932.64
MINIMUM BALANCE	19,932.64	1 CREDITS	1,886.21
AVG AVAILABLE BALANCE	21,170.46	DEBITS	.00
AVERAGE BALANCE	21,229.40	THIS STATEMENT 10/31/23	21,818.85
TOTAL DAYS IN STATEMENT PERIOD 09/30/23 THROUGH 10/31/23:			32

- - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
REMOTE DEPOSIT	10/10	1,886.21

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

*		TOTAL FOR	TOTAL	*	
*		THIS PERIOD	YEAR TO DATE	*	

* TOTAL OVERDRAFT FEES:		\$.00		\$.00	*

* TOTAL RETURNED ITEM FEES:		\$.00		\$.00	*

- - - - - DAILY BALANCE - - - - -

DATE.....BALANCE	DATE.....BALANCE	DATE.....BALANCE
10/10 21,818.85		



BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DEBTOR-IN-POSSESSION
CASE # 2:23-BK-12359-SK
NON MEDI-CAL RECEIPT 30
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 XXXXXXXXXXXX0668

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		LAST STATEMENT 09/29/23	.30
MINIMUM BALANCE	.30	CREDITS	.00
AVG AVAILABLE BALANCE	.30	DEBITS	.00
AVERAGE BALANCE	.30	THIS STATEMENT 10/31/23	.30
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 *

* TOTAL OVERDRAFT FEES:		\$.00	\$.00 *

* TOTAL RETURNED ITEM FEES:		\$.00	\$.00 *

ACCOUNT NUMBER: 7284

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

91 05710

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

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Oct 04	740.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 04	17,855.17	EDI/EFT CCD+ CREDIT
		CCD UnitedHealthcare HCCLAIMPMT
Oct 04	24,652.34	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 05	5.00	CURRENCY DEPOSIT
		CURRENCY DEPOSIT 2278016219 LOC 0000000000
Oct 05	349.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 06	210.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 06	1,483.50	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 06	28,164.76	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 10	74.30	EDI/EFT CCD+ CREDIT
		CCD BSC Promise HCCLAIMPMT
Oct 10	86.25	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 10	1,442.00	EDI/EFT CCD+ CREDIT
		CCD UnitedHealthcare HCCLAIMPMT
Oct 10	2,149.63	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 10	2,457.55	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 10	7,559.91	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 11	61.03	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Oct 11	142.50	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 12	50.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 12	90.82	CURRENCY DEPOSIT
		CURRENCY DEPOSIT 2278018089 LOC 0000000000
Oct 12	120.92	EDI/EFT CCD+ CREDIT
		CCD UNITEDHEALTHCARE HCCLAIMPMT
Oct 12	245.00	EDI/EFT CCD+ CREDIT
		CCD UnitedHealthcare HCCLAIMPMT
Oct 12	326.50	CURRENCY DEPOSIT
		CURRENCY DEPOSIT 2297011070 LOC 0000000000
Oct 12	7,573.06	EDI/EFT CCD+ CREDIT
		CCD UnitedHealthcare HCCLAIMPMT
Oct 13	786.75	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 16	50.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 16	100.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 16	545.98	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 16	8,789.74	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT



ACCOUNT NUMBER: [REDACTED] 7284

91 05710

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

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

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Oct 17	558.53	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 17	1,131.62	CURRENCY DEPOSIT
		CURRENCY DEPOSIT 2297012509 LOC 0000000000
Oct 17	1,190.95	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Oct 17	1,250.40	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Oct 17	5,712.14	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 18	114.81	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Oct 19	250.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 19	3,169.50	EDI/EFT CCD+ CREDIT
		CCD UnitedHealthcare HCCLAIMPMT
Oct 19	10,135.56	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 20	230.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 20	7,201.51	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 23	464.70	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 23	774.08	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 23	9,244.95	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 23	13,667.69	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 24	120.00	CURRENCY DEPOSIT
		CURRENCY DEPOSIT 2268018034 LOC 0000000000
Oct 24	218.54	EDI/EFT CCD+ CREDIT
		CCD BSC Promise HCCLAIMPMT
Oct 24	493.58	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 24	3,168.36	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Oct 25	208.03	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 25	719.86	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT
Oct 26	207.63	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 26	23,354.13	EDI/EFT CCD+ CREDIT
		CCD BLUE SHIELD CA HCCLAIMPMT
Oct 27	25.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 30	105.00	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 30	8,863.17	EDI/EFT CCD+ CREDIT
		CCD MERCHANT SERVICE MERCH DEP
Oct 31	61.22	EDI/EFT CCD+ CREDIT
		CCD BLUE CROSS CA5C HCCLAIMPMT



ACCOUNT NUMBER: [REDACTED] 7284

91 05710

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

BEVERLY COMMUNITY HOSPITAL ASSOCIATION

PAGE 4 OF 4

0

Oct 31	746.00	EDI/EFT CCD+ CREDIT	
		CCD MERCHANT SERVICE MERCH DEP	
Oct 31	4.77	INTEREST PAID	
Withdrawals and Other Debits			
Date	Amount	Description	
Oct 02	5,403.19	ACH DEBIT	
		CCD MERCHANT SERVICE MERCH FEE	
Oct 06	200.00	ACH DEBIT	
		CCD MERCHANT SERVICE MERCH DEP	
Oct 30	2,144.00	ACCT ANALYSIS SERV CHG	
Daily Balance Summary			
Date	Balance	Date	Balance
Sep 30	442,010.60	Oct 17	565,994.67
Oct 02	444,172.38	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
Oct 06	523,499.09	Oct 24	615,247.95
Oct 10	537,268.73	Oct 25	616,175.84
Oct 11	537,472.26	Oct 26	639,737.60
Oct 12	545,878.56	Oct 27	639,762.60
Oct 13	546,665.31	Oct 30	646,586.77
Oct 16	556,151.03	Oct 31	647,398.76

Statement Period Rates

Effective	Oct 01, 2023	----- Balance -----	Rate
		ZERO to 99,999,999,999	0.010 %






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

BEVERLY COMMUNITY HOSPITAL Page 1 of 2
Customer Number: XXXXXXXX0455

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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0455	\$0.00

Business Checking - Analysis-XXXXXXXXX0455

Account Summary

Date	Description	Amount
09/30/2023	Beginning Balance	\$0.00
	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 XXXXXXXXXXXXXXXXXXXXXXX0595	\$3,966.53
10/18/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0595	\$7,219.66
10/25/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0595	\$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		



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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 <ul style="list-style-type: none"> • 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? 							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:

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- Tell us the dollar amount of the suspected error.

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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.

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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0544	\$40,884.56

Business Checking - Analysis-XXXXXXXX0544

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



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
Total Checks Outstanding							
<p>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:</p> <p>Interest -ADD Overdraft -Deduct Automatic Payment -Deduct Service Charge -Deduct</p> <p>If your checkbook and statement do not balance, have you</p> <ul style="list-style-type: none"> • 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? 							BALANCE

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Business Checking - Analysis-XXXXXXXX0544 (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		

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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

	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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0552	\$832,394.02

Business Checking - Analysis-XXXXXXXX0552

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	Amount
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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						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 <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>• Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>• Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>• Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• 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?	BALANCE
• Accounted for bank charges?	• Verified debit card purchases?												
• Computed cancelled checks to check stubs?	• Verified additions and subtractions?												
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Business Checking - Analysis-XXXXXXXX0552 (continued)

Daily Balances






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		

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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

	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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0579	\$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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your 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

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.

Business Checking - Analysis-XXXXXXXX0579 (continued)

Daily Balances

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		

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

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

	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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0595	\$4,457,574.11

Business Checking - Analysis-XXXXXXXX0595

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



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

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

BEVERLY COMMUNITY HOSPITAL

Page 3 of 6

Customer Number: XXXXXXXX0595

Business Checking - Analysis-XXXXXXXX0595 (continued)

Electronic Credits (continued)

Date	Description	Amount
10/03/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105723333* 1341858379\	\$27.92
10/03/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105990575* 1341858379\	\$263.67
10/03/2023	HCCLAIMPMT GLOBAL CARE MEDI TRN* 1* 3267210* 1954439760\	\$271.18
10/03/2023	HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102402* 1951945832\	\$355.59
10/03/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105990573* 1341858379\	\$633.20
10/03/2023	HCCLAIMPMT VALLEY PRESBYTER TRN* 1* 8102321* 1951945832\	\$3,000.22
10/03/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826467260* 1542174068\	\$4,001.62
10/03/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105990574* 1341858379\	\$4,079.71
10/03/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 968000534048* 1954518790~	\$7,927.72
10/03/2023	HCCLAIMPMT CENTRAL HEALTH P TRN* 1* 26430560* 1912155938~	\$8,221.84
10/03/2023	EFT Paymen OPTUM TRN* 1* 6746932* 1330219954\	\$8,865.00
10/03/2023	HCCLAIMPMT AETNA A06 TRN* 1* 823271000332533* 1066033492\	\$13,751.44
10/03/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 968000534049* 1954518790~	\$26,885.35
10/03/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1105990576* 1341858379\	\$93,325.12
10/04/2023	HCCLAIMPMT ASSOCIATED HISPA TRN* 1* 2321839* 1954365761\	\$5.37
10/04/2023	HCCLAIMPMT DIGNITY HEALTH TRN* 1* 2043755* 1954310407\	\$20.00
10/04/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 927000612212* 1954518790~	\$66.80
10/04/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 927000612213* 1954518790~	\$80.25
10/04/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106109495* 1341858379\	\$1,610.44
10/04/2023	EFT Paymen HealthCare Partn TRN* 1* 222635307* 1330219954\	\$3,478.45
10/04/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106199164* 1341858379\	\$3,638.41
10/04/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826468660* 1542174068\	\$5,789.78
10/04/2023	HCCLAIMPMT WELLCARE OF CALI TRN* 1* 1000195750* 1205327501\	\$7,249.52
10/04/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106199163* 1341858379\	\$24,306.48
10/04/2023	EFT Paymen OPTUM TRN* 1* 6747074* 1330219954\	\$31,165.37
10/04/2023	HCCLAIMPMT AETNA AS01 TRN* 1* 882327201008173* 1066033492\	\$31,479.54
10/04/2023	EFT Paymen OPTUM TRN* 1* 1688836* 1330219954\	\$45,060.21
10/05/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826469525* 1542174068\	\$57.74
10/05/2023	HCCLAIMPMT DIGNITY HEALTH TRN* 1* 4013583* 1954310407\	\$77.42
10/05/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106274556* 1341858379\	\$88.21
10/05/2023	HCCLAIMPMT ZP NETWORKME400 TRN* 1* 402967721* 1954472349\	\$611.79
10/05/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106372525* 1341858379\	\$997.78
10/05/2023	HCCLAIMPMT ZP NETWORKME400 TRN* 1* 402974420* 1954472349\	\$1,645.16
10/05/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106372527* 1341858379\	\$6,812.97
10/05/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106372526* 1341858379\	\$16,896.97
10/06/2023	HCCLAIMPMT EMANATE CITRUS V TRN* 1* 7708527* 1956006469\	\$49.60
10/06/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106621373* 1341858379\	\$258.73
10/06/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106529315* 1341858379\	\$622.30
10/06/2023	HCCLAIMPMT AHP CA CLAIM TRN* 1* 1421687* 1465596242\	\$5,632.36
10/06/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 902000727968* 1954518790~	\$10,175.28
10/06/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1106621372* 1341858379\	\$14,449.93
10/06/2023	EFT Paymen OPTUM TRN* 1* 6747421* 1330219954\	\$14,811.43
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* 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
10/11/2023	HCCLAIMPMT ZP NETWORKME400 TRN* 1* 405019420* 1954472349\	\$57.33

Business Checking - Analysis-XXXXXXXXX0595 (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	EFT Paymen OPTUM CARE NETWO TRN* 1* 8125444* 1330219954\	\$263.39
10/11/2023	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4554532* 1954298276\	\$385.57
10/11/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107108903* 1341858379\	\$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	HCCLAIMPMT 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	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4556131* 1954298276\	\$145.48
10/13/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1107542241* 1341858379\	\$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	HCCLAIMPMT AETNA AS01 TRN* 1* 823284000279478* 1066033492\	\$4,859.17
10/16/2023	HCCLAIMPMT CA DHCS MEDI-CAL TRN* 1* 050100205* 1680217053~	\$4,912.11
10/16/2023	HCCLAIMPMT LACAREHEALTHPLAN TRN* 1* 932000631679* 1954518790~	\$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	EFT Paymen OPTUM CARE NETWO TRN* 1* 8126674* 1330219954\	\$374.95
10/17/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826490512* 1542174068\	\$1,046.93
10/17/2023	EFT Paymen OPTUM TRN* 1* 6748404* 1330219954\	\$1,569.51
10/18/2023	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	HCCLAIMPMT HEALTH CARE LA, TRN* 1* 4559331* 1954298276\	\$3.45
10/19/2023	HCCLAIMPMT HNB - ECHO TRN* 1* 1108447205* 1341858379\	\$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	HCCLAIMPMT HNB - ECHO TRN* 1* 1109042414* 1341858379\	\$603.06
10/23/2023	HCCLAIMPMT HEALTH NET COMMU TRN* 1* 0826501994* 1542174068\	\$1,600.00
10/23/2023	EFT Paymen OPTUM CARE NETWO TRN* 1* 8127483* 1330219954\	\$2,493.35
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

[illegible]

Business Checking - Analysis-XXXXXXXXX0595 (continued)

Other Debits (continued)		
Date	Description	Amount
10/25/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0617	\$661.60
10/25/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$800.00
10/25/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0455	\$4,292.18
10/26/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$14.20
10/26/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0617	\$110.68
10/30/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$552.83
10/31/2023	TRANSFER TO Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXX0625	\$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

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

BEVERLY COMMUNITY HOSPITAL






Page 1 of 4

Customer Number: XXXXXXXX0617

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
	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	XXXXXXXXX0617	\$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 XXXXXXXXXXXXXXXXXXXXXXXX0595	\$170.96
10/10/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$1,495.90
10/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$281.10
10/16/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$98.19
10/17/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$193.95
10/24/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$54.08
10/25/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$661.60
10/26/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$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		



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your 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

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:

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INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

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

BEVERLY COMMUNITY HOSPITAL Page 1 of 16
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

	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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX0625	\$0.00

Business Checking - Analysis-XXXXXXXXX0625

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 XXXXXXXXXXXXXXXXXXXXXXXX0595	\$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 XXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,079.42
10/10/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$7,152.23
10/11/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$600.52
10/12/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$339.30
10/13/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$206.70
10/16/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$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 XXXXXXXXXXXXXXXXXXXXXXXX0595	\$158.05
10/19/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$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 XXXXXXXXXXXXXXXXXXXXXXXX0595	\$3,238.30
10/25/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$800.00
10/26/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$14.20
10/30/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXXXXXX0595	\$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



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

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Business Checking - Analysis-XXXXXXXX0625 (continued)

Checks Cleared

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

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

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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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0633	\$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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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 <ul style="list-style-type: none"> 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? 							BALANCE

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

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* * * F I N A L S T A T E M E N T * * *

SPECIALTY LENDING DEPARTMENT
2010 MAIN ST STE 590
IRVINE, CA 92614

TELEPHONE: 949-857-8222

Business Money Market ACCOUNT XXXXXXXXXXXX0676

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

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

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

I N T E R E S T

INTEREST PAID 2023: 4,557.13

I T E M I Z A T I O N O F O V E R D R A F T A N D R E T U R N E D I T E M F E E S

*		TOTAL FOR	TOTAL	*	
*		THIS PERIOD	YEAR TO DATE	*	

* TOTAL OVERDRAFT FEES:		\$.00		\$.00	*

* TOTAL RETURNED ITEM FEES:		\$.00		\$.00	*



BEVERLY COMMUNITY HOSPITAL ASSOCIATION

Business Money Market ACCOUNT XXXXXXXXXXXX0676

DAILY BALANCE

DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
11/08	.00				



BEVERLY COMMUNITY HOSPITAL ASSOCIATION
DEBTOR-IN-POSSESSION
CASE # 2:23-BK-12359-SK
MMKT FUNDED DEPRECIATION ACCT 30
309 W BEVERLY BLVD 0
MONTEBELLO CA 90640 0

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SPECIALTY LENDING DEPARTMENT	TELEPHONE: 949-857-8222
2010 MAIN ST STE 590	
IRVINE, CA 92614	

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Business Money Market ACCOUNT XXXXXXXXXXXX0676

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MINIMUM BALANCE	250,020.30	LAST STATEMENT 09/29/23	250,020.30
AVG AVAILABLE BALANCE	250,020.30	1 CREDITS	131.52
AVERAGE BALANCE	250,020.30	DEBITS	.00
		THIS STATEMENT 10/31/23	250,151.82
TOTAL DAYS IN STATEMENT PERIOD 09/30/23 THROUGH 10/31/23:			32

- - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
INTEREST	10/31	131.52

- - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE:	250,020.30	INTEREST EARNED:	131.52
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	*
*		THIS PERIOD		YEAR TO DATE	*

* TOTAL OVERDRAFT FEES:		\$.00		\$.00	*

* TOTAL RETURNED ITEM FEES:		\$.00		\$.00	*

* * * C O N T I N U E D * * *



BEVERLY COMMUNITY HOSPITAL ASSOCIATION






Business Money Market ACCOUNT XXXXXXXXXXXX0676

- - - - - DAILY BALANCE - - - - -	
DATE.....	BALANCE
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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX0684	\$0.00

Business Checking - Analysis-XXXXXXXX0684

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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

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IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFER

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INFORMATION ABOUT OUR FUNDS AVAILABILITY POLICY

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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

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

Business Checking - Analysis-XXXXXXXX0692

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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						ENTER	
						BALANCE STATEMENT	
						ADD	
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT	
						SUBTOTAL	
						SUBTRACT	
						TOTAL CHECKS OUTSTANDING	
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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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

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 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
	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	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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
						SUBTRACT							
						TOTAL CHECKS OUTSTANDING							
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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

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	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

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 skipped check number

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		

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
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						SUBTRACT							
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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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX4870	\$0.00

Business Checking - Analysis-XXXXXXXX4870

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 XXXXXXXXXXXXXXXXXXXX0595	\$114.53
10/19/2023	TRANSFER FROM Analyzed Bus Ckg ACCOUNT XXXXXXXXXXXXXXXXXXXX0595	\$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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
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						SUBTOTAL							
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 DEBTOR-IN-POSSESSION
 CASE # 2:23-BK-12359-SK
 309 W BEVERLY BLVD
 MONTEBELLO CA 90640-4308

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Summary of Accounts

Account Type	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX5079	\$0.00

Business Checking - Analysis-XXXXXXXXX5079

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
10/31/2023	Ending Balance	\$0.00

Other Debits

Date	Description	Amount
10/02/2023	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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						ENTER							
						BALANCE STATEMENT							
						ADD							
						RECENT DEPOSITS NOT CREDITED ON THIS STATEMENT							
						SUBTOTAL							
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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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXXX5095	\$1,975,209.94

Business Checking - Analysis-XXXXXXXXX5095

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
10/31/2023	Ending Balance	\$1,975,209.94

Deposits

Date	Description	Amount
10/12/2023	REMOTE DEPOSIT	\$125.30

Other Credits

Date	Description	Amount
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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

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Business Checking - Analysis-XXXXXXXX5095 (continued)

Checks Cleared (continued)

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		

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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

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	Account Number	Ending Balance
Business Checking - Analysis	XXXXXXXX5767	\$207,918.81

Business Checking - Analysis-XXXXXXXX5767

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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION							
Date or #	Amount	Date or #	Amount	Date or #	Amount								
						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 <table border="0"> <tr> <td>• Accounted for bank charges?</td> <td>• Verified debit card purchases?</td> </tr> <tr> <td>• Computed cancelled checks to check stubs?</td> <td>• Verified additions and subtractions?</td> </tr> <tr> <td>• Verified ATM withdrawals and fees?</td> <td>• Computed deposit amount on statement to your checkbook?</td> </tr> </table>							• 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?	BALANCE
• Accounted for bank charges?	• Verified debit card purchases?												
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3660 Wilshire Blvd Ste PH-A
 Los Angeles, CA 90010

BEVERLY COMMUNITY HOSPITAL Page 1 of 8
Customer Number: XXXXXXXX8764

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
	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	XXXXXXXXX8764	\$547,453.35

Business Checking - Analysis-XXXXXXXXX8764

Account Summary

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



CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your checkbook?							BALANCE

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Business Checking - Analysis-XXXXXXXX8764 (continued)

Electronic Credits

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 Credits

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 XXXXXXXXXXXXXXXXXXXXXXXX0595	\$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	\$1,984.50
10/10/2023	DEBIT REVERSE FICTITIOUS CK#2215	\$1,984.50
10/10/2023	DEBIT REVERSE FICTITIOUS CK#2172	\$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	ACH Paymen BEVERLY COMMUNIT Week of 10/15/23 + Week of 9/11/23	\$102,455.64
10/30/2023	QUARTERLY FEE PAYMENT 0000	\$250,857.77
10/30/2023	ACH Paymen BEVERLY COMMUNIT Keenan Week of 10/23/2023	\$327,570.16

Other Debits

Date	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
10/26/2023	Outgoing Wire 392060 ADP CLIENT TRUST 2263771VV	\$476,271.91
10/27/2023	Outgoing Wire 392447 ADP CLIENT TRUST 9000137367	\$1,452.56
10/27/2023	Outgoing Wire 392445 ADP CLIENT TRUST 2285072VV	\$112,080.14
10/31/2023	Outgoing Wire 393487 Adventist Health Systems/West	\$7,800.00

Business Checking - Analysis-XXXXXXXXX8764 (continued)

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

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
	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	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

CHECKS OUTSTANDING						CHECKBOOK RECONCILIATION	
Date or #	Amount	Date or #	Amount	Date or #	Amount		
						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? • Computed cancelled checks to check stubs? • Verified additions and subtractions? • Verified ATM withdrawals and fees? • Computed deposit amount on statement to your 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

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.



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 MERCHANT PURCHASE TERMINAL 469216 GRASSHOPPER COM LOGMEIN C MA XXXXXXXXXXXXX0306 10-13-23	69.85

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

Thank you for banking with Western Alliance Bank



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
(1)

BK EST/BEVERLY COMMUNITY HOSPITAL ASSOC
HOWARD EHRENBURG 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	Date	Amount	Number	Date	Amount
101	10-23	49,280.00			

DEBITS

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

DAILY BALANCES

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		

STARTING DATE: October 01, 2023

ENDING DATE: October 31, 2023

97-02000435



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

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



ENTER

ENTER

\$_____

\$_____

Sub Total \$

Add Monthly Interest

\$

\$_____

§

Balance..... \$

(REV 11/07)



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

ACCOUNT STATEMENT

Page 1 of 1
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 EHRENBURG 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	██████████0442	Beginning balance	\$0.00
Low balance	\$0.00	Total additions	(4) 14,323,609.30
Average balance	\$10,008,715.94	Total subtractions	(0) 0.00
Interest paid year to date	\$22,622.34	Ending balance	\$14,323,609.30

CREDITS

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

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
Average balance for APY	\$11,120,742.23	Interest earned	\$22,622.34

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

ENTER

ENTER

\$_____

(REV 11/07)



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

ACCOUNT STATEMENT

Page 1 of 1
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 EHRENBURG 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	97-02000449	Beginning balance	\$0.00
Low balance	\$0.00	Total additions	(2) 6,281,660.35
Average balance	\$5,106,622.81	Total subtractions	(0) .00
		Ending balance	\$6,281,660.35

CREDITS

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

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

ENTER

ENTER

\$_____

\$_____

Sub Total \$

Add Monthly Interest

\$ _____

\$_____

\$ _____

Balance..... \$

(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	XXXXXX0520	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	\$0.00

DEBITS

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

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

Thank you for banking with Western Alliance Bank

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.
madeyemo@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@bushgottlieb.com, kprestegard@bushgottlieb.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, gmittchell@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
afern@fernslaw.com, mmakalintal@fernslaw.com

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

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

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

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

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

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, jmobleby@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 Miskin on behalf of U.S. Trustee United States Trustee (LA)
Kenneth.M.Miskin@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;DO
CKET.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.wicks@dentons.com;kathryn.howard@dentons.com;derry.kalve@dentons.com;glenda.spratt@dentons.com;DO
CKET.GENERAL.LIT.LOS@dentons.com

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 Ca
neli.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.
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☐ Service information continued on attached page.

2. SERVED BY UNITED STATES MAIL:

On (*date*) _____, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page.

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) _____, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

December 14, 2023	Denise Walker	/s/Denise Walker
<i>Date</i>	<i>Printed Name</i>	<i>Signature</i>