

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

In re:

Bostwick Laboratories, Inc., *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 17-10570 (BLS)

(Jointly Administered)

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFIARS**

**Introduction**

Bostwick Laboratories, Inc. and Bostwick Laboratories Holdings, Inc. (collectively, the “**Debtors**”) with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publically filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the

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<sup>1</sup> The Debtors are the following entities (last four digits of EIN in parentheses): (i) Bostwick Laboratories, Inc., a Delaware corporation (3169); and (ii) Bostwick Laboratories Holdings, Inc., a Delaware corporation (1042). The mailing address for the Debtors is 100 Charles Lindbergh Blvd., Uniondale, NY 11553.

Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised or re-categorized. The Debtors, on behalf of themselves, their officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

James P. Carroll, as Chief Restructuring Officer of the Debtors, has signed the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. Carroll has necessarily relied upon the efforts, statements, and representations of the Debtors' various other personnel and professionals. Mr. Carroll has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

### **Global Notes and Overview of Methodology**

- 1. Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to claim (“**Claim**”) description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as “disputed,” “contingent,” or “unliquidated;” or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such Claim or amount is not “disputed,” “contingent,” or “unliquidated.” Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.
- 2. Description of Cases and “as of” Information Date.** On March 15, 2017 (the “**Petition Date**”), each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtors continue to hold and manage their assets as debtors-

in-possession pursuant to Bankruptcy Code sections 1107(a) and 1108. On March 16, 2017, the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11 cases [Docket No. 26]. Information regarding the Debtors and these cases, including the Debtors' business, organizational structure, financial condition, and the reasons for and objectives of these cases, is set forth in the *Declaration of Tammy Hunt in Support of Chapter 11 Petitions and First Day Pleadings* (the "**First Day Declaration**") [Docket No. 3], which was filed on the Petition Date.

**The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of the close of business on February 28, 2017, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of the Petition Date.**

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of the close of business on February 28, 2017, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date.
4. **Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property-Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).
6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities which have been paid post-petition have been included on the Schedules and marked as "contingent". To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Executory Contracts and Unexpired Leases.** Other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G.
10. **Materialman's/Mechanic's Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
11. **Classifications.** Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors' rights to recharacterize or reclassify such Claims or contracts or leases or to setoff of such Claims.

**12. Claims Description.** Schedules D and E/F permit each Debtor to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on a given Debtor’s Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by that Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.

**13. Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, “**Causes of Action**”) they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

**14. Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- a. **Undetermined Amounts.** The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. **Liens.** Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

**15. Estimates and Assumptions.** Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

**16. Currency.** All amounts are reflected in U.S. dollars.

- 17. Setoffs.** The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.
- 18. Employee Addresses.** Current employee addresses have been listed as the corporate address. Former employee addresses are listed at the last known address for the employee based on the Debtors' books and records.
- 19. Global Notes Control.** If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

### **Specific Disclosures with Respect to the Debtors' Schedules**

**Schedule A/B.** All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of the close of business on February 28, 2017, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

**Schedule A/B 3.** Cash values held in financial accounts are listed on Schedule A/B 3 as of the close of business on February 28, 2017. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Motion for Entry of Interim and Final Orders Authorizing Continued Use of the Debtors' Cash Management System* [Docket No. 6] (the "**Cash Management Motion**").

**Schedule A/B 15.** Ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

**Schedule A/B 25.** Although the Debtors have listed their inventory value as of the close of business on February 28, 2017, the value of the property purchased within 20 days before the filing of the chapter 11 petitions as listed in Schedule A/B 25 is the value purchased within 20 days of March 15, 2017, the filing date.

**Schedule A/B 55.** The Debtors do not own real property. The Debtors have listed their real property leases in Schedule A/B 55.

**Schedule A/B 63.** The Debtors maintain a customer database. The amount is listed as undetermined because the fair market value of such ownership cannot be determined. The Debtors customer list is proprietary and contains confidential, non-public information.

**Schedule A/B 74 & 75.** In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs,

refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

**Schedule D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the Claimant or a waiver of the Debtors' rights to recharacterize or reclassify such Claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

**Schedule E/F part 2.** The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors' liabilities with respect to any of the potential suits and proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors' Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

**Schedule G.** Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease was in effect on the Petition Date or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.



**Schedule H.** For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

#### **Specific Disclosures with Respect to the Debtors' Statements**

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. All disbursements listed on Statement 3 are made through the Debtors' consolidated cash management system maintained by Bostwick Laboratories, Inc. and listed for that Debtor.

**Statement 4.** Statement 4 accounts for transfers to insiders as applicable. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

**Statement 5.** Statement 5 excludes goods returned in the ordinary course of business.

**Statement 7.** Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein.

**Statement 10.** The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes.

**Statement 11.** Out of an abundance of caution, the Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services.

**Statement 26d.** The Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtors'

knowledge or consent or subject to confidentiality agreements, the Debtors have not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

**Statement 28.** The directors and officers reported in response to Statement 28 are the directors and officers who held said positions as of the Petition Date.

**Statement 30.** Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

**Fill in this information to identify the case:**

**Debtor name:** Bostwick Laboratories, Inc.  
**United States Bankruptcy Court for the:** District of Delaware  
**Case number (if known):** 17-10570

Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from Schedule A/B .....	\$0.00
1b. <b>Total personal property:</b> Copy line 91A from Schedule A/B .....	\$99,206,700.41
1c. <b>Total of all property:</b> Copy line 92 from Schedule A/B .....	\$99,206,700.41

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....	\$2,773,000.00
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F .....	\$382,961.70
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....	+ \$45,730,553.02
4. <b>Total liabilities</b> Lines 2 + 3a + 3b .....	\$48,886,514.72

**Fill in this information to identify the case:**

**Debtor name:** Bostwick Laboratories, Inc.  
**United States Bankruptcy Court for the:** District of Delaware  
**Case number (if known):** 17-10570

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

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

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

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

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

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

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
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**2. Cash on hand**

2.1. \_\_\_\_\_ \$ \_\_\_\_\_

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	BANK OF AMERICA	DEPOSITORY	7414	\$8,541.00
3.2.	BANK OF AMERICA	LOCKBOX, DEPOSITORY	9305	\$31,675.00
3.3.	BANK OF AMERICA	DEPOSITORY	7589	\$4,874.00
3.4.	BANK OF AMERICA	PAYROLL	9321	(\$568.00)
3.5.	BANK OF AMERICA	LOCKBOX, DEPOSITORY	6800	\$969,188.00
3.6.	BANK OF AMERICA	DISBURSEMENT ACCOUNT	4346	(\$215,445.00)
3.7.	BANK OF AMERICA	DISBURSEMENT ACCOUNT	9318	(\$71,988.00)
3.8.	BANK OF AMERICA	DEPOSITORY ACCOUNT	4535	\$1,725,904.00
3.9.	BANK OF AMERICA	DEPOSITORY ACCOUNT	5279	\$45,001.00
3.10. <sup>1</sup>	UHC	EMPLOYEE HEALTHCARE ACCOUNT	3636	\$0.00
3.11. <sup>1</sup>	CIGNA	EMPLOYEE HEALTHCARE ACCOUNT	3261	(\$1,435.00)
3.12. <sup>1</sup>	CIGNA	EMPLOYEE HRA ACCOUNT	0798	\$482.00

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

<sup>1</sup>IMPREST ACCOUNT NOT UNDER DEBTOR CONTROL

<sup>1</sup>IMPREST ACCOUNT NOT UNDER DEBTOR CONTROL

**4. Other cash equivalents (Identify all)**

Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1. _____	_____	_____	_____	\$ _____
<b>5. Total of part 1</b>				\$2,496,229.00
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.				

**Part 2: Deposits and prepayments**

**6. Does the debtor have any deposits or prepayments?**

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

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.1. RENT DEPOSIT (ORLANDO FL) HEAVEN III, LLC (KINGSTONE C/O MAC KING REALTY) - FL BUILDING DEPOSIT MAX KING REALTY 8240 EXCHANGE DR. SUITE CLOUD 9 ORLANDO FL 32809	\$5,000.00
7.2. SECURITY DEPOSIT (INNSLAKE DRIVE DEPOSIT) HIGHWOODS REALTY LIMITED SHEYRL CARPENTER 4501 HIGHWOODS PARK SUITE 400 GLEN ALLEN VA 23060	\$433,369.00
7.3. ELECTRIC DEPOSIT LONG ISLAND POWER AUTHORITY (LIPA) 333 EARLE OVINGTON BLVD. UNIONDALE NY 11553	\$41,170.00
7.4. DEPOSIT FOR GAS SERVICE NATIONAL GRID (KEY SPAN ENERGY DELIVERY) PO BOX 9037 HICKSVILLE NY 11802	\$2,900.00
7.5. SECURITY DEPOSIT ON UTILITIES OUC PO BOX 31329 TAMPA FL 33631	\$2,358.24
7.6. ELECTRIC DEPOSIT PSEGLI (FORMERLY LIPA) PO BOX 9039 HICKSVILLE NY 11802	\$16,124.00

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit Current value of debtor's interest

7.7. RENT DEPOSIT (UNIONDALE NY) \$75,558.33  
 WINBROOK MANAGEMENT  
 370 SEVENTH AVE  
 SUITE 1600  
 NEW YORK NY 10001

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment Current value of debtor's interest

8.1. PREPAID INSURANCE \$108,774.11  
 AFCO (MED MALPRACTICE)

8.2. PREPAID INSURANCE \$51,642.27  
 CHUBB AND SON FEDERAL INS. CO.

8.3. CRM SUPPORT \$14,200.00  
 HC1.COM, INC.

8.4. SOFTWARE LICENSING AND SUPPORT \$21,409.28  
 MICROSOFT GP LICENSING

8.5. LAB PERMIT \$43,383.26  
 NEW YORK STATE DEPARTMENT OF HEALTH

8.6. PROFESSIONAL RETAINER \$15,375.50  
 PEPPER HAMILTON LLP

8.7. HVAC SERVICE AGREEMENT \$6,083.00  
 QUALITY AIR CONDITIONING & HEATING, INC.

8.8. PREPAID INSURANCE \$34,961.40  
 USI INSURANCE (PREMIUM ASSIGMENT CORP) D&O

**9. Total of part 2**

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

\$872,308.39

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

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

**Current value of debtor's interest**

**11. Accounts receivable**

		Face amount	Doubtful or uncollectible accounts		
11a.	90 days old or less:	\$10,180,120.00	- \$6,991,665.00	= ..... →	\$3,188,455.00
11b.	Over 90 days old:	\$14,834,078.00	- \$14,081,204.00	= ..... →	\$752,874.00

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

**12. Total of part 3**

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

\$3,941,329.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

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

Valuation method used for current value	Current value of debtor's interest
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**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity % of ownership

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of part 4**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

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

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

19.1. \_\_\_\_\_ \$ \_\_\_\_\_

**20. Work in progress**

20.1. \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

21.1. \_\_\_\_\_ \$ \_\_\_\_\_

**22. Other inventory or supplies**

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1. GOODS USED IN THE PROCESS	4/1/2017	\$1,013,441.96	COST	\$1,013,441.96

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

**23. Total of part 5**

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

\$1,013,441.96

**24. Is any of the property listed in Part 5 perishable?**

- No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- No  
 Yes Book value: \$483,254.85 Valuation method: COST Current value: \$483,254.85

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

28.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**29. Farm animals.** Examples: Livestock, poultry, farm-raised fish

29.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**30. Farm machinery and equipment** (Other than titled motor vehicles)

30.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**31. Farm and fishing supplies, chemicals, and feed**

31.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**32. Other farming and fishing-related property not already listed in Part 6**

32.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**33. Total of part 6**

Add lines 28 through 32. Copy the total to line 85.

\$0.00

**34. Is the debtor a member of an agricultural cooperative?**

- No  
 Yes. Is any of the debtor's property stored at the cooperative?  
 No  
 Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No  
 Yes Book value: \$ \_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- No  
 Yes



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No  
 Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1. BLACK FABRIC TASK CHAIR	\$0.00	Cost	\$0.00
39.2. FURNITURE	\$0.00	Cost	\$0.00
39.3. MISC FURNITURE	\$0.00	Cost	\$0.00
39.4. FURNITURE AND FIXTURES	\$0.00	Cost	\$0.00
39.5. CHAIRS	\$0.00	Cost	\$0.00
39.6. 20 PATHWAY CUBES	\$0.00	Cost	\$0.00
39.7. 70 CUBICLES	\$0.00	Cost	\$0.00
39.8. CREATIVE OFFICE FOR INSTALL OF CUBICLES	\$0.00	Cost	\$0.00
39.9. SMARTER INTERIORS FOR INSTALL OF CUBICLES	\$0.00	Cost	\$0.00
39.10. 2 DRAWER RACKS	\$0.00	Cost	\$0.00
39.11. WORKTABLE, DESK, SHELF & EASEL	\$0.00	Cost	\$0.00
39.12. MARKETING BOOTH	\$0.00	Cost	\$0.00
39.13. TRIPP STAND FOR UPS	\$0.00	Cost	\$0.00
39.14. CONFERENCE TABLE	\$0.00	Cost	\$0.00
39.15. LAB WORK TABLE	\$0.00	Cost	\$0.00
39.16. 8 FILE CABINETS	\$0.00	Cost	\$0.00
39.17. WORK TABLE	\$0.00	Cost	\$0.00
39.18. RACK FOR 110 CASSETTES	\$0.00	Cost	\$0.00
39.19. ML9019 FURNITURE	\$0.00	Cost	\$0.00
39.20. FURNITURE	\$0.00	Cost	\$0.00
39.21. SAFE- MORE DIRECT	\$0.00	Cost	\$0.00
39.22. UTILITY BLDG 10X25	\$0.00	Cost	\$0.00
39.23. PICNIC TABLES	\$0.00	Cost	\$0.00
39.24. INSTRUMENT TABLE W/ ERGO ARM-RESTS	\$0.00	Cost	\$0.00
39.25. WORK STATIONS (NEAR MD CONFERENCE ROOM)	\$0.00	Cost	\$0.00
39.26. WORKSTATIONS (EXECUTIVE AREA)	\$0.00	Cost	\$0.00
39.27. CHAIR FOR DR. HOUSSAIN	\$0.00	Cost	\$0.00
39.28. INSTRUMENT TABLE (FOR ULTRAMICROTOME)	\$0.00	Cost	\$0.00

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
39.29.	FURNITURE FOR LAKE BROOK BUILDING LOBBY	\$0.00	Cost	\$0.00
39.30.	MODULES, 3 CIRCUIT PALEN	\$0.00	Cost	\$0.00
39.31.	REFRIGERATOR (LOWES)	\$0.00	Cost	\$0.00
39.32.	10X10 INDOOR COOLER (REFRIGERATOR)	\$0.00	Cost	\$0.00
39.33.	OFFICE MAX FIRE PROOF VERTICLE FILE	\$0.00	Cost	\$0.00
39.34.	OFFICEMAX FIRE PROOF VERTICLE FILE	\$0.00	Cost	\$0.00
39.35.	OFFICEMAX FIRE PROOF VERTICLE FILE	\$0.00	Cost	\$0.00
39.36.	JOSLIN&SONSSIGNS9004PERYW	\$0.00	Cost	\$0.00
39.37.	FRONTLINETRADESHOWDISPLAYSPERYW	\$0.00	Cost	\$0.00
39.38.	LABSAFETYSUPPLY1011534916	\$0.00	Cost	\$0.00
39.39.	VWRINTERNATIONAL34584716	\$0.00	Cost	\$0.00
39.40.	JMJWORKPLACEINT.INV71102&71103	\$0.00	Cost	\$0.00
39.41.	NASHVILLEMACHINECOMPANYINCINV92319	\$0.00	Cost	\$0.00
39.42.	VWRFIRECABINET36442838PO303982	\$0.00	Cost	\$0.00
39.43.	VWRCABINET37749884PO307405	\$0.00	Cost	\$0.00
39.44.	CORPORATEEXPSEVERRACKGA1226PO308360	\$0.00	Cost	\$0.00
39.45.	STAPLESADVANPO309966	\$0.00	Cost	\$0.00
39.46.	VWRPO39139635 PO39194593	\$0.00	Cost	\$0.00
39.47.	VWRBALANCETABLEMARBLE	\$0.00	Cost	\$0.00
39.48.	BINA OFFICE FURNITURE	\$488.19	Cost	\$488.19
39.49.	VWR CABINET MR INV 8051194930 PO327405	\$240.56	Cost	\$240.56
39.50.	VALUE CITY 4PC SOFA/CHAIR/ACCENT CHAIR/OTTO	\$149.62	Cost	\$149.62
39.51.	VALUE CITY 4PC SOFA/CHAIR/ACCENT CHAIR/OTTO	\$149.62	Cost	\$149.62
39.52.	VALUE CITY 4PC SOFA/CHAIR/ACCENT CHAIR/OTTO	\$149.62	Cost	\$149.62
39.53.	VALUE CITY 4PC SOFA/CHAIR/ACCENT CHAIR/OTTO	\$149.62	Cost	\$149.62
39.54.	VALUE CITY 4PC SOFA/CHAIR/ACCENT CHAIR/OTTO	\$168.61	Cost	\$168.61
39.55.	VALUE CITY COCKTAIL TABLE-CASA MODA	\$135.72	Cost	\$135.72
<b>40.</b>	<b>Office fixtures</b>			
40.1.	SNACK MACHINE	\$0.00	Cost	\$0.00
40.2.	GENERATOR	\$0.00	Cost	\$0.00
40.3.	ACRYLIC SIGNAGE (GRAPHICS GALLERY)	\$0.00	Cost	\$0.00
40.4.	ACRYLIC SIGNAGE (GRAPHICS GALLERY)	\$0.00	Cost	\$0.00
40.5.	ACRYLIC SIGNAGE (GRAPHICS GALLERY)	\$0.00	Cost	\$0.00
40.6.	GRAPHICS GALLERY NYSMALL SIGNS(2)	\$0.00	Cost	\$0.00
40.7.	CORPORATEEXPRESSFIRESAFE	\$0.00	Cost	\$0.00
40.8.	CORPORATEEXPRESS TV	\$0.00	Cost	\$0.00
40.9.	TYCO SECURITY SYSTEM	\$1,792.81	Cost	\$1,792.81

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

		<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1.	HP LASERJET 1150 PRINTER	\$0.00	Cost	\$0.00
41.2.	HP LASERJET 2300DN PRINTER	\$0.00	Cost	\$0.00
41.3.	RACK MOUNT FOR SERVER	\$0.00	Cost	\$0.00
41.4.	EXTERNAL BATTERY PACK	\$0.00	Cost	\$0.00
41.5.	COMPAQ PROLIANT WINDOWS SERVER	\$0.00	Cost	\$0.00
41.6.	HEWLETT PACKARD PROLIANT SERVER	\$0.00	Cost	\$0.00
41.7.	HEWLETT PACKARD 16 PORT FIBER SWITCH	\$0.00	Cost	\$0.00
41.8.	HP DESKTOP PC AND MONITOR	\$0.00	Cost	\$0.00
41.9.	HP PROLIANT BL20P SERVER	\$0.00	Cost	\$0.00
41.10.	LASERJET PRINTER MODEL 4300N	\$0.00	Cost	\$0.00
41.11.	DESK TOP COMPUTER FROM CDW	\$0.00	Cost	\$0.00
41.12.	HP INVOICE #37252117 COMPUTERS	\$0.00	Cost	\$0.00
41.13.	CISCO AIRONET WIRELESS SYSTEM	\$0.00	Cost	\$0.00
41.14.	HP SWITCH AND ROTOR	\$0.00	Cost	\$0.00
41.15.	LASER JET PRINTER MODEL 4300N	\$0.00	Cost	\$0.00
41.16.	HP PROCURVE EXPANSION MODULE	\$0.00	Cost	\$0.00
41.17.	WIRELESS ACCESS POINT	\$0.00	Cost	\$0.00
41.18.	UNIVERSAL POWER SUPPLY	\$0.00	Cost	\$0.00
41.19.	PIXMA MP780	\$0.00	Cost	\$0.00
41.20.	LJ2420DN LASERJET	\$0.00	Cost	\$0.00
41.21.	2 HPBL20PG2	\$0.00	Cost	\$0.00
41.22.	4 - 146 GB HARD DRIVE	\$0.00	Cost	\$0.00
41.23.	4 UNIVERSAL DISK DRIVE	\$0.00	Cost	\$0.00
41.24.	2 WINDOWS 2003 SERVER	\$0.00	Cost	\$0.00
41.25.	8 - 1 GB RAM FOR BL20P	\$0.00	Cost	\$0.00
41.26.	1 SQL SERVER 2000	\$0.00	Cost	\$0.00
41.27.	1 TC1 100 COMPUTERS	\$0.00	Cost	\$0.00
41.28.	HP CPQ PORT REPLICATOR	\$0.00	Cost	\$0.00
41.29.	2 PROCURVE SWITCH	\$0.00	Cost	\$0.00
41.30.	IBM TP X40	\$0.00	Cost	\$0.00
41.31.	HP LJ2420DN	\$0.00	Cost	\$0.00
41.32.	146 GB HARD DRIVE	\$0.00	Cost	\$0.00
41.33.	146GB HARD DRIVE	\$0.00	Cost	\$0.00
41.34.	WINDOWS SERVER	\$0.00	Cost	\$0.00
41.35.	COMPUTER EQUIPMENT-CDW DIRECT	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

		<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.36.	COMPUTER EQUIPMENT - CDW DIRECT	\$0.00	Cost	\$0.00
41.37.	COMPUTER EQUIPMENT-DOMINION TEK	\$0.00	Cost	\$0.00
41.38.	COMPUTER EQUIPMENT-CDW DIRECT	\$0.00	Cost	\$0.00
41.39.	COMPUTER EQUIPMENT-CDW DIRECT	\$0.00	Cost	\$0.00
41.40.	COMPUTER EQUIPMENT-CDW	\$0.00	Cost	\$0.00
41.41.	6 HP DC5100	\$0.00	Cost	\$0.00
41.42.	6 HP 4YR DESKTOP	\$0.00	Cost	\$0.00
41.43.	SEAGATE 100GB 2.5"	\$0.00	Cost	\$0.00
41.44.	ETHERNET JACKS	\$0.00	Cost	\$0.00
41.45.	SCANNER	\$0.00	Cost	\$0.00
41.46.	3 COM 802.11G 54 MBPS WIRELESS	\$0.00	Cost	\$0.00
41.47.	PIXMA MP 780 PHOTO ALL IN ONE	\$0.00	Cost	\$0.00
41.48.	COMPAQ 400W/CISCO 2950	\$0.00	Cost	\$0.00
41.49.	HP SBNXS6110	\$0.00	Cost	\$0.00
41.50.	HP SBNC8230	\$0.00	Cost	\$0.00
41.51.	SCANNER	\$0.00	Cost	\$0.00
41.52.	HP PROCURVE 24	\$0.00	Cost	\$0.00
41.53.	FLAT PANE DISPLAY	\$0.00	Cost	\$0.00
41.54.	DIVA SERVER ANALOG	\$0.00	Cost	\$0.00
41.55.	COMPUTER HARDWARE	\$0.00	Cost	\$0.00
41.56.	DELL FINANCIAL LEASE BUY OUT	\$0.00	Cost	\$0.00
41.57.	COMPUTER HARDWARE	\$0.00	Cost	\$0.00
41.58.	INFOTEL SYSTEMS - COMPUTER HARDWARE	\$0.00	Cost	\$0.00
41.59.	CDW - HP SB NC6120	\$0.00	Cost	\$0.00
41.60.	COMP USA HARDWARE	\$0.00	Cost	\$0.00
41.61.	SMART BUY HP COMPAQ NC823	\$0.00	Cost	\$0.00
41.62.	PHYSICAN COMPUTERS FOR FIELD TECHS	\$0.00	Cost	\$0.00
41.63.	PRINTER Z4MPLUS 300 DPI	\$0.00	Cost	\$0.00
41.64.	PRINTER Z4MPLUS 300 DPI	\$0.00	Cost	\$0.00
41.65.	SERVER - RGC REALTY GROUP	\$0.00	Cost	\$0.00
41.66.	LEASE BUY OUT 5 MONITORS & MICE	\$0.00	Cost	\$0.00
41.67.	LEASE BUY OUT 10 TOWERS	\$0.00	Cost	\$0.00
41.68.	LEASE BUY OUT 2 COMPUTERS	\$0.00	Cost	\$0.00
41.69.	PROCURVE SWITCH XL	\$0.00	Cost	\$0.00
41.70.	10 PRINTERS CLJ 2600N	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

		<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.71.	72 GB HARD DRIVE FOR SERVERS	\$0.00	Cost	\$0.00
41.72.	COMPUTER HARDWARE - HI LINK	\$0.00	Cost	\$0.00
41.73.	COMPUTER HARDWARE - HI LINK	\$0.00	Cost	\$0.00
41.74.	FI - 5220C ADF FLATBED 30 PPM SCSI USB 2.0	\$0.00	Cost	\$0.00
41.75.	4 FI - 5220C ADF FLATBED 30 PPM SCSI USB 2.0	\$0.00	Cost	\$0.00
41.76.	COMPUTER HARDWARE - HI LINK	\$0.00	Cost	\$0.00
41.77.	6 PRINTERS CLJ 2600N	\$0.00	Cost	\$0.00
41.78.	FI-5220C ADF FLATBED	\$0.00	Cost	\$0.00
41.79.	FI-5220C FLATBED 16	\$0.00	Cost	\$0.00
41.80.	COMPUTER HARDWARE	\$0.00	Cost	\$0.00
41.81.	COMPUTER HARDWARE	\$0.00	Cost	\$0.00
41.82.	COMPUTER HARDWARE	\$0.00	Cost	\$0.00
41.83.	72.8GB HD U320	\$0.00	Cost	\$0.00
41.84.	COMPUTER HARDWARE - MORE DIRECT	\$0.00	Cost	\$0.00
41.85.	ERGOTRON DOUBLE MON	\$0.00	Cost	\$0.00
41.86.	MONITOR STANDS / MONITORS	\$0.00	Cost	\$0.00
41.87.	SURGE PROTECT	\$0.00	Cost	\$0.00
41.88.	HP DJ 90 4PPM 18X63	\$0.00	Cost	\$0.00
41.89.	COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.90.	PROCURVE SWITCH XL 16 MODULE 10/100/1000	\$0.00	Cost	\$0.00
41.91.	CPVN2005-E-FE HW SET SW CLIENT	\$0.00	Cost	\$0.00
41.92.	INTEL CORE DUO T2500	\$0.00	Cost	\$0.00
41.93.	COMPUTER HARDWARE - MORE DIRECT	\$0.00	Cost	\$0.00
41.94.	COMPUTER HARDWARE - MORE DIRECT	\$0.00	Cost	\$0.00
41.95.	COMPUTER HARDWARE - MORE DIRECT	\$0.00	Cost	\$0.00
41.96.	FI-5220C ADF FLATBED 30PPM SCSI USB2.0	\$0.00	Cost	\$0.00
41.97.	FI-5220C ADF FLATBED 30PPM SCSI USB2.0	\$0.00	Cost	\$0.00
41.98.	PROCURVE SWITCH XL 10/100 BTX MODULE 24PO	\$0.00	Cost	\$0.00
41.99.	PROCURVE SWITCH XL 10/100BTX MODULE 24PO	\$0.00	Cost	\$0.00
41.100.	HI LINK COMPUTER	\$0.00	Cost	\$0.00
41.101.	HI-LINK COMPUTER	\$0.00	Cost	\$0.00
41.102.	TAPE BACKUP - 6 (ADIC SCALAR I500)	\$0.00	Cost	\$0.00
41.103.	SALES REP LAPTOP	\$0.00	Cost	\$0.00
41.104.	NETWORK SERVER MONITOR (3)	\$0.00	Cost	\$0.00
41.105.	SQL SERVER	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.106. HP LEASE BUYOUT (PART OF #533)	\$0.00	Cost	\$0.00
41.107. SERVER	\$0.00	Cost	\$0.00
41.108. SERVER	\$243.70	Cost	\$243.70
41.109. FUJITSU SCANNER - (6)	\$0.00	Cost	\$0.00
41.110. FUJITSU SCANNER - (4)	\$0.00	Cost	\$0.00
41.111. SMART UP XL - (2)	\$0.00	Cost	\$0.00
41.112. SMART UPS XL - (14)	\$0.00	Cost	\$0.00
41.113. 6 - FUJITSU FI5220C DOMUMENT SCANNER	\$0.00	Cost	\$0.00
41.114. CORE 2 DUO T5600 15.4 IN MONITOR	\$0.00	Cost	\$0.00
41.115. A7T4700 PROCESSOR	\$0.00	Cost	\$0.00
41.116. ADIC SCALAR I500	\$0.00	Cost	\$0.00
41.117. 4 PATHOLOGIST COMPUTERS - DC570M/E6400	\$0.00	Cost	\$0.00
41.118. 11 PATHOLOGIST COMPUTERS - DC5700M/E6400	\$0.00	Cost	\$0.00
41.119. CISCO NETWORKING EQUIPMENT	\$0.00	Cost	\$0.00
41.120. 5 COMPUTERS (NO MONITORS)	\$0.00	Cost	\$0.00
41.121. SMART UPS XL	\$29.81	Cost	\$29.81
41.122. SCANNER	\$0.00	Cost	\$0.00
41.123. CATALYST 3560 48PORT 10/100 POE SWITCH	\$0.00	Cost	\$0.00
41.124. EICON DIVA SERVER ANALOG	\$0.00	Cost	\$0.00
41.125. COMPUTER HARDDRIVE (NO MONITOR)	\$0.00	Cost	\$0.00
41.126. FI-5220C ADF FLATBED SCANNER	\$0.00	Cost	\$0.00
41.127. COMPUTER HARDDRIVE TOWERS - 2	\$0.00	Cost	\$0.00
41.128. FI-5220 ADF FLAT BED SCANNERS (2)	\$0.00	Cost	\$0.00
41.129. FI-5220 ADF FLATBED SCANNERS (10)	\$0.00	Cost	\$0.00
41.130. COMPUTER HW (MORE DIRECT)	\$0.00	Cost	\$0.00
41.131. COMPUTER HW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.132. COMPUTER HW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.133. COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.134. COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.135. COMPUTER HW (MORE DIRECT)	\$0.00	Cost	\$0.00
41.136. COMPUTER HW (HI-LINK COMPUTER CORP.)	\$0.00	Cost	\$0.00
41.137. COMPUTER HW (PEAK TECHNOLOIES)	\$0.00	Cost	\$0.00
41.138. PRINTER (MORE DIRECT)	\$0.00	Cost	\$0.00
41.139. COMPUTER HW (MORE DIRECT)	\$0.00	Cost	\$0.00
41.140. PRINTER (MORE DIRECT)	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.141. COMPUTER HW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.142. COMPUTERHW(HI-LINK COMPUTER CORP.)	\$0.00	Cost	\$0.00
41.143. COMPUTERHW(SOFTCHOICE CORP.)	\$0.00	Cost	\$0.00
41.144. COMPUTERHW(SOFTCHOICE CORP.)	\$0.00	Cost	\$0.00
41.145. COMPUTERHW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.146. COMPUTERHW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.147. COMPUTERHW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.148. COMPUTERHW(SOFTCHOICE CORP.)	\$0.00	Cost	\$0.00
41.149. FUJITSU FI5220C SCANNER (6)	\$0.00	Cost	\$0.00
41.150. APC SMART UPS (6)	\$0.00	Cost	\$0.00
41.151. FUJITSU FI5220 SCANNER	\$0.00	Cost	\$0.00
41.152. FI-5220CADFSCANNER(HILINK COMPU.CORP.)	\$0.00	Cost	\$0.00
41.153. CISCO3825ISR BDL(HI-LINK COMP.CORP)	\$0.00	Cost	\$0.00
41.154. CORE2DUOT75002.2GHZ(MOREDIRECT)	\$0.00	Cost	\$0.00
41.155. COMPUTERHW(SOFTCHOICE)	\$0.00	Cost	\$0.00
41.156. COMPUTERHW(SOFTCHOICE CORP.)	\$0.00	Cost	\$0.00
41.157. FLATBED SCANNER(HILINK COMPUTER CORP.)	\$0.00	Cost	\$0.00
41.158. PART OF ASSET 576OFVA133LEASEPAYOUT	\$0.00	Cost	\$0.00
41.159. PART OF ASSET 577OFAZ134LEASEPAYOUT	\$0.00	Cost	\$0.00
41.160. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.161. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.162. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.163. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.164. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.165. HI LINK FLATBED SCANNERS (2)	\$0.00	Cost	\$0.00
41.166. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.167. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.168. MORE DIRECT COMPUTER HW (2)	\$0.00	Cost	\$0.00
41.169. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.170. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.171. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.172. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.173. MORE DIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.174. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.175. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.176. MORE DIRECT SMART UPS LINE	\$0.00	Cost	\$0.00
41.177. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.178. SOFTCHOICE EICON DIVA SERVER ANALOG	\$0.00	Cost	\$0.00
41.179. CDW TOS A8-EZ8413 80GB	\$0.00	Cost	\$0.00
41.180. SOFTCHOICE HP BUSINESSDESKTOP(3)	\$0.00	Cost	\$0.00
41.181. SOFTCHOICE HPBUSINESSDESKTOP&MONITORS (6)	\$0.00	Cost	\$0.00
41.182. MORE DIRECT COMPUTERS	\$0.00	Cost	\$0.00
41.183. SOFTCHOICE HP DESKTOP	\$0.00	Cost	\$0.00
41.184. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.185. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.186. SOFTCHOICE HP DESKTOPS (3)	\$0.00	Cost	\$0.00
41.187. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.188. SOFTCHOICE HP BUSINESS DESKTOP	\$0.00	Cost	\$0.00
41.189. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.190. MORE DIRECT HP SMART BUY DC5700	\$0.00	Cost	\$0.00
41.191. MORE DIRECT COMPUTERS	\$0.00	Cost	\$0.00
41.192. MORE DIRECT COMPUTER EQUIPMENT (5)	\$0.00	Cost	\$0.00
41.193. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.194. MORE DIRECT HP SMART BUY DC5700SMAL (3)	\$0.00	Cost	\$0.00
41.195. MORE DIRECT COMPUTERS (2,2,4)	\$0.00	Cost	\$0.00
41.196. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.197. FISHERHEALTHCAREGRAVITYCONVECTIONOVEN	\$0.00	Cost	\$0.00
41.198. MORE DIRECT HP COMPUTER	\$0.00	Cost	\$0.00
41.199. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.200. MORE DIRECT HP PROMO DC5700SFFXPP	\$0.00	Cost	\$0.00
41.201. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.202. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.203. MORE DIRECT COMPUTER EQUIPMENT (2)	\$0.00	Cost	\$0.00
41.204. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.205. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.206. MORE DIRECT HP SMART BUY COMPUTER	\$0.00	Cost	\$0.00
41.207. MORE DIRECT COMPUTER EQUIPMENT (5)	\$0.00	Cost	\$0.00
41.208. MORE DIRECT COMPUTER EQUIPMENT (6)	\$0.00	Cost	\$0.00
41.209. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.210. MORE DIRECT SMARTBUYDC5700SFFP4&MON	\$0.00	Cost	\$0.00



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.211. MORE DIRECT COMPUTER EQUIPMENT (3)	\$0.00	Cost	\$0.00
41.212. MORE DIRECT COMPUTER CORE 2D(9)	\$0.00	Cost	\$0.00
41.213. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.214. MORE DIRECT COMPUTER EQUIPMENT(5)	\$0.00	Cost	\$0.00
41.215. MORE DIRECT COMPUTER EQUIPMENT(5)	\$0.00	Cost	\$0.00
41.216. MORE DIRECT HP DC5700SMALLFORM FAC	\$0.00	Cost	\$0.00
41.217. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.218. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.219. MORE DIRECT COMPUTEREQUIPMENT (12)	\$0.00	Cost	\$0.00
41.220. MORE DIRECT IMPACT PRINTER	\$0.00	Cost	\$0.00
41.221. MORE DIRECT COMPUTER EQUIPMENT (5)	\$0.00	Cost	\$0.00
41.222. HILINK COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.223. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.224. MORE DIRECT HP COMPUTERS (2)	\$0.00	Cost	\$0.00
41.225. MORE DIRECT HP COMPUTER EQUIPMENT (5,10,5)	\$0.00	Cost	\$0.00
41.226. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.227. SOFTCHOICE COMPUTER	\$0.00	Cost	\$0.00
41.228. HILINK COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.229. SOFTCHOICE COMPUTER	\$0.00	Cost	\$0.00
41.230. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.231. MORE DIRECT COMPUTER SBUYHP	\$0.00	Cost	\$0.00
41.232. DELL COMPUTERS (9)	\$0.00	Cost	\$0.00
41.233. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.234. MORE DIRECT COMPUTER(344899)	\$0.00	Cost	\$0.00
41.235. MORE DIRECT COMPUTER (344900)	\$0.00	Cost	\$0.00
41.236. MORE DIRECT COMPUTER EQUIPMENT (8,8,10)	\$0.00	Cost	\$0.00
41.237. MORE DIRECT COMPUTER EQUIPMENT (8,8)	\$0.00	Cost	\$0.00
41.238. OLYMPUS CAMERA	\$0.00	Cost	\$0.00
41.239. MORE DIRECT COMPUTER EQUIPMENT (2,2)	\$0.00	Cost	\$0.00
41.240. MORE DIRECT COMPUTER EQUIPMENT (5)	\$0.00	Cost	\$0.00
41.241. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.242. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.243. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.244. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.245. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.246. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.247. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.248. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.249. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.250. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.251. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.252. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.253. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.254. MORE DIRECT COMPUTER EQUIPMENT	\$0.00	Cost	\$0.00
41.255. MORE DIRECT PRINTER	\$0.00	Cost	\$0.00
41.256. MORE DIRECT COMPUTER	\$0.00	Cost	\$0.00
41.257. HILINKCOMPUTERSERVER	\$0.00	Cost	\$0.00
41.258. MOREDIRECT COMPUTER HW	\$0.00	Cost	\$0.00
41.259. MOREDIRECT COMPUTER HW (PO4491)	\$0.00	Cost	\$0.00
41.260. HILINK COMPUTER HW	\$0.00	Cost	\$0.00
41.261. MORE DIRECT SMARTBUYDC5700COMPUHW	\$0.00	Cost	\$0.00
41.262. MOREDIRECT COMPUTER HW (PO 4512)	\$0.00	Cost	\$0.00
41.263. MOREDIRECT COMPUTER PRINTERS(12)PO4902	\$0.00	Cost	\$0.00
41.264. MORE DIRECT COMPUTER HW (PO 4511)	\$0.00	Cost	\$0.00
41.265. MOREDIRECT COMPUTER HW (PO4864)	\$0.00	Cost	\$0.00
41.266. MOREDIRECT DESKTOP(7) AND MONITORS(12)	\$0.00	Cost	\$0.00
41.267. MORE DIRECT COMPUTER HW(PO 4862)	\$0.00	Cost	\$0.00
41.268. HILINKCOMPUTERHW	\$0.00	Cost	\$0.00
41.269. HILINKCOMPUTERHW	\$0.00	Cost	\$0.00
41.270. HILINKCOMPUHW(2)HPSTORAGEWORKS	\$0.00	Cost	\$0.00
41.271. HILINKCOMPUHW(2)CATALYST3750	\$0.00	Cost	\$0.00
41.272. MOREDIRECT(2)COMPUTERHW	\$0.00	Cost	\$0.00
41.273. MOREDIRECT(2)COMPUHW	\$0.00	Cost	\$0.00
41.274. MOREDIRECT(9)COMPUHW	\$0.00	Cost	\$0.00
41.275. MOREDIRECTCOMPUHW(3)	\$0.00	Cost	\$0.00
41.276. MOREDIRECTCOMPUHW	\$0.00	Cost	\$0.00
41.277. CORPORATEEXPRESS(2)PRINTER	\$0.00	Cost	\$0.00
41.278. MOREDIRECT(3)COMPUHW	\$0.00	Cost	\$0.00
41.279. NORFOLKWIRE&ELECTRICSERVERCABINET	\$0.00	Cost	\$0.00
41.280. MOREDIRECTCOMPUHW(2)	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.281. MOREDIRECTCOMPUHW(2) 005111	\$0.00	Cost	\$0.00
41.282. MOREDIRECT(12)PRINTER	\$0.00	Cost	\$0.00
41.283. DELLMARKETING(12)COMPUHW	\$0.00	Cost	\$0.00
41.284. CORPORATEEXPRESSHW	\$0.00	Cost	\$0.00
41.285. ECLINICALWORKSHW	\$0.00	Cost	\$0.00
41.286. HILINKHW	\$0.00	Cost	\$0.00
41.287. HILINKHW	\$0.00	Cost	\$0.00
41.288. DELLMARKETINGHW	\$0.00	Cost	\$0.00
41.289. MOREDIRECT PROJECTOR	\$0.00	Cost	\$0.00
41.290. SOFTCHOICEHW	\$0.00	Cost	\$0.00
41.291. MOREDIRECTHW	\$0.00	Cost	\$0.00
41.292. CORPORATEEXPRESSPRINTER	\$0.00	Cost	\$0.00
41.293. CORPORATEEXPRESSHP3600DPI	\$0.00	Cost	\$0.00
41.294. CORPORATEEXPRESS SCANNER	\$0.00	Cost	\$0.00
41.295. HILINK FLATBED SCANNER (4)	\$0.00	Cost	\$0.00
41.296. SOFTCHOICE (3) COMPU HW	\$0.00	Cost	\$0.00
41.297. SOFTCHOICE COMPU HW	\$0.00	Cost	\$0.00
41.298. SOFTCHOICE (29) COMPU HW	\$0.00	Cost	\$0.00
41.299. SOFTCHOICE CORP COMPU HW	\$0.00	Cost	\$0.00
41.300. SOFTCHOICE CORP COMPU HW	\$0.00	Cost	\$0.00
41.301. MORE DIRECT COMPU HWHPCOREDUO	\$0.00	Cost	\$0.00
41.302. SOFTCHOICE CORP COMPU HW	\$0.00	Cost	\$0.00
41.303. MORE DIRECT COMPU HW 5640	\$0.00	Cost	\$0.00
41.304. MORE DIRECT COMPU HW 5832	\$0.00	Cost	\$0.00
41.305. MORE DIRECT COMPU HW 5758	\$0.00	Cost	\$0.00
41.306. DELL MARKETING COMPUTER SYSTEM(20)	\$0.00	Cost	\$0.00
41.307. MORE DIRET COMPU HW 5775	\$0.00	Cost	\$0.00
41.308. MORE DIRECT COMPU HW 5790	\$0.00	Cost	\$0.00
41.309. MORE DIRECT (7) COMPUTER HW 5818	\$0.00	Cost	\$0.00
41.310. SOFTCHOICECORPCOMPUHW	\$0.00	Cost	\$0.00
41.311. XPEDXTHERMALTRANSFERPRINTER6051	\$0.00	Cost	\$0.00
41.312. XPDEX(4)THERMALTRANSFERPRINTER	\$0.00	Cost	\$0.00
41.313. XPEDX(7)THERMALTRANSFERPRINTER5895	\$0.00	Cost	\$0.00
41.314. CORPORATEEXPRESS(5)SCANNER	\$0.00	Cost	\$0.00
41.315. ELECTRONIC SYSTEMS(2)COPIER/PRINTER	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.316. SOFTCHOICECORP(2)COMPUHW	\$0.00	Cost	\$0.00
41.317. TECHNOLOGY(TECHLSECON) 346561	\$0.00	Cost	\$0.00
41.318. MOREDIRECT 346111	\$0.00	Cost	\$0.00
41.319. TECHNOLOGY(TECHLSECON)346563	\$0.00	Cost	\$0.00
41.320. NI MOREDIRECT 350759	\$0.00	Cost	\$0.00
41.321. NI APPLIEDTELECOMFIBEROPTICCABLEINFRASTRUCTUR	\$0.00	Cost	\$0.00
41.322. DELLMARKETING CORE 2DUO	\$0.00	Cost	\$0.00
41.323. MOREDIRECT(2)COMPUHWPO5727	\$0.00	Cost	\$0.00
41.324. XPEDXPRINTERPO5107	\$0.00	Cost	\$0.00
41.325. CORPORATEEXPRESSSCANNERHWPO5339	\$0.00	Cost	\$0.00
41.326. XPEDXPRINTER(4)PO5340	\$0.00	Cost	\$0.00
41.327. CORPORATEEXPRESS(8)SCANNERPO5581	\$0.00	Cost	\$0.00
41.328. HILINK(7)COMPUHWPO5518	\$0.00	Cost	\$0.00
41.329. SOFTCHOICECOMPUHWPO5624	\$0.00	Cost	\$0.00
41.330. MOREDIRECTCOMPUHWPO5742	\$0.00	Cost	\$0.00
41.331. XPEDXPRINTER(8) PO5571	\$0.00	Cost	\$0.00
41.332. XPEDX(8)THERMALPRINTERPO5571	\$0.00	Cost	\$0.00
41.333. SOFTCHOICECOMPUHWPO5582	\$0.00	Cost	\$0.00
41.334. MOREDIRECTCOMPUHWPO5689	\$0.00	Cost	\$0.00
41.335. XPEDX PRINTER	\$0.00	Cost	\$0.00
41.336. MORE DIRECT	\$0.00	Cost	\$0.00
41.337. MORE DIRECT	\$0.00	Cost	\$0.00
41.338. SOFTCHOICECOMPHW1649787PO300021	\$0.00	Cost	\$0.00
41.339. MORE DIRECT	\$0.00	Cost	\$0.00
41.340. MORE DIRECT	\$0.00	Cost	\$0.00
41.341. DELLMARKETINGCOMPHWXCKRPO300217	\$0.00	Cost	\$0.00
41.342. ELECTRONIC SYSTEMS - CANON 1023IF	\$0.00	Cost	\$0.00
41.343. MORE DIRECT	\$0.00	Cost	\$0.00
41.344. OLYMPUSCOMPHWPO5554	\$0.00	Cost	\$0.00
41.345. ELECTRONICSYSININV1098110PO5489	\$0.00	Cost	\$0.00
41.346. I.MILLERPRECISIONOPTICALINSTRUMENTS08-779	\$0.00	Cost	\$0.00
41.347. CORPORATEEXPRESSIMAGINGBN7674	\$0.00	Cost	\$0.00
41.348. CORPORATEEXPRESSIMAGINGBN0617	\$0.00	Cost	\$0.00
41.349. CORPORATEEXPRESSIMAGINGBP7525	\$0.00	Cost	\$0.00
41.350. CORPORATEEXPRESSIMAGINGBS8048	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.351. HILINKCOMPUTERCORPSI-6132821	\$0.00	Cost	\$0.00
41.352. CORPORATEEXPRESSIMAGINGBT3050	\$0.00	Cost	\$0.00
41.353. XPEDX9009010967	\$0.00	Cost	\$0.00
41.354. HILINKCOMPUTERCORPSI-6132494	\$0.00	Cost	\$0.00
41.355. CORPORATEEXPRESSIMAG.COLORSCANNER	\$0.00	Cost	\$0.00
41.356. DELLMARKETINGXCP2DTX71	\$0.00	Cost	\$0.00
41.357. DELLMARKETINGXCP34KC74	\$0.00	Cost	\$0.00
41.358. HI-LINKCOMPUTERSI-6132874	\$0.00	Cost	\$0.00
41.359. MOREDIRECT15671-1 301165	\$0.00	Cost	\$0.00
41.360. CORPORATEEXPRESSIMAGPO5418AZ9183	\$0.00	Cost	\$0.00
41.361. CORPORATEEXPRESSIMAGPO5418AZ7302	\$0.00	Cost	\$0.00
41.362. DELLMARKETINGLPP0301836	\$0.00	Cost	\$0.00
41.363. DELLMARKETINGLPP0301836	\$0.00	Cost	\$0.00
41.364. XPEDXPO301734	\$0.00	Cost	\$0.00
41.365. CORPORATEEXPIMAGINVCG3591PO301735	\$0.00	Cost	\$0.00
41.366. XPEDXPRINTERINV9009381467PO302013	\$0.00	Cost	\$0.00
41.367. XPEDXPRINTERINV9009381468PO302012	\$0.00	Cost	\$0.00
41.368. CORPORATEEXPRESSCP1262PO302191	\$0.00	Cost	\$0.00
41.369. DELLMARKETINGPO302401	\$0.00	Cost	\$0.00
41.370. MOREDIRECT1619875PO302440	\$0.00	Cost	\$0.00
41.371. XPEDX9009427155PO302441	\$0.00	Cost	\$0.00
41.372. MOREDIRECT1614421	\$0.00	Cost	\$0.00
41.373. CORPORATEEXPRESSIMAGCV7462PO302442	\$0.00	Cost	\$0.00
41.374. MOREDIRECT1634115PO302892	\$0.00	Cost	\$0.00
41.375. DELLMARKETINGLPINXCKT3CX38-1PO300217	\$0.00	Cost	\$0.00
41.376. CORPEXPRESSIMAGINVD3152PO302891	\$0.00	Cost	\$0.00
41.377. MOREDIRECTINV1670569PO303898	\$0.00	Cost	\$0.00
41.378. CORPEXPIMAGINVD0290PO302212	\$0.00	Cost	\$0.00
41.379. CORPEXPIMAGINVDL6605PO301738	\$0.00	Cost	\$0.00
41.380. CORPEXPIMAGINVD02660PO302212	\$0.00	Cost	\$0.00
41.381. MOREDIRECTINV1668215PO303696	\$0.00	Cost	\$0.00
41.382. MOREDIRECTINV1668215PO303696 B	\$0.00	Cost	\$0.00
41.383. MOREDIRECTINV1668527PO303693	\$0.00	Cost	\$0.00
41.384. MOREDIRECTINV1668527PO303693 B	\$0.00	Cost	\$0.00
41.385. DELLMARKETINGXCW21C4F3APO303005	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

		<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.386.	DELLMARKETINGXD1CFMKC6APO304592	\$0.00	Cost	\$0.00
41.387.	DELLMARKETINGXD1FN37W5PO304592	\$0.00	Cost	\$0.00
41.388.	CORPEXPIMAGPRINTERED8103PO304716	\$0.00	Cost	\$0.00
41.389.	XPEDXPRINTER9009918978PO305085	\$0.00	Cost	\$0.00
41.390.	XPDEXPRINTER9009868269PO304865	\$0.00	Cost	\$0.00
41.391.	CORPEXPIMAGSCANNERDY1924	\$0.00	Cost	\$0.00
41.392.	CORPEXPIMAGSCANNERDX7928	\$0.00	Cost	\$0.00
41.393.	CORPEXPIMAGSCANNERDY1930	\$0.00	Cost	\$0.00
41.394.	CORPEXPIMAGSCANNEREH4221PO305020	\$0.00	Cost	\$0.00
41.395.	CORPEXPIMAGPRINTEREH4234PO305160	\$0.00	Cost	\$0.00
41.396.	MOREDIRECTCOMPUHW1713204PO304964	\$0.00	Cost	\$0.00
41.397.	MOREDIRECTCOMPUHW1714119PO305086	\$0.00	Cost	\$0.00
41.398.	CORPEXPIMAGSCANNEREH5638PO304856	\$0.00	Cost	\$0.00
41.399.	DELLCOMPUHWD37N2F37PO305566	\$0.00	Cost	\$0.00
41.400.	CORPORATEEXPIMAGSCANNEREH7019	\$0.00	Cost	\$0.00
41.401.	CORPORATEEXPIMAGSCANNEREH9467PO304856	\$0.00	Cost	\$0.00
41.402.	CORPORATEEXPIMAGSCANNEREN9382PO305485	\$0.00	Cost	\$0.00
41.403.	CORPORATEEXPIMAGSCANNEREH9453PO304727	\$0.00	Cost	\$0.00
41.404.	SOFTCHOICELAPTOPPO306500	\$0.00	Cost	\$0.00
41.405.	MOREDIRECTCOMPUHWINV1758346PO306501	\$0.00	Cost	\$0.00
41.406.	DELLMARKCOMPUHWINVXD5FOK252PO307061	\$0.00	Cost	\$0.00
41.407.	SOFTCHOICECOMPUHW1992334PO306837	\$0.00	Cost	\$0.00
41.408.	CORPORATEEXPIMAGPRINTERINVFE2576PO306685	\$0.00	Cost	\$0.00
41.409.	CORPORATEEXPIMAGPRINTERINVFB6321PO307062	\$0.00	Cost	\$0.00
41.410.	CORPORATEEXPIMAGSCANNERINVEU9458PO305931	\$0.00	Cost	\$0.00
41.411.	CORPORATEEXPIMAGSCANNERINVEU7115PO306802	\$0.00	Cost	\$0.00
41.412.	MOREDIRECTCOMPUHW1721385PO305086	\$0.00	Cost	\$0.00
41.413.	DELLMARKETINGCOMPUHWD6TPR1R9PO308125	\$0.00	Cost	\$0.00
41.414.	MOREDIRECTCOMPUHW1800294PO308120	\$0.00	Cost	\$0.00
41.415.	HILINKCOMPUSI-6133572PO307146	\$0.00	Cost	\$0.00
41.416.	DELLMARKETINGCOMPUHWD6MX1N42PO307973	\$0.00	Cost	\$0.00
41.417.	SOFTCHOICECOMPUHW2016672PO307563	\$0.00	Cost	\$0.00
41.418.	SOFTCHOICECOMPUHW2034594PO308121	\$0.00	Cost	\$0.00
41.419.	CORPORATEEXPRESSIMAGSCANNERFN9715PO307592	\$0.00	Cost	\$0.00
41.420.	CORPORATEEXPRESSIMAGSCANNERFP7472PO307596	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.421. CORPORATEEXPPRINTERFS2321PO307977	\$0.00	Cost	\$0.00
41.422. CORPORATEEXPSCANNERFP7466PO307597	\$0.00	Cost	\$0.00
41.423. XPEDXZEBRAPRINTER9010427189PO308333	\$0.00	Cost	\$0.00
41.424. DELL COMPUTER	\$0.00	Cost	\$0.00
41.425. NORTH STAR POWERWARE	\$0.00	Cost	\$0.00
41.426. XPEDEXPRINTER9010562033PO309559	\$0.00	Cost	\$0.00
41.427. DELLMARKETINGCOMPUHWD7WJ7342PO308952	\$0.00	Cost	\$0.00
41.428. CORPORATEEXPRESSPROJECTORGD3394PO308813	\$0.00	Cost	\$0.00
41.429. SOFTCHOICELAPTOPSHW2086323PO309437	\$0.00	Cost	\$0.00
41.430. STAPLESTECHSCANNERHWGN9977	\$0.00	Cost	\$0.00
41.431. STAPLESTECHCOLORPRINTERGL2071PO309616	\$0.00	Cost	\$0.00
41.432. STAPLESTECHCOLORPRINTERFP7532PO307062	\$0.00	Cost	\$0.00
41.433. STAPLESTECHCOLORPRINTERFK4637PO307062	\$0.00	Cost	\$0.00
41.434. STAPLESTECHSCANNERGK7074	\$0.00	Cost	\$0.00
41.435. STAPLESTECHCOMPUHWGS0403PO309832	\$0.00	Cost	\$0.00
41.436. STAPLESTECHPRINTERGS5036PO309623	\$0.00	Cost	\$0.00
41.437. STAPLESTECHSCANNERGU6572PO309763	\$0.00	Cost	\$0.00
41.438. STAPLESTECHPRINTERGV4869PO309110	\$0.00	Cost	\$0.00
41.439. DELLMARKETING XDC4MDPJ2PO310631	\$0.00	Cost	\$0.00
41.440. XPEDXZEBRAPRINER PO309701	\$0.00	Cost	\$0.00
41.441. STAPLESTECHSOLCOMPUHWPO309909	\$0.00	Cost	\$0.00
41.442. STAPLESTECSOLSCANNERPO310440	\$0.00	Cost	\$0.00
41.443. STAPLESTECSOLPO309683	\$0.00	Cost	\$0.00
41.444. STAPLESTECHSOLPO309683 COMPUHW	\$0.00	Cost	\$0.00
41.445. STAPLESTECHSOLU5LAPTOPSPO311583	\$0.00	Cost	\$0.00
41.446. STAPLESTECHSOLUCOMPUHWPO309682	\$0.00	Cost	\$0.00
41.447. XPEDXZEBRAPRINTERPO311290	\$0.00	Cost	\$0.00
41.448. STAPLESTECHSOL PRINTERS INVHT4325PO311977	\$0.00	Cost	\$0.00
41.449. STAPLESTECHHWSCANNERINVHR1920PO311975	\$0.00	Cost	\$0.00
41.450. HILINKSERVERINVS1-6133843PO310623	\$0.00	Cost	\$0.00
41.451. XPEDXINV9010757861PO310792	\$0.00	Cost	\$0.00
41.452. STAPLESTECHSOLCOMPUHWINVHF4904PO312176	\$0.00	Cost	\$0.00
41.453. STAPLESTECHSERVERCOOLINGRACKINVB1990PO311781	\$0.00	Cost	\$0.00
41.454. 09-2268SMALLSERVERS	\$0.00	Cost	\$0.00
41.455. DELLMARKHWINVXDW7RPKR4	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.456. METASYSTEMS COM UPGRADE INV2682 PO323234	\$0.00	Cost	\$0.00
41.457. PRNTR Z4MPLUS (PEAK TECH)	\$0.00	Cost	\$0.00
41.458. XEROX 4150X PRINTER	\$0.00	Cost	\$0.00
41.459. 3 PATHOLOGIST COMPUTERS- DC5700M/E6400	\$0.00	Cost	\$0.00
41.460. COMPUTER W/ LAPTOP (MOLECULAR LAB)	\$0.00	Cost	\$0.00
41.461. HILINKCOMPUTER COMPUTER HW	\$0.00	Cost	\$0.00
41.462. MOREDIRECT(2)COMPUHW	\$0.00	Cost	\$0.00
41.463. ACCESS GENETICS COMPU HW	\$0.00	Cost	\$0.00
41.464. MORE DIRECT COMPU HW 5941	\$0.00	Cost	\$0.00
41.465. MORE DIRECT COMPUHW 5924	\$0.00	Cost	\$0.00
41.466. CORPORATEEXPRESS(5) COLOR SCANNER	\$0.00	Cost	\$0.00
41.467. CORPORATEEXPRESSIMAG.COLORSCANNER	\$0.00	Cost	\$0.00
41.468. CORPEXPIMAGSCANNEREH5646PO304728	\$0.00	Cost	\$0.00
41.469. CORPORATEEXPIMAGSCANNEREK2991PO305111	\$0.00	Cost	\$0.00
41.470. CORPEXPIMAGINVDS9377PO303728	\$0.00	Cost	\$0.00
41.471. XPDEXCOMPUHW9009841111PO304707	\$0.00	Cost	\$0.00
41.472. XPEDXPRINTER9009884507PO304967	\$0.00	Cost	\$0.00
41.473. XPEDXPINTERPO5055	\$0.00	Cost	\$0.00
41.474. XPEDXINV9009715840PO303727	\$0.00	Cost	\$0.00
41.475. HI-LINK PALO ALTO NETWORKPO6135303INV#6135608	\$451.25	Cost	\$451.25
41.476. VIRTUAL GRAFFITI PO326493 INV536586	\$187.03	Cost	\$187.03
41.477. SHI ELITEBOOK PO#325894 INV B00548385	\$47.81	Cost	\$47.81
41.478. SHITHINKPAD PO#3272012 INVB00580737	\$45.61	Cost	\$45.61
41.479. SHI THINKPAD PO#326128 INVB00568422	\$33.51	Cost	\$33.51
41.480. SHI PROBOOKS (20) PO#326042 INV B00562584	\$466.09	Cost	\$466.09
41.481. STAPLES HP LASERJETS (5) PO326088 INV US8815	\$55.55	Cost	\$55.55
41.482. STAPLES HP OFFICE JET (2) PO 325933 INV 0582	\$9.30	Cost	\$9.30
41.483. STAPLES HP LASERJETS (5) PO326057 INV US4287	\$61.10	Cost	\$61.10
41.484. STAPLES HP LASERJETS (2) PO325933 INVUN5707	\$25.02	Cost	\$25.02
41.485. CDW HP PRINTERS (4) PO326043 INV G866966	\$18.18	Cost	\$18.18
41.486. CDW ZEBRA PRINTEHEADS (2) PO326246 INVH73896	\$25.58	Cost	\$25.58
41.487. ALLSCRIPTS ZEBRA PRINTER PO325801INVI0205284	\$8.61	Cost	\$8.61
41.488. SHI INTER THINKPINVB00612329 PO326587S	\$112.84	Cost	\$112.84
41.489. SHI INTER LENOVO HINKPAD INVB00628374PO326730	\$0.00	Cost	\$0.00
41.490. SHI INTERNL SERVER RACK INVB00620533 PO32662	\$728.51	Cost	\$728.51



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.491. SHI INTERNL HP PROBOOK INVB00496781PO325282	\$301.11	Cost	\$301.11
41.492. STAPLES HP SCAN JET INVVJ6166 PO326827	\$40.50	Cost	\$40.50
41.493. STAPLES HP SCANJET INVVD6389PO326430	\$0.00	Cost	\$0.00
41.494. DELL OPTIPLEX 790 PO326876 INVXFT6D7PF8	\$299.60	Cost	\$299.60
41.495. SHI EMAIL SERVER PO326712 INVB00641741	\$3,999.68	Cost	\$3,999.68
41.496. SHI PROBOOK4530 PO326867 INVB00649932	\$871.15	Cost	\$871.15
41.497. SHI LENOVO THINKPAD PO326930 INVB00651837	\$130.92	Cost	\$130.92
41.498. SHI HP PROBOOK 4530S INV B00705046 PO327453	\$50.06	Cost	\$50.06
41.499. LENOVO THINKPAD T420 INV B00704626PO327434	\$152.02	Cost	\$152.02
41.500. LENOVO THINKPAD T420INVB00679266 PO327184	\$157.02	Cost	\$157.02
41.501. SILLWORKS HP INV04A-71474	\$0.00	Cost	\$0.00
41.502. HP SILLWORKS HP HARDRIVE INV04A-72167	\$91.70	Cost	\$91.70
41.503. SILLWORKS HP HARDRIVE INV04A-72579	\$33.24	Cost	\$33.24
41.504. LENOVO THINKPAD INVB00703742	\$11.80	Cost	\$11.80
41.505. ZEBRA PRINTER 4"300 INVM577133	\$39.04	Cost	\$39.04
41.506. CDW OKI BLACK PRINTER INVM987625	\$6.55	Cost	\$6.55
41.507. HI-LINK NETWORK INVSI_6135932	\$475.00	Cost	\$475.00
41.508. STAPLES HP LASERJET PRO INVVX0659	\$31.67	Cost	\$31.67
41.509. STAPLES HP LASERJET INV VX8799	\$158.35	Cost	\$158.35
41.510. SHI INTERNATIONAL HP COMPAQ INVB00706325	\$1,029.13	Cost	\$1,029.13
41.511. CDW ZEBRA 4"300 INVQ388814	\$52.05	Cost	\$52.05
41.512. CDW FUJITSU 6130Z INV Q396221	\$108.23	Cost	\$108.23
41.513. CDW ZEBRA 4"300 INVQ568776	\$156.14	Cost	\$156.14
41.514. CDW DIALOGIC FAX INV Q612011	\$120.10	Cost	\$120.10
41.515. STAPLES TECHNOLOGY HP LASERJET PRO INV WD5092	\$244.36	Cost	\$244.36
41.516. STAPLES TECHNOLOGY HP LASERJET INV WE7329	\$244.36	Cost	\$244.36
41.517. STAPLES TECHNOLOGY HP LASERJET INV WJ1969	\$244.36	Cost	\$244.36
41.518. SHI INTERNAT PROBOOKS 24 INVB00776223	\$1,633.91	Cost	\$1,633.91
41.519. SHI INTERN HARDDRIVE INVB00783363	\$800.68	Cost	\$800.68
41.520. SHI INTERNATIONAL SERVER INVB00792824	\$853.97	Cost	\$853.97
41.521. DELL OPTI PLEX 790 INVXJ1P82746	\$585.79	Cost	\$585.79
41.522. CDW DIRECT ZEBRA INVQ388814	\$52.05	Cost	\$52.05
41.523. CDW FUJITSU 6130Z INVQ396221	\$121.77	Cost	\$121.77
41.524. TIGERDIRECT NETWORK CARD SAN INVJ34795480103	\$1,135.17	Cost	\$1,135.17
41.525. NEWEGG HARDDRIVE ST2000NM0001 INV96986836	\$612.50	Cost	\$612.50

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.526. NEWEGG SERVER NAS THECUS/N16000 INV96986836	\$671.97	Cost	\$671.97
41.527. TIGERDIRECT HARDD (16)INVJ34795480101PO329859	\$1,023.53	Cost	\$1,023.53
41.528. DELL OPTIPLEX 7010 HARDWARE (5) INVXJ4853C57	\$1,005.79	Cost	\$1,005.79
41.529. DELLMARKETING INV#XJPD24WM2 PO#334568 PROSUPP	\$4,130.49	Cost	\$4,130.49
41.530. CISCO BUS ED 6000M SVR (M4)	\$4,684.43	Cost	\$4,684.43
41.531. CISCO 2911 VPN ISM MODULE	\$2,807.16	Cost	\$2,807.16
41.532. HP PROBOOK 11 G2 (3)	\$1,508.97	Cost	\$1,508.97
41.533. KSU-IX-VCOMP VOICE COMPRESSION BOARD	\$0.00	Cost	\$0.00
41.534. KENTROX DATASmart 658 T1 DSU/CSU	\$0.00	Cost	\$0.00
41.535. RAM MUSIC ON HOLD PLAYER	\$0.00	Cost	\$0.00
41.536. FAXMAKER FOR EXCHANGE	\$0.00	Cost	\$0.00
41.537. DIRECT DIAL INBOUND & OUTBOUND FAX SERVER	\$0.00	Cost	\$0.00
41.538. 30 CELL PHONES	\$0.00	Cost	\$0.00
41.539. CELL PHONE	\$0.00	Cost	\$0.00
41.540. 2 16-PORT DIGITAL PHONE CARD	\$0.00	Cost	\$0.00
41.541. 16 PORT DIGITAL TELEPHONE CARD	\$0.00	Cost	\$0.00
41.542. CISCO TELEPHONE SYSTEM	\$0.00	Cost	\$0.00
41.543. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.544. CISCO PHONES	\$0.00	Cost	\$0.00
41.545. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.546. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.547. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.548. CISCO PHONE SYTEM	\$0.00	Cost	\$0.00
41.549. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.550. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.551. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.552. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.553. PHONES(HI-LINK COMPUTER CORP)	\$0.00	Cost	\$0.00
41.554. HILINK CISCO PHONE SYSTEMCATALYST3560	\$0.00	Cost	\$0.00
41.555. HILINKCISCOPHONESYSPO5599	\$0.00	Cost	\$0.00
41.556. HILINKCOMPUCORPPO301857	\$0.00	Cost	\$0.00
41.557. HILINKCOMPUTERCORPPHONESYSPO301791	\$0.00	Cost	\$0.00
41.558. HILINKSI-6132995PO301882	\$0.00	Cost	\$0.00
41.559. HILINKPARTSOFPHONESYSSI-6133389PO305016	\$0.00	Cost	\$0.00
41.560. HILINKPHONE/FAXINVI-6133552PO307041	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.561. TELTECHNETWORKSPHONEINV33020PO306762	\$0.00	Cost	\$0.00
41.562. HILINKPHONESI-6133608PO307598	\$0.00	Cost	\$0.00
41.563. HILINKPHONESI6133610PO307874	\$0.00	Cost	\$0.00
41.564. HI LINK PHONE SYSTEM	\$0.00	Cost	\$0.00
41.565. HILINKPHONESYSSI-6133791PO309979	\$0.00	Cost	\$0.00
41.566. HI-LINKPHONESYSINVSI-6133862PO309689	\$0.00	Cost	\$0.00
41.567. HILINKPHONESINVSI-6133892PO310791	\$0.00	Cost	\$0.00
41.568. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.569. CISCO PHONE SYSTEM	\$0.00	Cost	\$0.00
41.570. SOFTWARE	\$0.00	Cost	\$0.00
41.571. SOFTWARE	\$0.00	Cost	\$0.00
41.572. SOFTWARE	\$0.00	Cost	\$0.00
41.573. SOFTWARE	\$0.00	Cost	\$0.00
41.574. SOFTWARE	\$0.00	Cost	\$0.00
41.575. BACKUP SOFTWARE	\$0.00	Cost	\$0.00
41.576. MICROSOFT BACKOFFICE	\$0.00	Cost	\$0.00
41.577. BILLING SYSTEM	\$0.00	Cost	\$0.00
41.578. SOFTWARE	\$0.00	Cost	\$0.00
41.579. SEACOM - HIPPA COMPLIANCE	\$0.00	Cost	\$0.00
41.580. SOFTWARE	\$0.00	Cost	\$0.00
41.581. SOFTWARE	\$0.00	Cost	\$0.00
41.582. SOFTWARE	\$0.00	Cost	\$0.00
41.583. IMAGE RUNNER 2200	\$0.00	Cost	\$0.00
41.584. SOLOMON 5.5	\$0.00	Cost	\$0.00
41.585. SOLOMON 5.5 INSTALLATION	\$0.00	Cost	\$0.00
41.586. CORTEX MEDICAL BILLING SOFTWARE	\$0.00	Cost	\$0.00
41.587. 4 - ADD'L PRO USER LICENSE 5.5	\$0.00	Cost	\$0.00
41.588. QE2 DEVELOPMENT OF APPLICATION SOFTWARE	\$0.00	Cost	\$0.00
41.589. DR. PITRINEC SOFTWARE	\$0.00	Cost	\$0.00
41.590. SOFTWARE	\$0.00	Cost	\$0.00
41.591. OEM OFFICE BASIC ED 2003 WIN 32	\$0.00	Cost	\$0.00
41.592. WINDOWS 2000 SERV. 10 CLIENT	\$0.00	Cost	\$0.00
41.593. OEM OFFICE BASIC ED 2003 WIN 32	\$0.00	Cost	\$0.00
41.594. WINDOWS 2000 ADVANCED SERVER	\$0.00	Cost	\$0.00
41.595. IMAGEWARE DOC. MANAGER	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.596. SYMANTEC GHOST 8.0/ANTIVIRUS	\$0.00	Cost	\$0.00
41.597. ADVANTAGE POWER T PACKAGE	\$0.00	Cost	\$0.00
41.598. WINDOWS 03 SERVER/SOFTWARE	\$0.00	Cost	\$0.00
41.599. MICROSOFT VISIO LICENSE	\$0.00	Cost	\$0.00
41.600. MICROSOFT PROJECT SOFTWARE	\$0.00	Cost	\$0.00
41.601. CRM MODULE	\$0.00	Cost	\$0.00
41.602. CASH MANAGER MODULE	\$0.00	Cost	\$0.00
41.603. HP PROCURVE EXPANSION MODULE	\$0.00	Cost	\$0.00
41.604. ADOBE SOFTWARE	\$0.00	Cost	\$0.00
41.605. OEM OFFICE BASIC ED 2003 WIN 32	\$0.00	Cost	\$0.00
41.606. 5 ADD'L PRO USER LICENSE 5.5	\$0.00	Cost	\$0.00
41.607. HR MODULE SOLOMON	\$0.00	Cost	\$0.00
41.608. IMAGERUNNER C3200	\$0.00	Cost	\$0.00
41.609. VISUAL STUDIO SOFTWARE	\$0.00	Cost	\$0.00
41.610. 25 MICROSOFT OFFICE 2003	\$0.00	Cost	\$0.00
41.611. QE2 BUILD	\$0.00	Cost	\$0.00
41.612. SOLOMON UPGRADE	\$0.00	Cost	\$0.00
41.613. VARIOUS SOFTWARE	\$0.00	Cost	\$0.00
41.614. MS OFFICE SOFTWARE	\$0.00	Cost	\$0.00
41.615. OMNI AUDIT SOFTWARE	\$0.00	Cost	\$0.00
41.616. QE2 ENHANCEMENTS	\$0.00	Cost	\$0.00
41.617. ADO ILLUSTRATOR	\$0.00	Cost	\$0.00
41.618. QE2 BUILD	\$0.00	Cost	\$0.00
41.619. APC SMART UPS	\$0.00	Cost	\$0.00
41.620. COMPUTER SOFTWARE	\$0.00	Cost	\$0.00
41.621. 5 MICROSOFT WINDOWS XP PRO	\$0.00	Cost	\$0.00
41.622. AMENTRA SOFTWARE	\$0.00	Cost	\$0.00
41.623. AMENTRA SOFTWARE	\$0.00	Cost	\$0.00
41.624. 6 MS WINDOWS XP PRO	\$0.00	Cost	\$0.00
41.625. QE2	\$0.00	Cost	\$0.00
41.626. QE2	\$0.00	Cost	\$0.00
41.627. QE2	\$0.00	Cost	\$0.00
41.628. QE2	\$0.00	Cost	\$0.00
41.629. QE2	\$0.00	Cost	\$0.00
41.630. QE2	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.631. QE2	\$0.00	Cost	\$0.00
41.632. QE2 ENHANCEMENTS	\$0.00	Cost	\$0.00
41.633. QE2 ENHANCEMENTS	\$0.00	Cost	\$0.00
41.634. MS OFFICE 2003	\$0.00	Cost	\$0.00
41.635. QE2 ENHANCEMENTS	\$0.00	Cost	\$0.00
41.636. MS MBL OFFICE	\$0.00	Cost	\$0.00
41.637. MS MBL VSTUDIO	\$0.00	Cost	\$0.00
41.638. QE2 ENHANCEMENTS	\$0.00	Cost	\$0.00
41.639. QE2 ENHANCEMENTS	\$0.00	Cost	\$0.00
41.640. COMP USA SOFTWARE	\$0.00	Cost	\$0.00
41.641. ENHANCEMENTS QE2	\$0.00	Cost	\$0.00
41.642. GFI MAILARCHIVER F/EXCH	\$0.00	Cost	\$0.00
41.643. CREATIVE SOLUTIONS	\$0.00	Cost	\$0.00
41.644. GFI FAX MAKER FOR EXCHANGE	\$0.00	Cost	\$0.00
41.645. SYMANTEC ANTI VIRUS MULTI	\$0.00	Cost	\$0.00
41.646. ADOBE ACROBAT PRO 7	\$0.00	Cost	\$0.00
41.647. ADO CSP2 WIN TS	\$0.00	Cost	\$0.00
41.648. TOS A8-EZ8313	\$0.00	Cost	\$0.00
41.649. PERFORMANCE PRO ONLINE	\$0.00	Cost	\$0.00
41.650. CREATIVE SUITE SOFTWARE (FOR MKTG DIRECTORS)	\$0.00	Cost	\$0.00
41.651. CREATIVE SUITE SOFTWARE (FOR MKTG DIRECTORS)	\$0.00	Cost	\$0.00
41.652. BUSINESS PLAN SOFTWARE (MARKETING)	\$0.00	Cost	\$0.00
41.653. BOMGAR B300 SOTWARE	\$0.00	Cost	\$0.00
41.654. COMPUTER SW (MORE DIRECT)	\$0.00	Cost	\$0.00
41.655. COMPUTER SW (MORE DIRECT)	\$0.00	Cost	\$0.00
41.656. CS3 WIN SOFTWARE(MORE DIRECT)	\$0.00	Cost	\$0.00
41.657. FAXMAKER SOFTWARE(MORE DIRECT)	\$0.00	Cost	\$0.00
41.658. DESIGN PREMIUMCS3 WIN(MORE DIRECT)	\$0.00	Cost	\$0.00
41.659. MAILARCHIVER COMPU SW(MORE DIRECT)	\$0.00	Cost	\$0.00
41.660. SOFTCHOICE COMPUTER SW	\$0.00	Cost	\$0.00
41.661. OLYMPUS AMERICA INC. (CAMERA SW 3)	\$0.00	Cost	\$0.00
41.662. HILINK COMPUTER SW	\$0.00	Cost	\$0.00
41.663. HEWLETPACKARDQCENTERPRISESW	\$0.00	Cost	\$0.00
41.664. ECLINICALWORKS COMPUTER SW(PO4437)	\$0.00	Cost	\$0.00
41.665. ECLINICALWORKS COMPUTER SW(PO4438)	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.666. ECLINICALWORKS COMPUTER SW(PO 4439)	\$0.00	Cost	\$0.00
41.667. ECLINICALWORKS COMPUTER SW (PO 4440)	\$0.00	Cost	\$0.00
41.668. ECLINICALWORKS COMPUTER SW (PO 4441)	\$0.00	Cost	\$0.00
41.669. ECLINICAL WORKS INTERFACE COMP SW	\$0.00	Cost	\$0.00
41.670. GMED INC INTERFACE COMPU SW	\$0.00	Cost	\$0.00
41.671. HUNTOPTICS&IMAGINGCOMPUSW	\$0.00	Cost	\$0.00
41.672. MERIDIAN EMR INTERFACE SW	\$0.00	Cost	\$0.00
41.673. MERIDIANEMRINTERFACECOMPUSW	\$0.00	Cost	\$0.00
41.674. DATAINNOVATIONS(4)SW	\$0.00	Cost	\$0.00
41.675. MOREDIRECTCOMPUSW	\$0.00	Cost	\$0.00
41.676. ECLINICAL WORKS INTERFACE COMPU SW5965	\$0.00	Cost	\$0.00
41.677. ECLINICALWORKSINTERFACE/COMPUSW5966	\$0.00	Cost	\$0.00
41.678. B&DORACLE IMPLEMENTATION 104130	\$0.00	Cost	\$0.00
41.679. B&D ORACLE IMPLEMENTATION 104131	\$0.00	Cost	\$0.00
41.680. BDO-ORACLE IMPLEMENTATION 104132	\$0.00	Cost	\$0.00
41.681. TELTECH NETWORKSINCGJ103980AP349435	\$0.00	Cost	\$0.00
41.682. NI AMERICAN REGFEEFORIPV4	\$0.00	Cost	\$0.00
41.683. NI DATAINVOVATIONS MIDDLEWAREW/	\$0.00	Cost	\$0.00
41.684. NI TELTECHNETWORKSINC	\$0.00	Cost	\$0.00
41.685. NI TELTECH NETWORKSINC354059	\$0.00	Cost	\$0.00
41.686. ECLINICAL WORKS	\$0.00	Cost	\$0.00
41.687. MEDINFORMATIX	\$0.00	Cost	\$0.00
41.688. MEDINFORMATIX	\$0.00	Cost	\$0.00
41.689. ECLINICAL WORKS	\$0.00	Cost	\$0.00
41.690. HILINKCISCOSW	\$0.00	Cost	\$0.00
41.691. PROVATIONMEDICALINTERFACE3003008	\$0.00	Cost	\$0.00
41.692. PROVATIONMEDICALINTERFACE3003021	\$0.00	Cost	\$0.00
41.693. PROVATIONMEDICALINTERFACE300035	\$0.00	Cost	\$0.00
41.694. GMEDINCINTERFACE4184	\$0.00	Cost	\$0.00
41.695. MOREDIRECT1544151	\$0.00	Cost	\$0.00
41.696. MEDINOTESCORP30287	\$0.00	Cost	\$0.00
41.697. MISYSHEALTHCARESYSTEMS1474124	\$0.00	Cost	\$0.00
41.698. MERIDIANEMRINC20080151	\$0.00	Cost	\$0.00
41.699. DIGICHARTINC LAB INTERFACE	\$0.00	Cost	\$0.00
41.700. COMTRONCORP. INTERFACE FOR PROHEALTH	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.701. AZCOMPLABINTERFACEWESTGEORGIAUROLOGY	\$0.00	Cost	\$0.00
41.702. GEMEDICALSYSTEMSINTERFACEUROLOGICASS.WEST.CO	\$0.00	Cost	\$0.00
41.703. MEDCOMPSYSTEMSLTDINTERFACEDAVIDS.SCHNAPPMD PC	\$0.00	Cost	\$0.00
41.704. MISYSHEALTHCARESYSTEMSINTERFACE1482324	\$0.00	Cost	\$0.00
41.705. PROFESSIONALDATASRVC(PDSCORTEX)INTERFACE80737	\$0.00	Cost	\$0.00
41.706. CITTECHNOLOGYFINSERVINC SOFTWARELICENSES	\$0.00	Cost	\$0.00
41.707. LEEDSPRECISIONINSTRUMENTSPO300712	\$0.00	Cost	\$0.00
41.708. ECLINICALWORKSPO301966	\$0.00	Cost	\$0.00
41.709. GMEDININV4693	\$0.00	Cost	\$0.00
41.710. INTENTIVEPO302026	\$0.00	Cost	\$0.00
41.711. DRFIRST.COMININV24-JUL-08INTERFACE	\$0.00	Cost	\$0.00
41.712. CITTECHNOLOGYINCORACLECOMPUSWINV10596059	\$0.00	Cost	\$0.00
41.713. CITTECHNOLOGYINCORACLECOMPUSWINV20694797	\$0.00	Cost	\$0.00
41.714. CITTECHNOLOGYINCORACLECOMPUSWINV20382927	\$0.00	Cost	\$0.00
41.715. CITTECHNOLOGYINCORACLECOMPUSWINV9874002	\$0.00	Cost	\$0.00
41.716. BUSINESSDECISIONORACLECOMPUSERVINV001208	\$0.00	Cost	\$0.00
41.717. BUSINESSDECISIONORACLECOMPUSWINV001265	\$0.00	Cost	\$0.00
41.718. BUSINESSDECISIONORACLECOMPUSWINV001329	\$0.00	Cost	\$0.00
41.719. MISYSHEALTHCARESYSTEMSINTERFACEPO300771	\$0.00	Cost	\$0.00
41.720. MISYSHEALTHCARESYSTEMSINTERFACEPO300769	\$0.00	Cost	\$0.00
41.721. MISYSHEALTHCARESYSTEMSINTERFACEINV1475156	\$0.00	Cost	\$0.00
41.722. MISYSHEALTHCARESYSTEMSINTERFACEPO300771	\$0.00	Cost	\$0.00
41.723. ECLINICALWORKSINTERFACE50582PO302213	\$0.00	Cost	\$0.00
41.724. ALLSCRIPTSI0022692	\$0.00	Cost	\$0.00
41.725. PRIMECLINICALSYSTEMS01-M15391PO302038	\$0.00	Cost	\$0.00
41.726. SYDIANSOLUTIONSINC2827PO302357	\$0.00	Cost	\$0.00
41.727. ISA NETWORKSINCINV604	\$0.00	Cost	\$0.00
41.728. ALLSCRIPTS I0022295INTERFACEWINTERPARKUROLOGY	\$0.00	Cost	\$0.00
41.729. ALLSCRIPTSINV I0021710	\$0.00	Cost	\$0.00
41.730. ALLSCRIPTSINV39702	\$0.00	Cost	\$0.00
41.731. MISYSINV1516155PO300771	\$0.00	Cost	\$0.00
41.732. MICROSOFTLICINV9656797236	\$0.00	Cost	\$0.00
41.733. MICROSOFTLICINV9656742410	\$0.00	Cost	\$0.00
41.734. DR.FIRST.COMINV39707INTERFACE	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.735. ECLINICALWRKSINV0000056163PO303269	\$0.00	Cost	\$0.00
41.736. PRACTIVEADMININV2517PO303122	\$0.00	Cost	\$0.00
41.737. MD-REPORTSINVFL ENDOSCOPYPO303396	\$0.00	Cost	\$0.00
41.738. GREENWAYMEDTECHINV033686PO004649	\$0.00	Cost	\$0.00
41.739. GREENWAYMEDTECHINV033682PO302040	\$0.00	Cost	\$0.00
41.740. DIGICARTINCINV0010113-INPO005831	\$0.00	Cost	\$0.00
41.741. DIGICHARTINCINV0010114-INPO303391	\$0.00	Cost	\$0.00
41.742. DIGICHARTINCINV0010115-INPO005833	\$0.00	Cost	\$0.00
41.743. DIGICHARTINCINV0010116-INPO005829	\$0.00	Cost	\$0.00
41.744. DIGICHARTINCINV0010117-INPO300699	\$0.00	Cost	\$0.00
41.745. DIGICHARTINCINV0010118-INPO005830	\$0.00	Cost	\$0.00
41.746. DIGICHARTINCINV0010119-INPO003220	\$0.00	Cost	\$0.00
41.747. DIGICHARTINCINV0010120-INPO302307	\$0.00	Cost	\$0.00
41.748. DIGICHARTINCINV0010121-INPO303307	\$0.00	Cost	\$0.00
41.749. ECLINICALWORKSINV0000060285PO303630	\$0.00	Cost	\$0.00
41.750. E-MDSINV14-OCT-2008PO??	\$0.00	Cost	\$0.00
41.751. ECLINICALWORKSINV0000059913PO302813	\$0.00	Cost	\$0.00
41.752. MERIDIANEMRINCINV20080399PO??	\$0.00	Cost	\$0.00
41.753. EHRINTEGSEVINV1369PO303489	\$0.00	Cost	\$0.00
41.754. GREENWAYMEDTECHINV034800PO303455	\$0.00	Cost	\$0.00
41.755. MISYSHEALTHCARESISINV1529169PO303223	\$0.00	Cost	\$0.00
41.756. MEDINFORMATIXINV34251PO304080	\$0.00	Cost	\$0.00
41.757. MEDINFORMATIXINV34252PO304080	\$0.00	Cost	\$0.00
41.758. ALLSCRIPTS127317APO??	\$0.00	Cost	\$0.00
41.759. INFO*MEDMEDICALINFORMATINSYSINVI-2829PO303339	\$0.00	Cost	\$0.00
41.760. ALLSCRIPTSINV153794PO302025	\$0.00	Cost	\$0.00
41.761. ALLSCRIPTSINV10024272PO302025	\$0.00	Cost	\$0.00
41.762. MERIDIANEMRINTERFACE20080510PO304433	\$0.00	Cost	\$0.00
41.763. DIGICHARTINTERFACE0010490-INPO303390	\$0.00	Cost	\$0.00
41.764. DIGICHARTINTERFACE00104878-INPO301720	\$0.00	Cost	\$0.00
41.765. DIGICHARTINTERFACE00010489-INPO303548	\$0.00	Cost	\$0.00
41.766. MD-REPORTSINTERFACE9040-BOS-RM2PO303396	\$0.00	Cost	\$0.00
41.767. ECLINICALWORKSINTERFACE304705PO30705	\$0.00	Cost	\$0.00
41.768. ECLINICALWORKSINTERFACE0000066015	\$0.00	Cost	\$0.00
41.769. AZCOMPTECHINTERFACE25207	\$0.00	Cost	\$0.00



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.770. DATAINOVATIONSCOMPUSW9536028PO303697	\$0.00	Cost	\$0.00
41.771. ALLSCRIPTSINTERFACE1540505PO304911	\$0.00	Cost	\$0.00
41.772. ALLSCRIPTSINTERFACE1536566PO304909	\$0.00	Cost	\$0.00
41.773. GREENWAYMEDTECHINTERFACEINV032260PO004650	\$0.00	Cost	\$0.00
41.774. GREENWAYMEDTECHINTERFACEINV035907PO303455	\$0.00	Cost	\$0.00
41.775. GREENWAYMEDTECHINTERFACEINV034886PO303725	\$0.00	Cost	\$0.00
41.776. GREENWAYMEDTECHINTERFACEINV034883PO304167	\$0.00	Cost	\$0.00
41.777. ECLINICALWRKSINTERFACE0000063370PO304230	\$0.00	Cost	\$0.00
41.778. GMEDINTERFACEINV4184	\$0.00	Cost	\$0.00
41.779. GMEDINCINTERFACEINV4404	\$0.00	Cost	\$0.00
41.780. INFOR*MEDINTERFACEI-2828PO303340	\$0.00	Cost	\$0.00
41.781. INFOR*MEDINTERFACEI-2860PO303738	\$0.00	Cost	\$0.00
41.782. ALLSCRIPTSINTERFACEI0024351	\$0.00	Cost	\$0.00
41.783. GREENWAYMEDTECHINTERFACEINV032261PO004649	\$0.00	Cost	\$0.00
41.784. GREENWAYMEDTECHINTERFACEINV032443	\$0.00	Cost	\$0.00
41.785. DATAINOVATIONSCOMPUSW9535776CPO302979	\$0.00	Cost	\$0.00
41.786. MEDCOMPSYSINTERFACE1145 121708	\$0.00	Cost	\$0.00
41.787. HENRYSCHEININTERFACE04-JAN-2009	\$0.00	Cost	\$0.00
41.788. GEMEDICALINTERFACE9028786PO003792	\$0.00	Cost	\$0.00
41.789. MD-REPORTSINTERFACE9000-BOSINTPO305212	\$0.00	Cost	\$0.00
41.790. PRIMECLINICALSYSINVRAJARATNUM	\$0.00	Cost	\$0.00
41.791. DIGICHARTINTERFACEPO301720	\$0.00	Cost	\$0.00
41.792. ALLSCRIPTSINTERFACEPO306310	\$0.00	Cost	\$0.00
41.793. MEDCOMPSYS INTERFACE1145	\$0.00	Cost	\$0.00
41.794. ECLINICALWORKSINTERFACE	\$0.00	Cost	\$0.00
41.795. ALLSCRIPTSINTERFACEI0025372	\$0.00	Cost	\$0.00
41.796. ARCOSOFTCOMPUSW1229PO307040	\$0.00	Cost	\$0.00
41.797. SOFTCHOICECOMPUSW2009097PO307063	\$0.00	Cost	\$0.00
41.798. MERIDIANEMRINTERFACE20080424PO303858	\$0.00	Cost	\$0.00
41.799. MERIDIANEMRINTERFACE20080402PO303547	\$0.00	Cost	\$0.00
41.800. MERIDIANEMRINTERFACE20080224PO301765	\$0.00	Cost	\$0.00
41.801. MERIDIANEMRINTERFACE20080401PO303546	\$0.00	Cost	\$0.00
41.802. ALLSCRIPTSINTERFACEI0026764-CHZ UROLOGY	\$0.00	Cost	\$0.00
41.803. ALLSCRIPTSINTERFACEINVI0026945-BOB BENNETT,MD	\$0.00	Cost	\$0.00
41.804. DATASTRATEGIESINTERFACE39066	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.805. ALLSCRIPTSINTERFACE2INVCHZUROLOGY	\$0.00	Cost	\$0.00
41.806. ALLSCRIPTSINTERFACEINV176464 -BOB BENNETT MD	\$0.00	Cost	\$0.00
41.807. DIGICHARTINTERFACEPO304957	\$0.00	Cost	\$0.00
41.808. DIGICHARTINTERFACEINV0012228-IN	\$0.00	Cost	\$0.00
41.809. BENCHMARKSYSINTERFACEPO304913	\$0.00	Cost	\$0.00
41.810. BENCHMARKSYSINTERFACEINVSL002304PO304912	\$0.00	Cost	\$0.00
41.811. AZCOMPTECHINTERFACEINV26659PO304670	\$0.00	Cost	\$0.00
41.812. DIGICHARTINTERFACE00012534-INPO306340	\$0.00	Cost	\$0.00
41.813. ALLSCRIPTSINTERFACE1533774-ATLANTPO303740	\$0.00	Cost	\$0.00
41.814. AZCOMPINTERFACE29560PO307379	\$0.00	Cost	\$0.00
41.815. HEALTHPORTINTERFACE1063803	\$0.00	Cost	\$0.00
41.816. ADSTECHINTERFACE129PO303733	\$0.00	Cost	\$0.00
41.817. AZCOMPTECHINTERFACE29408PO307758	\$0.00	Cost	\$0.00
41.818. DIGICHARTINTERFACE00012533-IN/BAPO306002	\$0.00	Cost	\$0.00
41.819. HILINKCOMPUSWIRONPORTLICSI6133650PO308111	\$0.00	Cost	\$0.00
41.820. ALLSCRIPTSINTERFACE1563967PO308659	\$0.00	Cost	\$0.00
41.821. MICROSOFTSERVCOMPUSW9620474885	\$0.00	Cost	\$0.00
41.822. ALLSCRIPTSINTERFACE1525371PO308658	\$0.00	Cost	\$0.00
41.823. MDOFFICEINCINTERFACE15140PO307271	\$0.00	Cost	\$0.00
41.824. DIGICHARTINTERFACE0013088-INPO307654	\$0.00	Cost	\$0.00
41.825. PULSESYSTEMSINTERFACE26662PO303458	\$0.00	Cost	\$0.00
41.826. ALLSCRIPTSINTERFACE1583305PO308771	\$0.00	Cost	\$0.00
41.827. GREENWAYMEDTECHINV043021PO307382	\$0.00	Cost	\$0.00
41.828. GREENWAYMEDTECHINTERFACEINV043079PO307382	\$0.00	Cost	\$0.00
41.829. MERIDIANEMRINTERFACE20095050PO308502	\$0.00	Cost	\$0.00
41.830. MCKESSON-PHYSICIANMICROSYS45010P005839	\$0.00	Cost	\$0.00
41.831. MCKESSONPHYSICIANMICROSYS45134P005840	\$0.00	Cost	\$0.00
41.832. MCKESSONPHYSICIANMICROSYS45084P004836	\$0.00	Cost	\$0.00
41.833. AZCOMPINTERFACE30177PO307653	\$0.00	Cost	\$0.00
41.834. ECLINICALINTERFACE90123PO308602	\$0.00	Cost	\$0.00
41.835. ECLINICALINTERFACE90387PO308618	\$0.00	Cost	\$0.00
41.836. ALLSCRIPTSINTERFACE1588011PO309236	\$0.00	Cost	\$0.00
41.837. DIGICHART INTERFACE	\$0.00	Cost	\$0.00
41.838. DIGICHART INTERFACE	\$0.00	Cost	\$0.00
41.839. GREENWAY INTERFACE	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.840. ECLINICAL WORKS INTERFACE	\$0.00	Cost	\$0.00
41.841. DIGICHART INTERFACE	\$0.00	Cost	\$0.00
41.842. INTUITIVE MEDICAL SOLUTIONS INTERFACE	\$0.00	Cost	\$0.00
41.843. ALLSCRIPTS INTERFACE	\$0.00	Cost	\$0.00
41.844. HEALTHCO INFORMATION SYS INTERFACE	\$0.00	Cost	\$0.00
41.845. DIGICHARTINTERFACE0012532-INPO306384	\$0.00	Cost	\$0.00
41.846. DIGICHARTINTERFACE0013643-INPO308326	\$0.00	Cost	\$0.00
41.847. GEMEDICALINTERFACE9031250	\$0.00	Cost	\$0.00
41.848. GREENWAYINTERFACEINV043997	\$0.00	Cost	\$0.00
41.849. GREENWAYINTERFACEINV043987PO302659	\$0.00	Cost	\$0.00
41.850. MDREPORTSINTERFACE6233-BOSINTPO308556	\$0.00	Cost	\$0.00
41.851. INTUITIVEMEDUROCHARTINTERFACE1499	\$0.00	Cost	\$0.00
41.852. MEDFXCORPGBAHEALTHINTERFACE37226	\$0.00	Cost	\$0.00
41.853. GEMEDICALINTERFACE9031032PO301865	\$0.00	Cost	\$0.00
41.854. INTUITIVEUROCHARTINTERFACEL-1395	\$0.00	Cost	\$0.00
41.855. INTUITIVEUROCHARTINTERFACE1649	\$0.00	Cost	\$0.00
41.856. MD-REPORTSINTERFACE1314-BOSINT	\$0.00	Cost	\$0.00
41.857. DIGICHARTINTERFACE0013642-IN	\$0.00	Cost	\$0.00
41.858. ALLSCRIPTSINTERFACEI0028992PO308606	\$0.00	Cost	\$0.00
41.859. MICROSOFTCITTECHPO307945 EQUIP NOTE 7	\$0.00	Cost	\$0.00
41.860. DIGICHARTINTERFACE0013754-IN	\$0.00	Cost	\$0.00
41.861. DIGICHARTINTERFACE0014111-IN METPO309666	\$0.00	Cost	\$0.00
41.862. DIGICHARTINTERFACE0014111-IN MOU PO308327	\$0.00	Cost	\$0.00
41.863. DAVLONGINTERFACE18947PO306239	\$0.00	Cost	\$0.00
41.864. DIGICHARTINTERFACE0014101-INPO308323	\$0.00	Cost	\$0.00
41.865. ALLSCRIPTSINTERFACEI0026945	\$0.00	Cost	\$0.00
41.866. GREENWAYMEDINTERFACEINV044347PO302659	\$0.00	Cost	\$0.00
41.867. GREENWAYMEDINTERFACEINV04431PO308322	\$0.00	Cost	\$0.00
41.868. GE MEDSWINTERPO307386	\$0.00	Cost	\$0.00
41.869. INTUITIVEMED UROCHARTINV1760	\$0.00	Cost	\$0.00
41.870. ALLSCRIPTSSWINTERF PO311367	\$0.00	Cost	\$0.00
41.871. ALLSCRIPTSPO31169 SWINTERFACE	\$0.00	Cost	\$0.00
41.872. AZCOMP INTERFACE INV# 23961	\$0.00	Cost	\$0.00
41.873. LIN SW INTERFACE INV# 1380	\$0.00	Cost	\$0.00
41.874. DAVLONG BUS INTERFACE INV# 19175	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.875. DAVLONG BUS INTERFACE INV# 17901	\$0.00	Cost	\$0.00
41.876. ECLIPSYS INTERFACE INV# 10074600	\$0.00	Cost	\$0.00
41.877. ALLSCRIPTSSWINTERFACEPO306114	\$0.00	Cost	\$0.00
41.878. ECLINICALWRKSSWINTERFACEPO310609	\$0.00	Cost	\$0.00
41.879. GREENWAYMEDTECHSWINTERFACEPO309992	\$0.00	Cost	\$0.00
41.880. ADVANCEDMDSWINTERFACEINV62113PO311585	\$0.00	Cost	\$0.00
41.881. VISIONARYMEDSYSINV3508 DR. GANES	\$0.00	Cost	\$0.00
41.882. MERIDIANSWINTERFACEINV20095120PO311821	\$0.00	Cost	\$0.00
41.883. ALLSCRIPTSINTERFACEINV1584542PO306542	\$0.00	Cost	\$0.00
41.884. ALLSCRIPTSINTERFACEINV573917	\$0.00	Cost	\$0.00
41.885. ALLSCRIPTSINTERFACEINV1596456PO306542	\$0.00	Cost	\$0.00
41.886. DIGICHARTINTERFACEINV0016468-IN/CHEPO311177	\$0.00	Cost	\$0.00
41.887. ABRAXASMEDIINTERFACESINV191PO311892	\$0.00	Cost	\$0.00
41.888. GREATVALLEYINTERFACEINVBOS1109-INPO312976	\$0.00	Cost	\$0.00
41.889. MERIDIANEMRINTERFACEINV20095118PO311795	\$0.00	Cost	\$0.00
41.890. DIGICHARTINTERFACEINV0015348-IN	\$0.00	Cost	\$0.00
41.891. ALLSCRIPTSINTERFACEI0045937PO310731	\$0.00	Cost	\$0.00
41.892. AZCOMPTECHINTERFACE33653PO308321	\$0.00	Cost	\$0.00
41.893. INNOVATIVEPRACTICESYSINTERFACEPO313038	\$0.00	Cost	\$0.00
41.894. MDREPORTSINTERFACE3070-BOSINTPO312465	\$0.00	Cost	\$0.00
41.895. MERIDIANEMRINTERFACE20080784PO313100	\$0.00	Cost	\$0.00
41.896. MERIDIANEMRINTERFACE20095153PO313614	\$0.00	Cost	\$0.00
41.897. ECLIPSYSPRACSOLUIINTERFACEI0078354PO307383	\$0.00	Cost	\$0.00
41.898. AZCOMPTECHINTERFACE34237PO313102	\$0.00	Cost	\$0.00
41.899. ALLSCRIPTSINTERFACEI0047427PO310732	\$0.00	Cost	\$0.00
41.900. ALLSCRIPTSINTERFACEI0045915PO314017	\$0.00	Cost	\$0.00
41.901. EMDSINTERFACE27601PO312777	\$0.00	Cost	\$0.00
41.902. ALLSCRIPTSINTERFACEI0049464O310486	\$0.00	Cost	\$0.00
41.903. EMDSINTERFACE28246PO313452	\$0.00	Cost	\$0.00
41.904. MEDINFORMATINTERFACE35189PO304080	\$0.00	Cost	\$0.00
41.905. ALLSCRIPTSINTERFACEI0045182PO308608	\$0.00	Cost	\$0.00
41.906. VIRTUALOFFICEWAREINTERFACE210219-INAPO312776	\$0.00	Cost	\$0.00
41.907. EMDSINTERFACENEWOMENSHEALTHINV28689	\$0.00	Cost	\$0.00
41.908. ITENTIVEHEALTHCAREINTERFACECENOHIOURINV801178	\$0.00	Cost	\$0.00
41.909. EMDSINTERFACEINV28651PO314455	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.910. DIGICHARTINTERFINV0016793-INPO312763	\$0.00	Cost	\$0.00
41.911. GREENWAYMEDTECHINV054017PO312482	\$0.00	Cost	\$0.00
41.912. EMDSINTERFINVUROLOGY GROUP HILTON HEAD, SC 22	\$0.00	Cost	\$0.00
41.913. MERIDIANEMRINTERFINV20095184PO314887	\$0.00	Cost	\$0.00
41.914. EXPONENTIALCONSINTERFINV7226	\$0.00	Cost	\$0.00
41.915. ISANETWORKINTERFINV796	\$0.00	Cost	\$0.00
41.916. GREENWAYMEDINTERFINV054399PO308393	\$0.00	Cost	\$0.00
41.917. ALLSCRIPTSINTERFINVI0037491	\$0.00	Cost	\$0.00
41.918. DIGICHART INTERFACE INV0015349-IN	\$0.00	Cost	\$0.00
41.919. MCKESSONTECHINTERFINV7001526882PO315870	\$0.00	Cost	\$0.00
41.920. ALLSCRIPTSINTERFINVI0067787PO308959	\$0.00	Cost	\$0.00
41.921. UROCHARTINTERFINV1230PO314076	\$0.00	Cost	\$0.00
41.922. DIGICHARTINTERFACE INNV0016468PO311177	\$0.00	Cost	\$0.00
41.923. ECLINICALINTERFINV142518PO315262	\$0.00	Cost	\$0.00
41.924. GREENWAYMEDINTERFINV055778PO314686	\$0.00	Cost	\$0.00
41.925. GREENWAYMEDINTERFINV054403PO312482	\$0.00	Cost	\$0.00
41.926. ECLINICALINTERFPO308618INV0000090387	\$0.00	Cost	\$0.00
41.927. EDGEMEDHEAINTERFINV31540	\$0.00	Cost	\$0.00
41.928. MERIDIANEMRINTERFINV20095056PO308960	\$0.00	Cost	\$0.00
41.929. AZCOMPTECHINTERFACESWINVAAA112922PO314531	\$0.00	Cost	\$0.00
41.930. ALLSCRIPTSINTERFACESWINVI0065008PO315190	\$0.00	Cost	\$0.00
41.931. UROCHARTINTERFACESWINV2085PO315530	\$0.00	Cost	\$0.00
41.932. DELLMAKET24MOSLEASEINVDPRJ6T51PO315896	\$0.00	Cost	\$0.00
41.933. DELLMARKETSWINVDPR9P7X2PO315895	\$0.00	Cost	\$0.00
41.934. ECLINICALWRKSINFSWINV152847PO316289	\$0.00	Cost	\$0.00
41.935. ALLSCRIPTSINTFSWINVI0078549PO313103	\$0.00	Cost	\$0.00
41.936. AZCOMPINFSWINVAAA113127PO316748	\$0.00	Cost	\$0.00
41.937. MEDEXPERTSINTFSWINV7135	\$0.00	Cost	\$0.00
41.938. AZCOMPTECHINTFSWINVAAA112990PO316446	\$0.00	Cost	\$0.00
41.939. ECLINICALWRKSINTFSWINV139735PO315191	\$0.00	Cost	\$0.00
41.940. 09-2263FORRESTERSYSTEMSINV357	\$0.00	Cost	\$0.00
41.941. MEDTRONSOFTWAREINTERFACESWINV54526	\$0.00	Cost	\$0.00
41.942. MEDTRONSOFTWAREINTERFACESWINV55299	\$0.00	Cost	\$0.00
41.943. ALLSCRIPTSINTERFACESWINVI0032747	\$0.00	Cost	\$0.00
41.944. AMAZINGCHARTSINTERFACESWINV1119PO310463	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.945. 09 2257 AZCOMPTEH INV30200	\$0.00	Cost	\$0.00
41.946. ALLSCRIPTSSWINFINV306167	\$0.00	Cost	\$0.00
41.947. MAGMUTUALSWINFINV12245	\$0.00	Cost	\$0.00
41.948. UROCHARTSWINTFINV1760A	\$0.00	Cost	\$0.00
41.949. UROCHARTSWINTFINV2034	\$0.00	Cost	\$0.00
41.950. ECLINICALWRKSINV0000122813	\$0.00	Cost	\$0.00
41.951. MERIDIANEMRINC 20095313	\$0.00	Cost	\$0.00
41.952. MERIDIANEMRINC 20095299	\$0.00	Cost	\$0.00
41.953. AZCOMP TECHAAAI13465	\$0.00	Cost	\$0.00
41.954. EXPONENTIAL CONSULT INV #ENH4186 MICROSFT ENH	\$0.00	Cost	\$0.00
41.955. EXPONENTIAL CONSULTING INV. #ENH4186 OLYMPIC	\$0.00	Cost	\$0.00
41.956. E-MDS INTERFACE FOR NW SUBURBAN UROLOGY ASSOC	\$0.00	Cost	\$0.00
41.957. AZCOMP TECHINTERFACEPO#318913INVAAAQ23150	\$0.00	Cost	\$0.00
41.958. NUESOFT TECH PO#318706	\$0.00	Cost	\$0.00
41.959. MERIDIAN EMR INTERFACE SW INV20095348	\$0.00	Cost	\$0.00
41.960. MDREPORTS INTERFACE 021704-BOSTINTPO319294	\$0.00	Cost	\$0.00
41.961. INTUITIVE MEDICAL INV2599	\$0.00	Cost	\$0.00
41.962. MERIDIAN INTERFACE INV.20095377	\$0.00	Cost	\$0.00
41.963. AZCOMP TECHNOLOGIES INTERFACE INV #AAAI13654	\$0.00	Cost	\$0.00
41.964. DOC-TOR.COM DERMATOLOGY INTERFACE INV15470	\$0.00	Cost	\$0.00
41.965. GREEN MEDICAL TECHNOLOGIESINTERFACE INV064859	\$0.00	Cost	\$0.00
41.966. MEDISYS SOCKET INTERFACE INV41020 PO318656	\$0.00	Cost	\$0.00
41.967. ALN MEDICAL MANAGEMEENT INTERFACE INV14091	\$0.00	Cost	\$0.00
41.968. UNIVERSAL EMR INV #BOS20100728002	\$0.00	Cost	\$0.00
41.969. AZCOMP TECH INV. #AAAI13808	\$0.00	Cost	\$0.00
41.970. HENRY SCHEIN BI-DIREC INTERFACE PO#319628	\$0.00	Cost	\$0.00
41.971. INTUITIVE INTERFACE PO#319598 INV#319598	\$0.00	Cost	\$0.00
41.972. MEDINFORMATIX BI-DIRECT INTERFACE INV#40750	\$0.00	Cost	\$0.00
41.973. MERIDIANEMR LAB INTERFACE PO#319563 INV5395	\$0.00	Cost	\$0.00
41.974. SAGE INTERFACE PO#315264 INV55111005	\$0.00	Cost	\$0.00
41.975. UNVERSAL INTERFACE INV # BOS20100728001	\$0.00	Cost	\$0.00
41.976. GREENWAY BI-DIREC INTERFACE INV#067982	\$0.00	Cost	\$0.00
41.977. ALLSCRIPTS RESULTS INTERFACE INV#10109186	\$0.00	Cost	\$0.00
41.978. INTUITIVE RESULTS INTERFACE INV#2723	\$0.00	Cost	\$0.00
41.979. GMED INTERFACE PO#320232 INV #9423	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.980. ECLINICAL BI-DIRECT INTER PO#318013INV175798	\$0.00	Cost	\$0.00
41.981. ECLIPSYS INTERFACE PO320734 INV 10076310	\$0.00	Cost	\$0.00
41.982. ECLIPSYS INV #10080243	\$0.00	Cost	\$0.00
41.983. MERIDIAN DEMOG INTERFACE PO320464 INV20095430	\$0.00	Cost	\$0.00
41.984. CUREMD BI-DIREC INTERFACE PO319996INV5003240	\$0.00	Cost	\$0.00
41.985. ALLSCRIPTS PO317369 INVI0120864	\$0.00	Cost	\$0.00
41.986. GREENWAY MED TECH INTERFACEPO314686 INV071778	\$0.00	Cost	\$0.00
41.987. INPRACSYS INTERFACE PO320137 INV763878122010	\$0.00	Cost	\$0.00
41.988. MBS/NET, INC. PO320808 INV 23173	\$0.00	Cost	\$0.00
41.989. ECLINICALWORKS BI-DIR INTER PO320870INV207969	\$0.00	Cost	\$0.00
41.990. MCKESSON INTERFACE PO314536INV72945PMS1	\$0.00	Cost	\$0.00
41.991. MERIDIAN INTERFACE PO321554 INV20095487	\$0.00	Cost	\$0.00
41.992. MERIDIAN INTERFACE PO322138 INV#LQ-000037	\$0.00	Cost	\$0.00
41.993. INTUITIVE INTERFACEPO#322243 INV2841	\$0.00	Cost	\$0.00
41.994. MERIDIAN INTERFACEPO#322463INV20095529	\$0.00	Cost	\$0.00
41.995. ALLSCRIPTS INTERFACEPO308606 INV216022	\$0.00	Cost	\$0.00
41.996. GREENWAY TECH INTERFACE PO318825INV075540	\$0.00	Cost	\$0.00
41.997. MEDENTINTERFACE0120253INV0389442-INV	\$0.00	Cost	\$0.00
41.998. GREENWAY TECH INTERFACE INV075547PO320697	\$0.00	Cost	\$0.00
41.999. GREENWAY TECH INTERFACE INV075544PO323418	\$0.00	Cost	\$0.00
41.1000. INTUITIVE INTERFACE INV3318PO321492	\$0.00	Cost	\$0.00
41.1001. INTUITIVE MEDICAL INTERFACE INV3318PO321492	\$0.00	Cost	\$0.00
41.1002. DIGICHART INTERFACE INV0024901 PO320134	\$0.00	Cost	\$0.00
41.1003. ECLINICAL INTERFACE PO323478 INV #250304	\$0.00	Cost	\$0.00
41.1004. GE HEALTHCARE INTERFACE INV01000273384PO01101	\$0.00	Cost	\$0.00
41.1005. MEDENT INTERFACE INV0389145 PO319125	\$0.00	Cost	\$0.00
41.1006. MEDENT PO322511 INV END798,812,885,991	\$0.00	Cost	\$0.00
41.1007. ECLINICAL BI-DIR INTERFACE PO323684 INV251359	\$0.00	Cost	\$0.00
41.1008. LAB INTERFACE INV4074 PO319741	\$0.00	Cost	\$0.00
41.1009. INTUITIVE MEDICAL INTERFACE INV3395 PO322242	\$0.00	Cost	\$0.00
41.1010. INTUITIVE INTERFACE INV3396 PO323546	\$0.00	Cost	\$0.00
41.1011. METASYSTEMSSWUPGRADE INV2682 PO323234	\$0.00	Cost	\$0.00
41.1012. ALLSCRIPTS INTERFACE PO321598	\$0.00	Cost	\$0.00
41.1013. ECLINICAL INV 0000260040 PO#323868	\$0.00	Cost	\$0.00
41.1014. ECLINICAL INV0000261633 PO#324119	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1015. ECLINICAL INV 0000261752 PO#324115	\$0.00	Cost	\$0.00
41.1016. GE MEDICAL INV 01000259130 PO318702	\$0.00	Cost	\$0.00
41.1017. SAGE INV#45356086A PO319310	\$0.00	Cost	\$0.00
41.1018. NEXTECH INV#14238A PO323808	\$0.00	Cost	\$0.00
41.1019. NEXTECH INV#14238 PO #323808	\$0.00	Cost	\$0.00
41.1020. ECLINICAL WORKS INV#0000245992 PO324168	\$0.00	Cost	\$0.00
41.1021. ECLINICAL WORKS INV #0000271415 PO324460	\$0.00	Cost	\$0.00
41.1022. ECLINICAL INV#0000271890 PO#324362	\$0.00	Cost	\$0.00
41.1023. DIGICHART INV#0026881-IN PO323414	\$0.00	Cost	\$0.00
41.1024. DIGICHART INV #0026882-IN PO 323424	\$0.00	Cost	\$0.00
41.1025. MEDEVOLVE INV #23010 PO 322464	\$0.00	Cost	\$0.00
41.1026. BILLING SOFTWARE UPGRADE JAN 2011	\$0.00	Cost	\$0.00
41.1027. BI SOFTWARE UPGRADE JAN	\$0.00	Cost	\$0.00
41.1028. INTERFACE UPGRADE JAN	\$0.00	Cost	\$0.00
41.1029. BOSTWICK CONTACTS SOFTWARE UPGRADE JAN	\$0.00	Cost	\$0.00
41.1030. LAB TECH/TECH26 UPGRADE JAN	\$0.00	Cost	\$0.00
41.1031. 09-2267 RENAISSANCE II UPGRADE -JAN	\$0.00	Cost	\$0.00
41.1032. 09-2267 RENAISSANCE II UPGRADE -FEB	\$0.00	Cost	\$0.00
41.1033. 09-2267 RENAISSANCE II UPGRADE -MAR	\$0.00	Cost	\$0.00
41.1034. 09-2267 RENAISSANCE II UPGRADE - APR	\$0.00	Cost	\$0.00
41.1035. 09-2267 RENAISSANCE II UPGRADE -MAY	\$0.00	Cost	\$0.00
41.1036. 09-2267 RENAISSANCE II UPGRADE -JUN	\$0.00	Cost	\$0.00
41.1037. 09-2267 RENAISSANCE II UPGRADE JUL	\$0.00	Cost	\$0.00
41.1038. 09-2267 RENAISSANCE II UPGRADE - AUG	\$0.00	Cost	\$0.00
41.1039. 09-2667 RENAISSANCE II UPGRADE - SEP	\$0.00	Cost	\$0.00
41.1040. 09-2267 RENAISSANCE II UPGRADE -OCT	\$0.00	Cost	\$0.00
41.1041. BILLING SOFTWARE UPGRADE FEB	\$0.00	Cost	\$0.00
41.1042. BILLING SOFTWARE UPGRADE MAR	\$0.00	Cost	\$0.00
41.1043. BILLING SOFTWARE UPGRADE APR	\$0.00	Cost	\$0.00
41.1044. BILLING SOFTWARE UPGRADE MAY	\$0.00	Cost	\$0.00
41.1045. BILLING SOFTWARE UPGRADE JUN	\$0.00	Cost	\$0.00
41.1046. BI SOFTWARE UPGRADE - FEB	\$0.00	Cost	\$0.00
41.1047. BI SOFTWARE UPGRADE APR	\$0.00	Cost	\$0.00
41.1048. BI SOFTWARE UPGRADE MAY	\$0.00	Cost	\$0.00
41.1049. BI SOFTWARE UPGRADE JUN	\$0.00	Cost	\$0.00



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1050. BI SOFTWARE UPGRADE JUL	\$0.00	Cost	\$0.00
41.1051. BI SOFTWARE UPGRADE AUG	\$0.00	Cost	\$0.00
41.1052. BI SOFTWARE UPGRADE SEP	\$0.00	Cost	\$0.00
41.1053. BI SOFTWARE UPGRADE OCT	\$0.00	Cost	\$0.00
41.1054. INTERFACE UPGRADE FEB	\$0.00	Cost	\$0.00
41.1055. INTERFACE UPGRADE MAR	\$0.00	Cost	\$0.00
41.1056. INTERFACE UPGRADE APR	\$0.00	Cost	\$0.00
41.1057. INTERFACE UPGRADE MAY	\$0.00	Cost	\$0.00
41.1058. INTERFACE UPGRADE JUN	\$0.00	Cost	\$0.00
41.1059. INTERFACE UPGRADE JUL	\$0.00	Cost	\$0.00
41.1060. INTERFACE UPGRADE AUG	\$0.00	Cost	\$0.00
41.1061. INTERFACE UPGRADE OCT	\$0.00	Cost	\$0.00
41.1062. BOSTWICK CONTACTS SOFTWARE UPGRADE JUL	\$0.00	Cost	\$0.00
41.1063. BOSTWICK CONTACTS SOFTWARE UPGRADE OCT	\$0.00	Cost	\$0.00
41.1064. LABTECH/TECH26 UPGRADE FEB	\$0.00	Cost	\$0.00
41.1065. LABTECH/TECH26 UPGRADE MAR	\$0.00	Cost	\$0.00
41.1066. LABTECH/TECH26 UPGRADE APR	\$0.00	Cost	\$0.00
41.1067. LABTECH/TECH26 UPGRADE MAY	\$0.00	Cost	\$0.00
41.1068. LABTECH/TECH26 UPGRADE JUN	\$0.00	Cost	\$0.00
41.1069. LABTECH/TECH26 UPGRADE JUL	\$0.00	Cost	\$0.00
41.1070. LABTECH/TECH26 UPGRADE AUG	\$0.00	Cost	\$0.00
41.1071. LABTECH/TECH26 UPGRADE SEP	\$0.00	Cost	\$0.00
41.1072. LABTECH/TECH26 UPGRADE OCT	\$0.00	Cost	\$0.00
41.1073. SPORTSXFACTOR UPGRADE APR	\$0.00	Cost	\$0.00
41.1074. SPORTSXFACTOR UPGRADE MAY	\$0.00	Cost	\$0.00
41.1075. SPORTSXFACTOR UPGRADE JUN	\$0.00	Cost	\$0.00
41.1076. SPORTSXFACTOR UPGRADE JUL	\$0.00	Cost	\$0.00
41.1077. WEBOX SOFTWARE UPGRADE APR	\$0.00	Cost	\$0.00
41.1078. WEBOX SOFTWARE UPGRADE MAY	\$0.00	Cost	\$0.00
41.1079. WEBOX SOFTWARE UPGRADE JUN	\$0.00	Cost	\$0.00
41.1080. WEBOX SOFTWARE UPGRADE JUL	\$0.00	Cost	\$0.00
41.1081. WEBOX SOFTWARE UPDATE SEP	\$0.00	Cost	\$0.00
41.1082. WEBOX SOFTWARE UPGRADE OCT	\$0.00	Cost	\$0.00
41.1083. CASELYNX UPGRADE JAN	\$0.00	Cost	\$0.00
41.1084. CASELYNX UPGRADE FEB	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1085. CARELYNX UPGRADE MAR	\$0.00	Cost	\$0.00
41.1086. CASELYNX UPGRADE APR	\$0.00	Cost	\$0.00
41.1087. CASELYNX UPGRADE MAY	\$0.00	Cost	\$0.00
41.1088. CASELYNX UPGRADE JUN	\$0.00	Cost	\$0.00
41.1089. CASELYNX UPGRADE JUL	\$0.00	Cost	\$0.00
41.1090. CASELYNX UPGRADE AUG	\$0.00	Cost	\$0.00
41.1091. CASELYNX UPGRADE SEP	\$0.00	Cost	\$0.00
41.1092. CASELYNX UPGRADE OCT	\$0.00	Cost	\$0.00
41.1093. AZCOMP LYTEC UPGRADE - PO#322190 QTEAAAQ25226	\$0.00	Cost	\$0.00
41.1094. INTUITIVE INTERFACE PO#324365 INV#3534	\$0.00	Cost	\$0.00
41.1095. HEALTHCARE DATA SYSTEMS INTERFACE INV 84997 P	\$0.00	Cost	\$0.00
41.1096. RENAISSANCE SOFTWARE UPGRADE NOV 2011	\$0.00	Cost	\$0.00
41.1097. RENAISSANCE SOFTWARE UPGRADE DEC 2011	\$0.00	Cost	\$0.00
41.1098. BILLING SOFTWARE UPGRADE NOV 2011	\$0.00	Cost	\$0.00
41.1099. BI SOFTWARE UPGRADE NOV 11	\$0.00	Cost	\$0.00
41.1100. BI SOFTWARE UPGRADE 12/1/11	\$0.00	Cost	\$0.00
41.1101. INTERFACE UPGRADE 11/1/11	\$0.00	Cost	\$0.00
41.1102. BOSTWICK CONTACTS SOFTWARE UPGRADE NOV 1, 11	\$0.00	Cost	\$0.00
41.1103. LAB TECH/TECH26 SOFTWARE UPGRADE 11/1/11	\$0.00	Cost	\$0.00
41.1104. WEBOX SOFTWARE UPGRADE NOV 1, 2011	\$0.00	Cost	\$0.00
41.1105. ECLINICAL WORKS PO#325212 INV0000298568	\$0.00	Cost	\$0.00
41.1106. DIGICHART LAB RESULTS INT PO324504 INV0028543	\$0.00	Cost	\$0.00
41.1107. ADVANCED DATA SYS SEIDMAN BOST INTER PO320865	\$0.00	Cost	\$0.00
41.1108. ADVANCED DATA SYS UNDIRECT INTERFACE PO323281	\$0.00	Cost	\$0.00
41.1109. AZCOMP UNIRECTION INTERF PO#325211#AAA17359	\$0.00	Cost	\$0.00
41.1110. GFI MAILARCHIEVER UPGRADE PO324978 INV0116590	\$0.00	Cost	\$0.00
41.1111. VARIAN IEM INTERFACE PO#320391375 INV2277521	\$0.00	Cost	\$0.00
41.1112. ALLSCRIPTS BI INTERFCE PO319981 INV I0204610	\$0.00	Cost	\$0.00
41.1113. ALLSCRIPTS BI- DIR INTER PO323419 INVI0212079	\$0.00	Cost	\$0.00
41.1114. ISA NETWORKS BI DIREC INTER PO325633 INV 1115	\$0.00	Cost	\$0.00
41.1115. MODERNIZING MEDICINEINTERFACEPO325768 INV1976	\$0.00	Cost	\$0.00
41.1116. MERIDIAN EMR INTERFACE PO324360 INV 20095728	\$0.00	Cost	\$0.00
41.1117. MERIDIANEMR INTERFACE PO325636 INV20095724	\$0.00	Cost	\$0.00
41.1118. ECLINICAL INTERFACE PO325632 INV 317070	\$0.00	Cost	\$0.00
41.1119. RETAIL COMPUTER GRP BRIDGE INV 2104770	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1120. HEALTHCO INTERFACE INV #88179	\$0.00	Cost	\$0.00
41.1121. ALLSCRIPTS ORDERS INTERFACE INV I0201720	\$0.00	Cost	\$0.00
41.1122. ALLSCRIPTS RESULTS INTERFACE INVI0201720	\$0.00	Cost	\$0.00
41.1123. IT SW CAPITALIZATION RENAISSANCE JAN 2012	\$0.00	Cost	\$0.00
41.1124. IT SOFTWARE CAPITALIZATION BI JAN 2012	\$0.00	Cost	\$0.00
41.1125. IT SW CAPITALIZATION LAB TECH/TECH 26 JAN 12	\$0.00	Cost	\$0.00
41.1126. IT SW CAPITILIZATION RENAISSANCE FEB 12	\$0.00	Cost	\$0.00
41.1127. IT SW CAPITALIZATION TECH 26 2/12	\$0.00	Cost	\$0.00
41.1128. IT SW CAPITILIZATION BI 2/12	\$0.00	Cost	\$0.00
41.1129. IT SW CAPITALIZATION LAB TECH 2/12	\$0.00	Cost	\$0.00
41.1130. IT SW CAPITILIZATION XIFIN 2/12	\$0.00	Cost	\$0.00
41.1131. IT SW CAPITILIZATION BI 3/12	\$0.00	Cost	\$0.00
41.1132. IT SW CAPITILIZATION TECH 26 3/12	\$0.00	Cost	\$0.00
41.1133. ITSW CAPITILIZATION LAB TECH 3/12	\$0.00	Cost	\$0.00
41.1134. IT SW CAPITILIZATION SWAPNA SEELAM 3/12	\$0.00	Cost	\$0.00
41.1135. IT SW CAPITILIZATION RENAISSANCE 3/12	\$0.00	Cost	\$0.00
41.1136. IT SW CAPITILIZATION RENAISSANCE APR12	\$0.00	Cost	\$0.00
41.1137. IT SW CAPITALIZATION XIFIN 4/12	\$0.00	Cost	\$0.00
41.1138. IT SW CAPITALIZATION LABTECH 4/12	\$0.00	Cost	\$0.00
41.1139. IT SW CAPITALIZATION SWAPNA SEELAM 4/12	\$0.00	Cost	\$0.00
41.1140. IT SW CAPITALIZATION BI 4/12	\$0.00	Cost	\$0.00
41.1141. IT SW CAPITALIZATION DIRECT BILL 4/12	\$0.00	Cost	\$0.00
41.1142. MBS/NET, INC. INV 25219 PO 326536	\$0.00	Cost	\$0.00
41.1143. INTUITIVE ORDERS INTERFACE INV 4314 PO326608	\$0.00	Cost	\$0.00
41.1144. DATA INNOVATIONS INV #954889 PO#326580	\$0.00	Cost	\$0.00
41.1145. ECLINICAL BI-DIREC INTERFACE INV35008PO326611	\$0.00	Cost	\$0.00
41.1146. ECLINICAL ORDERS INTERFACE INV350684 PO325799	\$0.00	Cost	\$0.00
41.1147. FRANK WILLIAMS INTERFACE INV111611PO3 326755	\$0.00	Cost	\$0.00
41.1148. OLYMPUS PATHOLOGIST SW INV 13408882RIPO325750	\$0.00	Cost	\$0.00
41.1149. HEALTHFUSION INTERFACE INVBLI0512 PO326772	\$0.00	Cost	\$0.00
41.1150. ECLINICAL INTERFACE INV352152 PO326753	\$0.00	Cost	\$0.00
41.1151. CONCEPTUAL MINDWORK INV S12-059805PO326678	\$0.00	Cost	\$0.00
41.1152. OLYMPUS SW INV13431074RI PO325749	\$0.00	Cost	\$0.00
41.1153. IT SW CAPITALIZATION RENAISSANCE MAY12	\$0.00	Cost	\$0.00
41.1154. IT SW CAPITALIZATION XIFIN MAY12	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1155. IT SW CAPITALIZATION LABTECH MAY12	\$0.00	Cost	\$0.00
41.1156. IT SW CAPITALIZATION TECH26 MAY12	\$0.00	Cost	\$0.00
41.1157. IT SW CAPITALIZATION WEBDOX MAY12	\$0.00	Cost	\$0.00
41.1158. IT SW CAPITALIZATION SWAPNA SEELAM MAY12	\$0.00	Cost	\$0.00
41.1159. IT SW CAPITALIZATION BI MAY12	\$0.00	Cost	\$0.00
41.1160. IT SW CAPITALIZATION DIRECT BILL MAY12	\$0.00	Cost	\$0.00
41.1161. MICROSOFT SERVERS INV9817964124PO326585	\$0.00	Cost	\$0.00
41.1162. ECLINICAL INTERFACE PO326672 INV0000350909	\$0.00	Cost	\$0.00
41.1163. DATA INNOVATION INTERFACE PO326829 INV9549287	\$0.00	Cost	\$0.00
41.1164. HEALTHTRONICS INFOINTERFACEPO326677INV0036023	\$0.00	Cost	\$0.00
41.1165. GREENWAY RESULTS INTERFACE PO326070 INV11397	\$0.00	Cost	\$0.00
41.1166. INTUITIVE/HEALTHTRONICS INV0034379A PO326537	\$0.00	Cost	\$0.00
41.1167. HEALTHTRONICS INTERFACE PO326754 INV 0036007	\$0.00	Cost	\$0.00
41.1168. GREENWAY MEDICAL INTERFACE INV111507	\$0.00	Cost	\$0.00
41.1169. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1170. IT SW CAPITALIZATION BI	\$0.00	Cost	\$0.00
41.1171. IT SW CAPITALIZATION LABTECH	\$0.00	Cost	\$0.00
41.1172. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1173. IT SW CAPITALIZATION SWAPNA SEELAM	\$0.00	Cost	\$0.00
41.1174. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1175. IT SW CAPITALIZATION LABTECH	\$0.00	Cost	\$0.00
41.1176. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1177. IT SW CAPITALIZATION WEBDOX	\$0.00	Cost	\$0.00
41.1178. IT SW CAPITALIZATION BI	\$0.00	Cost	\$0.00
41.1179. NEXTECH SYSTEMS INTERFACE INV#146050PO#325858	\$0.00	Cost	\$0.00
41.1180. AMERINEX APPLIED IMAGINGSWPO326289INVBSWK1201	\$0.00	Cost	\$0.00
41.1181. CONTRACT LOGIX SOFTWARE PO#327259 INV4273258	\$0.00	Cost	\$0.00
41.1182. ECLINICAL INTERFACE INV0000361685A	\$0.00	Cost	\$0.00
41.1183. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1184. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1185. IT SW CAPITALIZATION	\$0.00	Cost	\$0.00
41.1186. FINAL SUPPORT RESULTS ONLY PO327534 INV13146	\$0.00	Cost	\$0.00
41.1187. HEALTHFUSION BI-DIRECT PO 3275310 INV CFC0812	\$0.00	Cost	\$0.00
41.1188. LIFEPOINT INFORMAT INV 109053 NS1903 LP-01778	\$0.00	Cost	\$0.00
41.1189. LIFEPOINT INFORMAT INV 109051 NS1902 LP01779	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1190. LIFEPOINT INFORMAT INV 109049 NS1901 LP-01780	\$0.00	Cost	\$0.00
41.1191. MBS/NET, INC INV 25740A PO 327756	\$0.00	Cost	\$0.00
41.1192. FOUNDATION MEDICAL SYSTEMS INV 80901 PO326968	\$0.00	Cost	\$0.00
41.1193. BOSTECH CORP INV209 HC1 SOFTWARE	\$4,697.22	Cost	\$4,697.22
41.1194. ALLSCRIPTS ORDER INTERFACE INV #10238438	\$0.00	Cost	\$0.00
41.1195. NEXTGEN HEALTHCARE INFOR INV #90038350	\$0.00	Cost	\$0.00
41.1196. GREENWAY MEDICAL TECHNOLOGY INV117780	\$0.00	Cost	\$0.00
41.1197. GREENWAY MEDICAL RESULTS INTERFACE INV11495	\$0.00	Cost	\$0.00
41.1198. GREENWAY MEDICAL DEMOGRA INV117776	\$0.00	Cost	\$0.00
41.1199. GREENWAY MEDICAL RESULTS INTERFACE INV117308	\$0.00	Cost	\$0.00
41.1200. AZCOMP INTERFACE PO 328016 INV AAAQ26369	\$0.00	Cost	\$0.00
41.1201. ECLINICAL INTERFACE PO327711 INV0000385198	\$0.00	Cost	\$0.00
41.1202. HALFPENNY TECH INV 12692&12689PO327533	\$0.00	Cost	\$0.00
41.1203. LIFEPOINT INTERFACE PO328033 INV110346	\$0.00	Cost	\$0.00
41.1204. IT SW CAPITALIZATION RENAISSANCE SEPT12	\$0.00	Cost	\$0.00
41.1205. IT SW CAPITALIZATION SEPT TECH 26	\$0.00	Cost	\$0.00
41.1206. IT SW CAPITALIZATION SEPT BUSINESS INTELLIGEN	\$0.00	Cost	\$0.00
41.1207. IT SW CAPITALIZATION SEP 12 DIRECT BILL	\$0.00	Cost	\$0.00
41.1208. UROCHART INTERFACE	\$0.00	Cost	\$0.00
41.1209. REDD ASH TECHNOLOGIES ID CARD SW INV NC200018	\$80.94	Cost	\$80.94
41.1210. ALLSCRIPTS INTERFACE PO321598	\$0.00	Cost	\$0.00
41.1211. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1212. IT SW CAPITALIZATION XIFIN	\$0.00	Cost	\$0.00
41.1213. IT SW CAPITALIZATION TECH 26	\$0.00	Cost	\$0.00
41.1214. IT SW CAPITALIZATION WEBDOX	\$0.00	Cost	\$0.00
41.1215. IT SW CAPITALIZATION BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1216. MEDEVOLVE INV 26619 PO327755	\$0.00	Cost	\$0.00
41.1217. LIFEPOINT INFORMATICS INTERFACE INV 110806	\$0.00	Cost	\$0.00
41.1218. NUESOFT TECHNOLOGIES INV118365	\$0.00	Cost	\$0.00
41.1219. ECLINICAL BI-DIRECTIONAL INV391426	\$0.00	Cost	\$0.00
41.1220. ECLINICAL BIDIRECTIONAL INV386442	\$593.75	Cost	\$593.75
41.1221. GREENWAY MEDICAL TECHN RESULTSINTERINV125022	\$356.25	Cost	\$356.25
41.1222. ALLSCRIPTS LLC INTERFACE INVI0243962A	\$0.00	Cost	\$0.00
41.1223. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1224. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1225. IT SW CAPITALIZATION BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1226. IT SW CAPITALIZATION LAB TECH	\$0.00	Cost	\$0.00
41.1227. ALTEX RESULTS ONLY INTERFACE PO328517INV41810	\$0.00	Cost	\$0.00
41.1228. ECLINICAL INTERFACE PO328395 INV 408032	\$0.00	Cost	\$0.00
41.1229. GREENWAY MEDICAL INTERFACE PO328180 INV130784	\$0.00	Cost	\$0.00
41.1230. HEALTHFUSION INTERFACE INV102312 PO 328395	\$0.00	Cost	\$0.00
41.1231. HEALTHTRONICS INTERFACE INV42913 PO328333	\$0.00	Cost	\$0.00
41.1232. MACPRACTICE INTERFACE PO326513 INV48542A	\$0.00	Cost	\$0.00
41.1233. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1234. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1235. IT SW CAPITALIZATION BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1236. IT SW CAPITALIZATION DIRECT BILL	\$0.00	Cost	\$0.00
41.1237. COLLABORATE MD INV362834 PO328732	\$0.00	Cost	\$0.00
41.1238. OLYMPUS REPORTING SW INV13760205RI PO327356	\$0.00	Cost	\$0.00
41.1239. 2011 GREENWAY MEDICAL ADJ INV07964	\$0.00	Cost	\$0.00
41.1240. 2011 GREENWAY MEDICAL ADJ INV071778	\$0.00	Cost	\$0.00
41.1241. 2011 GREENWAY MEDICAL ADJ INVINV085689-E,INV0	\$0.00	Cost	\$0.00
41.1242. 2011 NEXTECH ADJ INV#14238A RESULTS INTERFACE	\$0.00	Cost	\$0.00
41.1243. 2011 BOMGAR ADJ. INVMINV0006345	\$0.00	Cost	\$0.00
41.1244. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1245. IT SW CAPITALIZATION XIFIN	\$0.00	Cost	\$0.00
41.1246. IT SW CAPITALIZATION TECH 26	\$0.00	Cost	\$0.00
41.1247. IT SW CAPITALIZATION BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1248. IT SW CAPITALIZATION DIRECT BILL	\$0.00	Cost	\$0.00
41.1249. IT SW CAPITALIZATION WEBIYNX	\$0.00	Cost	\$0.00
41.1250. INTEGRATED SYSTEMS INV#85842 INTERFACE	\$0.00	Cost	\$0.00
41.1251. HEALTHFUSION PO#328736 INV#JWMD112712 INTERFA	\$0.00	Cost	\$0.00
41.1252. AMAZING CHARTS PO#329233 INV 0000224 INTERFAC	\$0.00	Cost	\$0.00
41.1253. VITERA SW INV#9002193	\$0.00	Cost	\$0.00
41.1254. ECLINICALWORKS INTERFACE PO#329321 INV 442495	\$0.00	Cost	\$0.00
41.1255. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1256. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1257. IT SW CAPITALIZATION BI	\$0.00	Cost	\$0.00
41.1258. IT SW CAPITALIZATION WEBLYNX	\$0.00	Cost	\$0.00
41.1259. IT SW CAPITALIZATION ROBIN MA	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1260. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1261. IT SW CAPITALIZATION XIFIN	\$0.00	Cost	\$0.00
41.1262. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1263. IT SW CAPITALIZATION BI	\$0.00	Cost	\$0.00
41.1264. IT SW CAPITALIZATION WEBDOX	\$0.00	Cost	\$0.00
41.1265. HEALTHTRONICS INTERFACE INV#37457 PO#329739	\$0.00	Cost	\$0.00
41.1266. MD LAND INTERNAT INV#22020 PO#329922	\$0.00	Cost	\$0.00
41.1267. HEALTHTRONICS INTERFACE INV#43561 PO#329886	\$0.00	Cost	\$0.00
41.1268. GMED INTERFACE INV#16831 PO#329856	\$0.00	Cost	\$0.00
41.1269. GFI FAX SOFTWARE INV #0144338 PO329145	\$0.00	Cost	\$0.00
41.1270. DELL APPASSURESERVERBACKUP INV28276 PO#329051	\$5,664.05	Cost	\$5,664.05
41.1271. GREENWAY TECH INTERFACE INV131244 PO#328394	\$0.00	Cost	\$0.00
41.1272. CONCEPTUAL MINDWORKS INTERF INV000581PO329395	\$0.00	Cost	\$0.00
41.1273. ECLINICAL INTERFACE INV#0000418461 PO#328733	\$0.00	Cost	\$0.00
41.1274. ECLINICAL INTERFACE INV00002442495 PO#329321	\$0.00	Cost	\$0.00
41.1275. HEALTHTRONICS INTERFACE INV0039889 PO#327532	\$0.00	Cost	\$0.00
41.1276. AMERICAN COMPUTER & ELEC PO329673	\$0.00	Cost	\$0.00
41.1277. OFFICE ALLY INTERFACE INV0031700 PO#329827	\$0.00	Cost	\$0.00
41.1278. ECLINICAL INTERFACE INV#451276 PO#329699	\$0.00	Cost	\$0.00
41.1279. DIGICHART INTERFACE INV#35840 PO#329339	\$0.00	Cost	\$0.00
41.1280. COMTRON INTERFACE INV#21808 PO#329240	\$0.00	Cost	\$0.00
41.1281. COMPUGROUP INTERFACE INV#1125525	\$0.00	Cost	\$0.00
41.1282. AVISENA DEMO BRIDGE INV0004049 PO328019	\$0.00	Cost	\$0.00
41.1283. CONCEPTUAL MINDWORKS INTERFACE INVS12-089832	\$0.00	Cost	\$0.00
41.1284. ECLINICAL INTERFACE INV0000443810 PO329461	\$0.00	Cost	\$0.00
41.1285. IOS HEALTH SYSTEMS INTERFACE INV9734 PO329469	\$0.00	Cost	\$0.00
41.1286. MERIDIANEMR INTERFACE INV20095724 PO325636	\$0.00	Cost	\$0.00
41.1287. MERIDIAN EMR INTERFACE INV20095487 PO321554	\$0.00	Cost	\$0.00
41.1288. AVISENA, INC.INTERFACE INV #INV004124	\$0.00	Cost	\$0.00
41.1289. GREENWAY MEDICAL INTERFACE INV#INV101918	\$0.00	Cost	\$0.00
41.1290. HEALTH TRONICS INTERFACE INV #4424	\$0.00	Cost	\$0.00
41.1291. HEALTH TRONICS INTERFACE INV #INV0047075	\$0.00	Cost	\$0.00
41.1292. MERIDIAN EMR INTERFACE INV# 20095603 & 200957	\$0.00	Cost	\$0.00
41.1293. MERIDIAN EMR INTERFACE INV #20095744A	\$0.00	Cost	\$0.00
41.1294. MERIDIAN EMR INTERFACE INV #20095597	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1295. MERIDIAN EMR INTERFACE INV#INV0045999A	\$0.00	Cost	\$0.00
41.1296. MERIDIAN EMR INTERFACE INV#20095529A	\$0.00	Cost	\$0.00
41.1297. NEXTECH INTERFACE INV #INV19128	\$0.00	Cost	\$0.00
41.1298. IT SW CAPITALIZATION RENAISSANCE APRIL 2013	\$0.00	Cost	\$0.00
41.1299. IT SW CAPITALIZATION BI APR 2013	\$0.00	Cost	\$0.00
41.1300. IT SW CAPITALIZATION WEBDOX APR 2013	\$0.00	Cost	\$0.00
41.1301. IT SW CAPITALIZATION WEBLYNX APR 2013	\$0.00	Cost	\$0.00
41.1302. IT SW CAPITALIZATION DIRECT BILL APR 2013	\$0.00	Cost	\$0.00
41.1303. MEDENT ALL IN ONE INTERFACE INV0902716	\$0.00	Cost	\$0.00
41.1304. MERIDIAN INTERFACE INV20095511 PO322138	\$0.00	Cost	\$0.00
41.1305. HEALTHTRONICS INTERFACE INV0050208 PO329588	\$0.00	Cost	\$0.00
41.1306. ECLINICAL INTERFACE INV466814 PO330068	\$0.00	Cost	\$0.00
41.1307. OMNI, MD INTERFACE INV86395 PO330195	\$0.00	Cost	\$0.00
41.1308. HEALTHTRONICS INTERFACE INV0051419 PO329932	\$0.00	Cost	\$0.00
41.1309. HEALTHTRONICS INTERFACE INV0044439 PO330234	\$0.00	Cost	\$0.00
41.1310. CURE MD INTERFACE INV50012139 PO329800	\$0.00	Cost	\$0.00
41.1311. IT SW CAP RENAISSANCE	\$0.00	Cost	\$0.00
41.1312. IT SW CAP BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1313. IT SW CAP TECH26	\$0.00	Cost	\$0.00
41.1314. IT SW CAP WEBLYNX	\$0.00	Cost	\$0.00
41.1315. IT SW CAP DIRECT BILL	\$0.00	Cost	\$0.00
41.1316. IT SW CAP LABTECH	\$0.00	Cost	\$0.00
41.1317. HEALTHTRONICS INTERFACE INV50597 PO329519	\$0.00	Cost	\$0.00
41.1318. ECLINICAL INTERFACE INV 467269 PO330144	\$0.00	Cost	\$0.00
41.1319. ALLSCRIPTS INTERFACE PO329462 INV 1487416	\$0.00	Cost	\$0.00
41.1320. HEALTHTRONICS INTERFACE INV#0054878 PO#330347	\$0.00	Cost	\$0.00
41.1321. BIZMATICS INTERFACE INV #BIZ13-19809PO#330726	\$0.00	Cost	\$0.00
41.1322. ALLSCRIPTS INTERFACE INV#NO281213 PO329659	\$0.00	Cost	\$0.00
41.1323. HEALTHTRONICS INTERFACE INV#AAA120140PO330709	\$0.00	Cost	\$0.00
41.1324. CARECLOUD INTERFACE INV#00005988 PO330115	\$0.00	Cost	\$0.00
41.1325. EHR INTERGRATION INTERFACE INV #5290PO#330476	\$0.00	Cost	\$0.00
41.1326. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1327. IT SW CAPITALIZATION BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1328. IT SW CAPITALIZATION TECH26	\$0.00	Cost	\$0.00
41.1329. IT SW CAPITALIZATION WEBLYNX	\$0.00	Cost	\$0.00



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1330. IT SW CAPITALIZATION LABTECH	\$0.00	Cost	\$0.00
41.1331. ALLSCRIPTS INTERFACE INV #NO257085 PO327683	\$0.00	Cost	\$0.00
41.1332. CONNEXHR INTERFACE INV #11-APR-13 PO 330198	\$0.00	Cost	\$0.00
41.1333. ECLINICAL PDF ENHANCEMENT INV437876 PO329298	\$0.00	Cost	\$0.00
41.1334. HEALTHTRONICS BI-DIRECTIONAL INV55359PO330682	\$0.00	Cost	\$0.00
41.1335. HEALTHTRONICS INTERFACE INV #0055667 PO327532	\$0.00	Cost	\$0.00
41.1336. HEALTHTRONICS INTERFACE INV 0034380 PO327684	\$0.00	Cost	\$0.00
41.1337. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1338. IT SW CAPITALIZATION BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1339. IT SW CAPITALIZATION WEBLYNX	\$0.00	Cost	\$0.00
41.1340. HEALTHTRONICS INTERFACE INV #0056773 PO#33072	\$0.00	Cost	\$0.00
41.1341. LABSOFT INV #1364-1522-0 PO 330301	\$0.00	Cost	\$0.00
41.1342. IT SW CAPITALIZATION RENAISSANCE	\$0.00	Cost	\$0.00
41.1343. IT SW CAPITALIZATION BI	\$0.00	Cost	\$0.00
41.1344. IT SW CAPITALIZATION WEBLYNX	\$0.00	Cost	\$0.00
41.1345. IT SW CAP RENAISSANCE	\$0.00	Cost	\$0.00
41.1346. IT SW CAPITALIZATON BUSINESS INTELLIGENCE	\$0.00	Cost	\$0.00
41.1347. METASYSTEMS IMAGING SW INV#3423 PO#325593	\$0.00	Cost	\$0.00
41.1348. HDOX BIOINFORMATION INV #2225 PO#325983	\$0.00	Cost	\$0.00
41.1349. METASYSTEMS UPGRADES INV 3427 PO 328397	\$0.00	Cost	\$0.00
41.1350. ECLINICAL INTERFACE INV #1817 PO#331718	\$0.00	Cost	\$0.00
41.1351. DIGICHARTS INTERFACE INV #0041140-IN PO331695	\$0.00	Cost	\$0.00
41.1352. IT SW CAP RENAISSANCE OCT	\$0.00	Cost	\$0.00
41.1353. IT SW CAPITALIZATION BUSINESS INTELLIGENCEOCT	\$0.00	Cost	\$0.00
41.1354. IT SW CAPITALIZATION RENAISSANCE NOV 2013	\$0.00	Cost	\$0.00
41.1355. IT SW CAPITALIZATION BUSINESS INTELLIGENCENOV	\$0.00	Cost	\$0.00
41.1356. CURE MD INTERFACE	\$0.00	Cost	\$0.00
41.1357. COMPUGROUP MEDICAL, INC LABDAQ REF LAB P	\$0.00	Cost	\$0.00
41.1358. IT SW CAPITALIZATON RENAISSANCE	\$0.00	Cost	\$0.00
41.1359. IT SW CAPITALIZATION BI	\$0.00	Cost	\$0.00
41.1360. CERNERINTERFCEINV#100613872&100603798PO330233	\$0.00	Cost	\$0.00
41.1361. IT SW CAPITALIZATION JAN RENAISSANCE	\$265.94	Cost	\$265.94
41.1362. IT SW CAPITALIZATION BI	\$163.34	Cost	\$163.34
41.1363. IT SW CAPITALIZATON RENAISSANCE	\$320.51	Cost	\$320.51
41.1364. IT SW CAPITALIZATION BI	\$108.90	Cost	\$108.90

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1365. IT SW CAPITALIZATION RENAISSANCE	\$721.03	Cost	\$721.03
41.1366. IT SW CAPITALIZATION BI	\$244.93	Cost	\$244.93
41.1367. IT SW CAPITALIZATION RENAISSANCE	\$2,389.38	Cost	\$2,389.38
41.1368. IT SW CAPITALIZATION BI	\$130.68	Cost	\$130.68
41.1369. IT SW CAPITALIZATION RENAISSANCE	\$1,545.22	Cost	\$1,545.22
41.1370. IT SW CAPITALIZATION BI	\$217.79	Cost	\$217.79
41.1371. GREENWAY MEDICAL TECHNOLOGY	\$23.09	Cost	\$23.09
41.1372. VIRTUAL OFFICEWARE, INC. INV2274244-IN INTERF	\$109.95	Cost	\$109.95
41.1373. HEALTHTRONICS INVINV0053618 INTERFACE PO33246	\$27.23	Cost	\$27.23
41.1374. PULSE SYSTEMS, INC. INV58479 INTERF PO332679	\$433.22	Cost	\$433.22
41.1375. HEALTHCARE FUSION INVSUTA013014INTERF PO33254	\$175.93	Cost	\$175.93
41.1376. MD-REPORTS INTERFACE INV 9810MDRBOSINT PO3325	\$738.89	Cost	\$738.89
41.1377. ECLINICAL WORKS INV614116 INTERF PO332923	\$439.81	Cost	\$439.81
41.1378. OMNI MD INV 88458 INTERFACE PO332820	\$527.78	Cost	\$527.78
41.1379. DISCOVERTURE SOLUTIONS INTERF INVBOSTWICKPSA	\$395.83	Cost	\$395.83
41.1380. ECLINICAL WORKS INV58409IN INTERFCACE	\$439.81	Cost	\$439.81
41.1381. ECLINICALWORKS - INV#0000621477 - PO#332889	\$659.72	Cost	\$659.72
41.1382. MCKESSON TECH - INV#7001548190 -	\$460.49	Cost	\$460.49
41.1383. IT SW CAPITALIZATION RENAISSANCE	\$1,848.61	Cost	\$1,848.61
41.1384. IT SW CAPITALIZATION BI	\$718.73	Cost	\$718.73
41.1385. IT SW CAPITALIZATION RENAISSANCE	\$689.99	Cost	\$689.99
41.1386. IT SW CAPITALIZATION BI	\$609.84	Cost	\$609.84
41.1387. LABSOFT INC INV14616-1411-243 PO332818	\$307.86	Cost	\$307.86
41.1388. HEALTHTRONICS INV0071880 NEW INTERFACE	\$774.07	Cost	\$774.07
41.1389. ECLINICAL WORKS INV639321 NEW INTERFACE	\$879.62	Cost	\$879.62
41.1390. CUREMD.COM INV500008478 NEW INTERFACE	\$747.68	Cost	\$747.68
41.1391. IT SW CAPITALIZATION BI	\$348.47	Cost	\$348.47
41.1392. IT SW CAPITALIZATION RENAISSANCE	\$3,774.53	Cost	\$3,774.53
41.1393. IT SW CAPITALIZATION BI	\$1,470.13	Cost	\$1,470.13
41.1394. IT SW CAPITALIZATION RENAISSANCE	\$4,471.64	Cost	\$4,471.64
41.1395. IT SW CAPITALIZATION RENAISSANCE	\$4,058.90	Cost	\$4,058.90
41.1396. IT SW CAPITALIZATION BI	\$1,252.32	Cost	\$1,252.32
41.1397. IT SW CAPITALIZATION RENAISSANCE	\$4,764.35	Cost	\$4,764.35
41.1398. IT SW CAPITALIZATION RENAISSANCE	\$3,420.60	Cost	\$3,420.60
41.1399. ATLAS PO333429 INTERFACE	\$1,317.24	Cost	\$1,317.24

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****41. Office equipment, including all computer equipment and communication systems equipment and software**

	<b>Net book value of debtor's interest</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
41.1400. MEDCONNECT PO333563 INV140425601	\$659.72	Cost	\$659.72
41.1401. NEXTGEN PO333200 CONTRACT#0040034979	\$1,095.14	Cost	\$1,095.14
41.1402. IT SW CAPITALIZATION RENAISSANCE	\$4,052.12	Cost	\$4,052.12
41.1403. ECLINICAL INV#698192 INTERFACE	\$1,458.33	Cost	\$1,458.33
41.1404. APRIMA MEDICAL INV#108662 INTERFACE	\$1,750.00	Cost	\$1,750.00
41.1405. IT SW CAPITALIZATION RENAISSANCE	\$929.27	Cost	\$929.27
41.1406. ECLINICAL INV#755013 NEW INTERFACE	\$1,597.22	Cost	\$1,597.22
41.1407. IT SW CAPITALIZATION RENAISSANCE	\$3,589.68	Cost	\$3,589.68
41.1408. ECLINICAL WORKS INTERFACE	\$1,215.27	Cost	\$1,215.27
41.1409. LONGWOOD SYSTEMS INV#15013 INTERFACE	\$1,770.83	Cost	\$1,770.83
41.1410. IT SW CAPITALIZATION RENAISSANCE	\$1,638.35	Cost	\$1,638.35
41.1411. ECLINICAL WORKS INV#793617 INTERFACE	\$2,013.89	Cost	\$2,013.89
41.1412. MODERNIZING INV#00034612 LAB IMPLEMT SOFTWARE	\$402.79	Cost	\$402.79
41.1413. IT SW CAPITALIZATION - RENAISSANCE	\$6,889.91	Cost	\$6,889.91
41.1414. ECLINICALWORKS INV#809394 PATIENTS INTERFACE	\$645.83	Cost	\$645.83
41.1415. IT SOFTWARE CAPITALIZATION - RENAISSANCE	\$3,349.14	Cost	\$3,349.14
41.1416. LAB INTERFACE COMPLETE HEALTHCARE SOLUTIONS	\$2,291.67	Cost	\$2,291.67
41.1417. LAB INTERFACE MEDEVOLVE, LLC	\$527.77	Cost	\$527.77
41.1418. LAB INTERFACE - CURE MD	\$1,701.38	Cost	\$1,701.38
41.1419. LAB INTERFACE - ECLINICAL WORKS	\$1,798.60	Cost	\$1,798.60
41.1420. IT SOFTWARE CAPITALIZATION - RENAISSANCE	\$985.19	Cost	\$985.19
41.1421. IT SOFTWARE CAPITALIZATION - RENAISSANCE	\$454.31	Cost	\$454.31
41.1422. QUICKBOOKS - QC SCIENCE	\$361.09	Cost	\$361.09
41.1423. QUICKBOOKS	\$361.09	Cost	\$361.09
41.1424. HEALTH FUSION INTERFACE	\$2,500.00	Cost	\$2,500.00
41.1425. INTRINSIQ SPECIALTY SOLUTION	\$2,722.22	Cost	\$2,722.22
41.1426. ALLSCRIPTS INTERFACE	\$3,743.06	Cost	\$3,743.06
41.1427. INTRINSIQ SPECIALTY RESULTS INTERFACE	\$2,722.22	Cost	\$2,722.22
41.1428. MACPRACTICE RESULTS INTERFACE	\$2,497.60	Cost	\$2,497.60
41.1429. ECLINICAL WORKS BI DIRECTIONAL INTERFACE	\$3,680.56	Cost	\$3,680.56
41.1430. ECLINICAL WORKS BI DIRECTIONAL INTERFACE	\$3,680.56	Cost	\$3,680.56
41.1431. INTRINSIQ SPECIALTY RESULTS INTERFACE	\$2,944.44	Cost	\$2,944.44
41.1432. HEALTHTRONICS INTERFACE - SAN DIEGO UROLOGY	\$3,055.55	Cost	\$3,055.55
41.1433. INTRINSIQ INTERFACE - COOPER BUSCHEMEYER	\$3,055.55	Cost	\$3,055.55
41.1434. INTRINSIQ SPEACIALTY INTERFACE	\$3,768.52	Cost	\$3,768.52

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

**42. Collectibles.** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1. \_\_\_\_\_ \$ \_\_\_\_\_

**43. Total of part 7**

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

\$165,945.32

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

- No
- Yes

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

- No
- Yes

**Part 8: Machinery, equipment, and vehicles**

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

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

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. \_\_\_\_\_ \$ \_\_\_\_\_

**48. Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. \_\_\_\_\_ \$ \_\_\_\_\_

**49. Aircraft and accessories**

49.1. \_\_\_\_\_ \$ \_\_\_\_\_

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1. OPELCO MICROSCOPE	\$0.00	Cost	\$0.00
50.2. OTHER EQUIPMENT	\$0.00	Cost	\$0.00
50.3. OTHER EQUIPMENT	\$0.00	Cost	\$0.00
50.4. OPELCO TRINOCULAR HEAD	\$0.00	Cost	\$0.00
50.5. OPELCO	\$0.00	Cost	\$0.00
50.6. STAINER AND COVER	\$0.00	Cost	\$0.00
50.7. SLIDE SHOW	\$0.00	Cost	\$0.00
50.8. TISSUE EMBE	\$0.00	Cost	\$0.00
50.9. ENERGY BEAM	\$0.00	Cost	\$0.00
50.10. FISHER HEALTHCARE	\$0.00	Cost	\$0.00
50.11. SURGIPATH	\$0.00	Cost	\$0.00
50.12. H&M	\$0.00	Cost	\$0.00
50.13. FISHER HEALTHCARE	\$0.00	Cost	\$0.00
50.14. SURGIPATH	\$0.00	Cost	\$0.00

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.15.	ENERGY BEAM	\$0.00	Cost	\$0.00
50.16.	THERMOSHANDON	\$0.00	Cost	\$0.00
50.17.	HACKER INSTRUMENTS	\$0.00	Cost	\$0.00
50.18.	EQUIPMENT	\$0.00	Cost	\$0.00
50.19.	LAB EQUIPMENT	\$0.00	Cost	\$0.00
50.20.	LENS FOR MICROSCOPE	\$0.00	Cost	\$0.00
50.21.	SMC SWITCH	\$0.00	Cost	\$0.00
50.22.	OPELCO	\$0.00	Cost	\$0.00
50.23.	CAMERAS RT2000-3	\$0.00	Cost	\$0.00
50.24.	WATERBATH	\$0.00	Cost	\$0.00
50.25.	PARA TRIMMER	\$0.00	Cost	\$0.00
50.26.	CRYOSTAT	\$0.00	Cost	\$0.00
50.27.	PHASE CONTRST SLIDER	\$0.00	Cost	\$0.00
50.28.	MICROSCOPE	\$0.00	Cost	\$0.00
50.29.	AUTOSTRAINER	\$0.00	Cost	\$0.00
50.30.	BIO SAFETY CABINET	\$0.00	Cost	\$0.00
50.31.	OPELCO	\$0.00	Cost	\$0.00
50.32.	FISHER HEALTH CARE	\$0.00	Cost	\$0.00
50.33.	GLASS DOOR REACH IN REFRIDGE	\$0.00	Cost	\$0.00
50.34.	HISTO PC 2500 STAINER	\$0.00	Cost	\$0.00
50.35.	ANTEK LIS SYSTEM	\$0.00	Cost	\$0.00
50.36.	ANTEK LIS SYSTEM	\$0.00	Cost	\$0.00
50.37.	FOLD-A-WAY PLATFORM	\$0.00	Cost	\$0.00
50.38.	H/I LINEAR STAINER - FLORIDA	\$0.00	Cost	\$0.00
50.39.	HISTOMODULE KIT	\$0.00	Cost	\$0.00
50.40.	HISTOMODULE KIT	\$0.00	Cost	\$0.00
50.41.	RHS2 RAPID M.W. HISTOPROCESSOR	\$0.00	Cost	\$0.00
50.42.	UBIT - IR300	\$0.00	Cost	\$0.00
50.43.	MICROWAVE - FLORIDA	\$0.00	Cost	\$0.00
50.44.	UROVYSION BLADDER DNA PR OBE KIT	\$0.00	Cost	\$0.00
50.45.	DRENCH HOSE STATIONS	\$0.00	Cost	\$0.00
50.46.	PARAMOUNT HOOD CERT	\$0.00	Cost	\$0.00
50.47.	DUCTLESS EXHAUST SYSTEM	\$0.00	Cost	\$0.00
50.48.	LACONCO FILTERS	\$0.00	Cost	\$0.00
50.49.	INSTRUMENT SHIELD	\$0.00	Cost	\$0.00
50.50.	FLAMMABLE STORAGE CABINET	\$0.00	Cost	\$0.00
50.51.	MICROSCOPE	\$0.00	Cost	\$0.00
50.52.	SPOT RT COLOR "F" MOUNT CAMERA	\$0.00	Cost	\$0.00
50.53.	RT-KE 3 SHOT COLOR F-MOUNT CAMERA - FLORIDA	\$0.00	Cost	\$0.00
50.54.	OLYMPUS BX41 BINOCULAR MICROSCOPE - FLORIDA	\$0.00	Cost	\$0.00
50.55.	U-TRU SIDE CAMERA PORT	\$0.00	Cost	\$0.00

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.56.	MICROSCOPE	\$0.00	Cost	\$0.00
50.57.	MICROSCOPE	\$0.00	Cost	\$0.00
50.58.	MICROSCOPE PARTS	\$0.00	Cost	\$0.00
50.59.	MICROSCOPE PARTS	\$0.00	Cost	\$0.00
50.60.	MEDMICROSCOPY SYSTEM	\$0.00	Cost	\$0.00
50.61.	OVEN HAFO SL-2	\$0.00	Cost	\$0.00
50.62.	6 PLACE STEEL SWINGOUT ROTOR	\$0.00	Cost	\$0.00
50.63.	ML321 TURBO 120V 9PIN WIDE	\$0.00	Cost	\$0.00
50.64.	LC 3175 FAX	\$0.00	Cost	\$0.00
50.65.	ML321 TURBO 120V 9PIN WIDE	\$0.00	Cost	\$0.00
50.66.	ROTARY MICROTOM	\$0.00	Cost	\$0.00
50.67.	MICROSCOPE BINOC - FLORIDA	\$0.00	Cost	\$0.00
50.68.	ROTARY MICROTOM - FLORIDA	\$0.00	Cost	\$0.00
50.69.	TISSUE TEK 5 - FLORIDA	\$0.00	Cost	\$0.00
50.70.	120V FUME HOOD	\$0.00	Cost	\$0.00
50.71.	FUME HOOD	\$0.00	Cost	\$0.00
50.72.	120V FUME HOOD	\$0.00	Cost	\$0.00
50.73.	OVEN ECONOMY 45EG	\$0.00	Cost	\$0.00
50.74.	SECURITY SYSTEM	\$0.00	Cost	\$0.00
50.75.	DADE BEHRING	\$0.00	Cost	\$0.00
50.76.	MILLIPORE - H2O FILTRATION	\$0.00	Cost	\$0.00
50.77.	CYRO CONSOLE	\$0.00	Cost	\$0.00
50.78.	MICROSCOPE, BINOCULAR LAB	\$0.00	Cost	\$0.00
50.79.	ROTOR OPEN 958 12X50 ML	\$0.00	Cost	\$0.00
50.80.	TOUCH MIXER 115V 60HZ	\$0.00	Cost	\$0.00
50.81.	OVEN - MODEL 516G	\$0.00	Cost	\$0.00
50.82.	MICROSCOPE CAMERA	\$0.00	Cost	\$0.00
50.83.	SALIUUM MACHINE	\$0.00	Cost	\$0.00
50.84.	RM2030 ROTARY MICROTOME SYSTEM	\$0.00	Cost	\$0.00
50.85.	MICROPLATE WASHER	\$0.00	Cost	\$0.00
50.86.	CAMERA ADAPTER.PORT	\$0.00	Cost	\$0.00
50.87.	COVERSLIPPER, CYTOSPINS	\$0.00	Cost	\$0.00
50.88.	VITEK II XL WASLEASE127 (WITH ASSET 742/2180)	\$0.00	Cost	\$0.00
50.89.	VWR SWINGING BUCKET ROTOR	\$0.00	Cost	\$0.00
50.90.	VWR MICROFUGE18 WITH ROTOR	\$0.00	Cost	\$0.00
50.91.	ABBOTT MICROSCOPE PARTS FOR FISH	\$0.00	Cost	\$0.00
50.92.	DIGITAL SLIDE MODULE	\$0.00	Cost	\$0.00
50.93.	UBIT-IR300	\$0.00	Cost	\$0.00
50.94.	ULT FREEZER	\$0.00	Cost	\$0.00
50.95.	LAB COUNTER 9 UNIT	\$0.00	Cost	\$0.00
50.96.	VP 2000 PROCESSOR 117V	\$0.00	Cost	\$0.00

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.97.	LEASE BUYOUT	\$0.00	Cost	\$0.00
50.98.	DAKOCYOMATION	\$0.00	Cost	\$0.00
50.99.	12 POWER POLE IN LAB	\$0.00	Cost	\$0.00
50.100.	LAB EQUIPMENT (USED)	\$0.00	Cost	\$0.00
50.101.	PROJECTOR	\$0.00	Cost	\$0.00
50.102.	2 OPELCO MICROSCOPES	\$0.00	Cost	\$0.00
50.103.	4 OPELCO MICROSCOPES	\$0.00	Cost	\$0.00
50.104.	2 OPELCO MICROSCOPES	\$0.00	Cost	\$0.00
50.105.	4 SLIDE FOLDER	\$0.00	Cost	\$0.00
50.106.	5 SLIDE FOLDERS	\$0.00	Cost	\$0.00
50.107.	FISHER HAMILTON HOOD	\$0.00	Cost	\$0.00
50.108.	FUME SCRUBBING SYSTEM	\$0.00	Cost	\$0.00
50.109.	CLEAN AIR SYSTEM	\$0.00	Cost	\$0.00
50.110.	MICROSCOPE	\$0.00	Cost	\$0.00
50.111.	BINOCULAR HEAD	\$0.00	Cost	\$0.00
50.112.	BINOCULAR HEAD	\$0.00	Cost	\$0.00
50.113.	PELCO BOIWAVE	\$0.00	Cost	\$0.00
50.114.	MICROSCOPE	\$0.00	Cost	\$0.00
50.115.	MIRCOSCOPE	\$0.00	Cost	\$0.00
50.116.	MICROSOPE	\$0.00	Cost	\$0.00
50.117.	FUME HOOD	\$0.00	Cost	\$0.00
50.118.	BIOWAVE	\$0.00	Cost	\$0.00
50.119.	120V DRYER	\$0.00	Cost	\$0.00
50.120.	PARA TRIMMER	\$0.00	Cost	\$0.00
50.121.	DCTLSS FMHD PORT HEMCO LSS W	\$0.00	Cost	\$0.00
50.122.	LEICA CASSETTE WRITER, SLIDE WRITER, UNLOADER	\$0.00	Cost	\$0.00
50.123.	2 SELENIUM LAMPS	\$0.00	Cost	\$0.00
50.124.	HEATER MODULE 117V	\$0.00	Cost	\$0.00
50.125.	CISCO AIRONET	\$0.00	Cost	\$0.00
50.126.	MICROSCOPE / TILTING BINOCULAR	\$0.00	Cost	\$0.00
50.127.	SECURITY SYSTEM	\$0.00	Cost	\$0.00
50.128.	MICROSCOPE FILTERS	\$0.00	Cost	\$0.00
50.129.	LEICA RM2125 EURO CONF1	\$0.00	Cost	\$0.00
50.130.	TISSUE TEKCRYO	\$0.00	Cost	\$0.00
50.131.	VITEK II XL WASLEASE 127 (WITH ASSET 402)	\$0.00	Cost	\$0.00
50.132.	OPELCO -	\$0.00	Cost	\$0.00
50.133.	ABBOT MOLECULAR	\$0.00	Cost	\$0.00
50.134.	SHERDDER	\$0.00	Cost	\$0.00
50.135.	UTBI 3 BINOCULAR OBSERVATE & MNT CAMERA	\$0.00	Cost	\$0.00
50.136.	ENCLOSURE FOR XL1044	\$0.00	Cost	\$0.00
50.137.	FUME HOOD	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570**

50.138.	LEFT HAND FUM HOOD	\$0.00	Cost	\$0.00
50.139.	FUME HOOD	\$0.00	Cost	\$0.00
50.140.	PELCO TISSUE VAC	\$0.00	Cost	\$0.00
50.141.	SURGIPATH LINEAR STAINER	\$0.00	Cost	\$0.00
50.142.	MECH OVEN ECON MDL 25 EM	\$0.00	Cost	\$0.00
50.143.	BEAKER THICK WALL	\$0.00	Cost	\$0.00
50.144.	PELCO BIOWAVE	\$0.00	Cost	\$0.00
50.145.	CASSETTE RACK	\$0.00	Cost	\$0.00
50.146.	XL 1044 FILTER HOUSING AND ENCLOSURE	\$0.00	Cost	\$0.00
50.147.	LEICA MICROSYSYSTEMS IPC BASIC INSTRUM	\$0.00	Cost	\$0.00
50.148.	LEICA MICROSYSYSTEMS IPC BASIC INSTRUM	\$0.00	Cost	\$0.00
50.149.	LEICA MICROSYSYSTEMS IPC BASIC INSTRUM	\$0.00	Cost	\$0.00
50.150.	LEICA MICROSYSYSTEMS IPC BASIC INSTRUM	\$0.00	Cost	\$0.00
50.151.	RAPID HIGH THROUGHPUT MICROWAVE	\$0.00	Cost	\$0.00
50.152.	FUME HOOD 48LX20HX20D	\$0.00	Cost	\$0.00
50.153.	OPELCOM - RT-KE 3 SHOT COLOR F-MOUNT	\$0.00	Cost	\$0.00
50.154.	HETTICH UNIVERSAL 16 BENCHTOP	\$0.00	Cost	\$0.00
50.155.	2 FUME HOOD	\$0.00	Cost	\$0.00
50.156.	20 SLIDE SUPER FROST PLUS AND COVER GLASS	\$0.00	Cost	\$0.00
50.157.	MECH OVEN ECON MDL 25 EM 115 V	\$0.00	Cost	\$0.00
50.158.	OLYMPUS MICROSCOPE	\$0.00	Cost	\$0.00
50.159.	VARISTAIN GEMINI	\$0.00	Cost	\$0.00
50.160.	OVEN ECONOMY 45 EG 115 V	\$0.00	Cost	\$0.00
50.161.	PROJECTOR	\$0.00	Cost	\$0.00
50.162.	ROTINA CENTRIFUDGE AND ACCESSORIES	\$0.00	Cost	\$0.00
50.163.	TISSUE-TEK TEC 5	\$0.00	Cost	\$0.00
50.164.	DISPENSER PARAFFIN	\$0.00	Cost	\$0.00
50.165.	SHIELD 50ML STAINLESS STL	\$0.00	Cost	\$0.00
50.166.	WORK TBL WOOD TOP	\$0.00	Cost	\$0.00
50.167.	DUAL OBSERVATION	\$0.00	Cost	\$0.00
50.168.	MICROSCOPE AND OTHER EQUIPMENT	\$0.00	Cost	\$0.00
50.169.	PIPETTING MACHINE	\$0.00	Cost	\$0.00
50.170.	EQUIPMENT-LEEDS PRECISION INSTRUMENTS	\$0.00	Cost	\$0.00
50.171.	VARISTAIN, GEMINI W/HEAT, W/MON	\$0.00	Cost	\$0.00
50.172.	M5 TERMINAL SCREEN (MILESTONE MEDICAL)	\$0.00	Cost	\$0.00
50.173.	10 GALLON SOLVENT RECYCLER	\$0.00	Cost	\$0.00
50.174.	LEICA RM2255 MICROTOME	(\$0.12)	Cost	(\$0.12)
50.175.	LEICA RM2255 (2 MICROTOMES)	\$0.00	Cost	\$0.00
50.176.	LEICA RM2255 (2 MICROTOMES)	\$0.00	Cost	\$0.00
50.177.	MICROSCOPE	\$0.00	Cost	\$0.00
50.178.	MICROSCOPE	\$0.00	Cost	\$0.00



Debtor	Bostwick Laboratories, Inc.			Case number (if known) 17-10570
50.179.	MICROSCOPE	\$0.00	Cost	\$0.00
50.180.	FUME HOOD	\$0.00	Cost	\$0.00
50.181.	HISTOLOGY ALGRA	\$0.00	Cost	\$0.00
50.182.	DIAMOND KNIFE (4)	\$0.00	Cost	\$0.00
50.183.	MICROSCOPE W/ ACCESSORIES	\$0.00	Cost	\$0.00
50.184.	LYNX TISSUE PROCESSOR	\$0.00	Cost	\$0.00
50.185.	PITNEY BOWES POSTAGE MACHINE	\$0.00	Cost	\$0.00
50.186.	DIGITAL CAMERA	\$0.00	Cost	\$0.00
50.187.	CAMERA	\$0.00	Cost	\$0.00
50.188.	PARAFFIN DISPENSER 6.5 GALLON	\$0.00	Cost	\$0.00
50.189.	DRYER SLIDE W/ FORCED AIR (2)	\$0.00	Cost	\$0.00
50.190.	SLIDE MOAT IN-SITU HYBRID OVEN	\$0.00	Cost	\$0.00
50.191.	MICROSCOPE FRAME	\$0.00	Cost	\$0.00
50.192.	OLYMPUS MICROSCOPE W/ CAMERA	\$0.00	Cost	\$0.00
50.193.	OPELCO MICROSCOPE	\$0.00	Cost	\$0.00
50.194.	OPELCO MICROSCOPE W/ CAMERA (2)	\$0.00	Cost	\$0.00
50.195.	OPELCO DIGITAL CAMERA FOR MICROSCOPE	\$0.00	Cost	\$0.00
50.196.	2 - MECHANICAL OVEN ECON MDL 25EM 115V	\$0.00	Cost	\$0.00
50.197.	PURIFIER - 6CL II W/ UV LKI SER FIX & STAND	\$0.00	Cost	\$0.00
50.198.	ISOTEMP GP FREEZER 20.6 CU. FT.	\$9.43	Cost	\$9.43
50.199.	PATHOLOGY MICROSCOPE W/ ATTACHEMENTS- (2)	\$0.00	Cost	\$0.00
50.200.	OLYMPUS CX31 MICROSCOPE	\$0.00	Cost	\$0.00
50.201.	MICRSOPES W/ DIGITAL CAMERAS - (3)	\$0.00	Cost	\$0.00
50.202.	PELCO TISSUE VAC	\$0.00	Cost	\$0.00
50.203.	LEICA EM UC6I (ULTRA MICROTOME W/ CAMERA)	\$349.85	Cost	\$349.85
50.204.	Z4MPLUS DIGITAL THERMAL TRANSFER PRINTER (25)	\$0.00	Cost	\$0.00
50.205.	Z4M PLUS DIRECT THERMAL TRANSFER PRINTER (4)	\$72.22	Cost	\$72.22
50.206.	Z4M PLUS DIGITAL THERMAL TRANSFER PRINTER (5)	\$90.27	Cost	\$90.27
50.207.	MICROSCOPE W/ DIGITAL CAMERA	\$0.00	Cost	\$0.00
50.208.	EXCELSIOR TISSUE PROCESSORS (2)	\$0.00	Cost	\$0.00
50.209.	BIOCARE - DESSERT CHAMBER PRO	\$0.00	Cost	\$0.00
50.210.	RT3 FIRE WIRE DIGITAL CAMERA	\$117.73	Cost	\$117.73
50.211.	INSIGHT FIREWIRE COLOR MOSAIC CAMERA	\$141.18	Cost	\$141.18
50.212.	CELLERATE EQUIPMENT	\$0.00	Cost	\$0.00
50.213.	ISITEMP REFRIGERATOR (17 CU FT)	\$0.00	Cost	\$0.00
50.214.	GENETIC IMAGING SYSTEM (METASYSTEMS)	\$0.00	Cost	\$0.00
50.215.	MICROSCOPE W/ DIGITAL CAMERA	\$0.00	Cost	\$0.00
50.216.	MICROSCOPE	\$0.00	Cost	\$0.00
50.217.	DIGITAL CAMERA	\$0.00	Cost	\$0.00
50.218.	PRINTER - DFX-9000, HIGH VOLUME, IMP	\$0.00	Cost	\$0.00
50.219.	EXCELSIOR TISSUE PROCESSOR (2)	\$0.00	Cost	\$0.00

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50.220.	LAB REFRIGERATOR	\$0.00	Cost	\$0.00
50.221.	MECH OVEN ECON MDL 25EM 115V	\$0.00	Cost	\$0.00
50.222.	120 V FUME HOOD	\$0.00	Cost	\$0.00
50.223.	INS, TISSUEWAVE 2,110V, 60HZ	\$494.79	Cost	\$494.79
50.224.	INS, TISSUEWAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.225.	INS, TISSUEWAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.226.	INS, TISSUEWAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.227.	INS, TISSUEWAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.228.	USED INS, EXCELSIOR TISSUE PROCESSOR	\$0.00	Cost	\$0.00
50.229.	INS, TISSUE WAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.230.	INS, TISSUEWAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.231.	DOT MATRIX PRINTER	\$0.00	Cost	\$0.00
50.232.	OLYMPUS BX41TF-5 MICROSCOPE	\$0.00	Cost	\$0.00
50.233.	YELLOW MICROSCOPE FILTER (OLYMPUS BX51)	\$0.00	Cost	\$0.00
50.234.	XEROX 4150X	\$0.00	Cost	\$0.00
50.235.	SLIDE MOTE IN-SITU HYBRID OVEN	\$0.00	Cost	\$0.00
50.236.	INSIGHT 3-SHOT COLOR MOUNT CAMERA	\$0.00	Cost	\$0.00
50.237.	MICROTOMES (4)	\$0.00	Cost	\$0.00
50.238.	INS, TISSUEWAVE 2,110V, 60HZ	\$0.00	Cost	\$0.00
50.239.	CENTERFUGE & RELATED EQUIP (MOLECULAR LAB)	\$0.00	Cost	\$0.00
50.240.	VP 2000 PROCESSOR(ABBOTT LABORATORIES INC.)	\$0.00	Cost	\$0.00
50.241.	EQUIPMENT	\$0.00	Cost	\$0.00
50.242.	IMAGING SYSTEM(BACUS LABORATORIES INC.)	\$0.00	Cost	\$0.00
50.243.	FLATBED SCANNER(HI-LINK COMPUTER CORP.)	\$0.00	Cost	\$0.00
50.244.	ELECTRIC PALLET TRUCK(GLOBAL EQUIP. COMP.)	\$0.00	Cost	\$0.00
50.245.	EZ RETRIEVER SYSTEM(BIO GENEX)	\$0.00	Cost	\$0.00
50.246.	2 MICROSCOPES (OLYMPUS AMERICA INC.)	\$0.00	Cost	\$0.00
50.247.	EQUIPMENT - TITLE TRANSFERS EOL	\$2,375.00	Cost	\$2,375.00
50.248.	DADE DIMENSION	\$2,797.56	Cost	\$2,797.56
50.249.	MICROSCOPE (LEEDS PRECISION)	\$0.00	Cost	\$0.00
50.250.	EQUIPMENT (MICRO OPTIC)	\$0.00	Cost	\$0.00
50.251.	FLATBED SCANNER (HI-LINK COMPUTER CORP.)	\$0.00	Cost	\$0.00
50.252.	CAMERA (OLYMPUS)	\$0.00	Cost	\$0.00
50.253.	MICROFUGE (VWR INTERNATIONAL)	\$0.00	Cost	\$0.00
50.254.	DNA PLODIY(BACUS LABORATORIES,INC.)	\$0.00	Cost	\$0.00
50.255.	HISTOLOGY LAB EQUIPMENT(LEICA MICROSYSTEMS)	\$0.00	Cost	\$0.00
50.256.	MODULAR CASSETTE (LEICA MICORSYSTEMS INC)	\$0.00	Cost	\$0.00
50.257.	MICROSCOPE(HUNT OPTICS & IMAGING INC)	\$0.00	Cost	\$0.00
50.258.	MICROSCOPE CAMERA(JG GRACE ASSOC. INC)	\$0.00	Cost	\$0.00
50.259.	MICROSCOPE (OLYMPUS)	\$0.00	Cost	\$0.00
50.260.	MICROSCOPE ACCESSORIES(OLYMPUS)	\$0.00	Cost	\$0.00

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50.261.	DUAL VIEW EQUIPMENT(OLYMPUS)	\$0.00	Cost	\$0.00
50.262.	FLUORITE 60X(OLYMPUS)	\$0.00	Cost	\$0.00
50.263.	MICROSCOPE EQUIPMENT (OLYMPUS)	\$0.00	Cost	\$0.00
50.264.	HISTOLOGY EQUIPMENT(LEICA MICROSYSTEMS)	\$0.00	Cost	\$0.00
50.265.	THERMAL PRINTER(XPEDX)	\$0.00	Cost	\$0.00
50.266.	XEROX WORK CENTER	\$0.00	Cost	\$0.00
50.267.	OLYMPUS YELLOW FILTER	\$0.00	Cost	\$0.00
50.268.	SIDE OBSERVATION UNIT	\$0.00	Cost	\$0.00
50.269.	APC SERVER RACK	\$0.00	Cost	\$0.00
50.270.	ZMPLUS DIRECT THERMAL TRANSFER (6)	\$0.00	Cost	\$0.00
50.271.	XEROXWORKCENTERM20I(ELECTRONIC SYSTEMS INC)	\$0.00	Cost	\$0.00
50.272.	PRINTERZ4MPLUS300DPI(PEAK TECH)	\$0.00	Cost	\$0.00
50.273.	BX-URA2 5-UR700(OLYMPUS AMERICA INC)	\$0.00	Cost	\$0.00
50.274.	P010-00154BX (OLYMPUS AMERICA INC)	\$0.00	Cost	\$0.00
50.275.	UPLFLN60X(OLYMPUS AMERICA INC)	\$0.00	Cost	\$0.00
50.276.	YELLOW FILTER(ABBOTT LABORATORIES INC)	\$0.00	Cost	\$0.00
50.277.	GREEN/RED FILTER(ABBOTT LABORATORIES INC)	\$0.00	Cost	\$0.00
50.278.	BNII 1016140002(DADE BEHRING)	\$0.00	Cost	\$0.00
50.279.	120V FUME HOOD(SURGIPATH)	\$0.00	Cost	\$0.00
50.280.	MICROTOME (LEICA MICROSYSTEMS INC.)	\$0.00	Cost	\$0.00
50.281.	VITEK2XLANALYZER AND BASE (CARDINAL HEALTH)	\$0.00	Cost	\$0.00
50.282.	PRECISION ECON. OVEN (FISHER HEALTHCARE)	\$0.00	Cost	\$0.00
50.283.	FUME VACUUM (AIRFILTRONIX CORP.	\$0.00	Cost	\$0.00
50.284.	STAINER CYTOCENTRIFUGE MICROBIO.(WESCOR)	\$0.00	Cost	\$0.00
50.285.	LABCONCO FUME ABSORBER(VWR INTERNATIONAL)	\$0.00	Cost	\$0.00
50.286.	CYTOPRO ROTOR(WESCOR INC.)	\$0.00	Cost	\$0.00
50.287.	THERMAL TRANSFER PRINTER(PEAK TECHNOLOGIES)	\$0.00	Cost	\$0.00
50.288.	VITEK2XL ANALYZER AND BASE(CARDINALHEALTH)	\$0.00	Cost	\$0.00
50.289.	LABCULTUREBIOSAFETYCABINET&BASE(ESCO TECH)	\$0.00	Cost	\$0.00
50.290.	28CUFT INCUBATOR (SHELDON MANUFACTURING INC.)	\$0.00	Cost	\$0.00
50.291.	MILLIPORE HISTOLOGY EQUIPMENT (MILLIPORE CORP	\$0.00	Cost	\$0.00
50.292.	FISHERHEALTHCARE REFRIGERATOR17.9CUFT	\$0.00	Cost	\$0.00
50.293.	SURGIPATH FUME HOOD	\$0.00	Cost	\$0.00
50.294.	FISHERHEALTHCARECABINETMANUAL60GAL	\$0.00	Cost	\$0.00
50.295.	ABBOTT(OLYMPUS FILTERS & LABEQUIPMENT)	\$0.00	Cost	\$0.00
50.296.	DELL PROJECTOR	\$0.00	Cost	\$0.00
50.297.	WESCOR SLIDE HEATER	\$0.00	Cost	\$0.00
50.298.	DIATOMEUSDIAMONDKNIFEULTRA45(2)	\$0.00	Cost	\$0.00
50.299.	DIATOMEUSHISTODIAMONDKNIFE	\$0.00	Cost	\$0.00
50.300.	HUNTOPTICSIMAGINGMICROSCOPE	\$0.00	Cost	\$0.00
50.301.	ESCOTECHNOLOGIESFUMEHOODSTORAGECABINET	\$0.00	Cost	\$0.00

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50.302.	NEXTDAYSCIENCEMPSLIDERANDFMOUNT	\$0.00	Cost	\$0.00
50.303.	COLEPARMER220GBALANCE	\$0.00	Cost	\$0.00
50.304.	DIATOMEUS45DEGDIAMONDKNIFE(2)	\$0.00	Cost	\$0.00
50.305.	DIATOMEUSHISTODIAMONDKNIFE	\$0.00	Cost	\$0.00
50.306.	ABBOTTMOLECULARAQUAFILTER	\$0.00	Cost	\$0.00
50.307.	ABBOTTMOLECULARYELLOWFILTER	\$0.00	Cost	\$0.00
50.308.	ABBOTTMOLECULARDAPIBANDPASS	\$0.00	Cost	\$0.00
50.309.	ABBOTTMOLECULARGREEN/REDFILTER	\$0.00	Cost	\$0.00
50.310.	MOREDIRECT DLP PROJECTOR 1800	\$0.00	Cost	\$0.00
50.311.	ABBOTT MOLECULARAQUAFILTER	\$0.00	Cost	\$0.00
50.312.	ABBOTTMOLECULARDAPIBANDPASSOLYMBX51	\$0.00	Cost	\$0.00
50.313.	OLYMPUSUPLFLN40XFLUORITEOBJECTIVENA.75WD.51MM	\$0.00	Cost	\$0.00
50.314.	NAUMAN HOBBS FORKLIFTNOV07	\$0.00	Cost	\$0.00
50.315.	MILLIPORE DEC07	\$0.00	Cost	\$0.00
50.316.	OLYMPUS DEC07	\$0.00	Cost	\$0.00
50.317.	LEEDS PRECISION DEC07	\$0.00	Cost	\$0.00
50.318.	SIEMENSHEALTHCAREDIAGNOSTICS	\$0.00	Cost	\$0.00
50.319.	LEICAMICROSYSTEMS MICROTOME	\$0.00	Cost	\$0.00
50.320.	SHELDONMANUFACTURING INCUBATOR	\$0.00	Cost	\$0.00
50.321.	SURGIPATH(4)RDTISSUEWATERBATH	\$0.00	Cost	\$0.00
50.322.	THERMOFISHERSCIENTIFIC(4)TRIMMER	\$0.00	Cost	\$0.00
50.323.	ROTRONICINSTRUMENTCORPTMPCONTRLFORHW	\$0.00	Cost	\$0.00
50.324.	LEEDSPRECISION(2)MICROSCOPES	\$0.00	Cost	\$0.00
50.325.	SURGIPATH(2)FUMEHOOD	\$0.00	Cost	\$0.00
50.326.	ACCESSGENETICSMASTERCYCLERWHEATEDLID	\$0.00	Cost	\$0.00
50.327.	CARDINALHEALTHTISSUETEKCRYO&CONSOLE	\$0.00	Cost	\$0.00
50.328.	HUNTOPTICSSPOTINSIGHT3SHOTCOLORMOUNT	\$0.00	Cost	\$0.00
50.329.	SURGIPATHFUMEHOOD	\$0.00	Cost	\$0.00
50.330.	OLYMPUSMICROSCOPE	\$0.00	Cost	\$0.00
50.331.	VWR(2)BALANCEENCLOSUREHOOD	\$0.00	Cost	\$0.00
50.332.	SIEMENSHEALTHCARECLINITEKATLAS&RACK	\$0.00	Cost	\$0.00
50.333.	SURGIPATH(5)FUMEHOOD	\$0.00	Cost	\$0.00
50.334.	FISHERHEALTHCARE4 OVEN	\$0.00	Cost	\$0.00
50.335.	THERMOFISHERSCI2	\$0.00	Cost	\$0.00
50.336.	VWR	\$0.00	Cost	\$0.00
50.337.	VWR	\$0.00	Cost	\$0.00
50.338.	VWR	\$0.00	Cost	\$0.00
50.339.	VWR	\$0.00	Cost	\$0.00
50.340.	VWR	\$0.00	Cost	\$0.00
50.341.	LEICAMICROSYSTEMS INSTRUMENTTABLE	\$0.00	Cost	\$0.00
50.342.	CARDINALHEALTHTISSUETEK	\$0.00	Cost	\$0.00

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50.343.	SIEMENSHEALTHCARE CLINTEKWITRACK	\$0.00	Cost	\$0.00
50.344.	OLYMPUS MICROSCOPE	\$0.00	Cost	\$0.00
50.345.	OLYMPUS MICROSCOPE	\$0.00	Cost	\$0.00
50.346.	CARDINALHEALTHPRAFINDISPENSER	\$0.00	Cost	\$0.00
50.347.	MILLERPRECISION MICROSCOPE	\$0.00	Cost	\$0.00
50.348.	LEICA MICROSYSYSTEMS INC (4)MANUAL MICROTOME	\$0.00	Cost	\$0.00
50.349.	LEICA MICROSYSYSTEMS INC CASSETTE PRINTER	\$0.00	Cost	\$0.00
50.350.	LEICA MICROSYSYSTEMS INC UNLOAD STATION C	\$0.00	Cost	\$0.00
50.351.	LEICA MICROSTYSYSTEMS INC (2)MODUHISTSLIDEPRINT	\$0.00	Cost	\$0.00
50.352.	LEICA MICROSYSYSTEMSINC(2)UNLOADSTATIONFORSLIDE	\$0.00	Cost	\$0.00
50.353.	LEICA MICROSYSYSTEMSINCCRYOSTAT	\$0.00	Cost	\$0.00
50.354.	SURGIPATH FUME HOOD	\$0.00	Cost	\$0.00
50.355.	HUNTOPTICS(2)MICROSCOPE	\$0.00	Cost	\$0.00
50.356.	LEICAMICROSYSYSTEMSUNLOADSTATIONSFORSLIDES	\$0.00	Cost	\$0.00
50.357.	LEICAMICROSYSYSTEMSMODULARHISTSLIDEPRINTER	\$0.00	Cost	\$0.00
50.358.	LEICAMICROSYSYSTEMSINCUNLOADSTATIONFORSLIDES	\$0.00	Cost	\$0.00
50.359.	OLYMPUSAMERICA MICROSCOPE	\$0.00	Cost	\$0.00
50.360.	CARDINALHEALTH(3) TISSUETEK	\$0.00	Cost	\$0.00
50.361.	LEICAMICROSYSYSTEMSLINEARSTRAINERW/LOADSTATIONS	\$0.00	Cost	\$0.00
50.362.	HUNTOPTICS(2)MICROSCOPESW/CAMERA	\$0.00	Cost	\$0.00
50.363.	HUNTOPTICSMICROSCOPEW/CAMERA	\$0.00	Cost	\$0.00
50.364.	JOHNSTONTECHNOLOGIESINCGALAXY3000UPS	\$0.00	Cost	\$0.00
50.365.	XPEDXTHERMALTRANSFERPRINTER	\$0.00	Cost	\$0.00
50.366.	XPEDX THERMAL TRANSFER PRINTER	\$0.00	Cost	\$0.00
50.367.	AIRFILTRONIX CORP (2)DOUBLEHOSESCAVENGERUNIT	\$0.00	Cost	\$0.00
50.368.	VWRINTERNATIONAL INC(2)XPERTBALANCEENCL4'	\$0.00	Cost	\$0.00
50.369.	NEXTDAYSCIENCE SPOTCAMERA	\$0.00	Cost	\$0.00
50.370.	ESCOTECH INC FUMEHOOD&BASE	\$0.00	Cost	\$0.00
50.371.	ESCOTECHINCFUMEHOOD&BASE	\$0.00	Cost	\$0.00
50.372.	SHELLABSINCUBATOR	\$0.00	Cost	\$0.00
50.373.	BUSCHMACHINEREWINDERW/FREEMETALTOP	\$0.00	Cost	\$0.00
50.374.	BUSCHMACHINECUSTOM4FOOTWITHMETALFREE	\$0.00	Cost	\$0.00
50.375.	OLYMPUSAMERICAMICROSCOPE	\$0.00	Cost	\$0.00
50.376.	OLYMPUSAMERICAMICROSCOPE353192	\$0.00	Cost	\$0.00
50.377.	OLYMPUSAMERICAMICROSCOPE353193	\$0.00	Cost	\$0.00
50.378.	META SYSTEMS SCANNING SYSTEM	\$0.00	Cost	\$0.00
50.379.	META SYSTEMS SCANNER	\$0.00	Cost	\$0.00
50.380.	JEOL USA INC ELECTRON MICROSCOPE	\$0.00	Cost	\$0.00
50.381.	NI OLYMPUSAMERICA INC	\$0.00	Cost	\$0.00
50.382.	NI BUSCH MACHINE LABELERFEEDCONV.SENSOR	\$0.00	Cost	\$0.00
50.383.	NI LEICAMICROSYSYSTEMROBOTICCOVERDISPENRACK	\$0.00	Cost	\$0.00

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50.384.	NI METASYSTEMSREVIEWSTATION6017	\$0.00	Cost	\$0.00
50.385.	STANDARD REST. REFRIGERATORPO5667	\$0.00	Cost	\$0.00
50.386.	THERMOFISHERSCIENTIFICFREEZERPO4289	\$0.00	Cost	\$0.00
50.387.	CARDINALHEALTHMICROSCOPEPO5146	\$0.00	Cost	\$0.00
50.388.	STANDARD REST.REFRIGERATORPO4387	\$0.00	Cost	\$0.00
50.389.	STANDARD REST.REFRIGERATORPO5667	\$0.00	Cost	\$0.00
50.390.	SHELLABSINCUBATORPO6960.	\$0.00	Cost	\$0.00
50.391.	HUNTOPTICSMICROSCOPEPO5147	\$0.00	Cost	\$0.00
50.392.	THERMOFISHERSCIENTIFICFREEZERPO4570	\$0.00	Cost	\$0.00
50.393.	OLYMPUSAMERICAMICROSCOPEPO5064	\$0.00	Cost	\$0.00
50.394.	CARDINALHEALTHTISSUETEKPO4276	\$0.00	Cost	\$0.00
50.395.	THERMOFISHERSCIENTIFICFREEZERPO4572	\$0.00	Cost	\$0.00
50.396.	LEICAMICROSYSTEMCOVERSLIPPERPO5172	\$0.00	Cost	\$0.00
50.397.	THERMOELECTRONCORPKIDNEYANALYSISYSPO5108	\$0.00	Cost	\$0.00
50.398.	CORPORATEEXPRESS37"LCDTVPO5499	\$0.00	Cost	\$0.00
50.399.	P.C.RICHARD&SONREFRIGERATORPO5411	\$0.00	Cost	\$0.00
50.400.	DIATOMEUS(2)DIAMONDKNIVES6141	\$0.00	Cost	\$0.00
50.401.	OLYMPUSAMERICAMICROSCOPECAMERASWPO5593	\$0.00	Cost	\$0.00
50.402.	OLYMPUS MICROSCOPE W/ CAMERA	\$0.00	Cost	\$0.00
50.403.	OLYMPUS FLOURESCENT SYSTEM FOR MICROSCOPE	\$0.00	Cost	\$0.00
50.404.	HUNT OPTICS MICROSCOPE	\$0.00	Cost	\$0.00
50.405.	FISHER OVEN	\$0.00	Cost	\$0.00
50.406.	WVR CENTERFUGE W/ SWING BUCKET	\$0.00	Cost	\$0.00
50.407.	LEICA MICROSYSTEMS	\$0.00	Cost	\$0.00
50.408.	BECKMAN COULTER	\$0.00	Cost	\$0.00
50.409.	METASYSTEMS GENETIC IMAGING EQUIPMENT	\$0.00	Cost	\$0.00
50.410.	XPEDX THERMAL PRINTER (7)	\$0.00	Cost	\$0.00
50.411.	CARDINAL HEALTH	\$0.00	Cost	\$0.00
50.412.	LEEDS PRECISION MICROSCOPE	\$0.00	Cost	\$0.00
50.413.	LEEDS PRECISION MICROSCOPE	\$0.00	Cost	\$0.00
50.414.	ESCOTECHFUMEHOODW/STORAGECABINET306PO4422	\$0.00	Cost	\$0.00
50.415.	LEEDS PRECISION	\$0.00	Cost	\$0.00
50.416.	MARKETLABPARAFFINPROI344476PO5413	\$0.00	Cost	\$0.00
50.417.	ROLANEDIAGNOSTICS98774PO5114	\$0.00	Cost	\$0.00
50.418.	OLYMPUS	\$0.00	Cost	\$0.00
50.419.	OLYMPUS	\$0.00	Cost	\$0.00
50.420.	FISHERHEALTHCARECENTERFUGE7436031PO300281	\$0.00	Cost	\$0.00
50.421.	ELECTRONICSYSINCCANONIR1023IFINV110951PO5630	\$0.00	Cost	\$0.00
50.422.	ESCOTECHINCFUMEHOODSTORAGECABI301PO4374	\$0.00	Cost	\$0.00
50.423.	ACCESSGENETICS5140-A	\$0.00	Cost	\$0.00
50.424.	ABBOTTMOLECULAR152960	\$0.00	Cost	\$0.00

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50.425.	CARDINALHEALTH602066298	\$0.00	Cost	\$0.00
50.426.	CONDITIONEDAIRMECHANICALSRVC369414	\$0.00	Cost	\$0.00
50.427.	MINNESOTAMEDICALSPECIALISTSINCUSED39479	\$0.00	Cost	\$0.00
50.428.	LEEDSPRECISIONINSTRUMENTS356427	\$0.00	Cost	\$0.00
50.429.	BUSCHMACHINERY8535	\$0.00	Cost	\$0.00
50.430.	METASYSTEMSSLIDESCANINGSTATION&REVIEW	\$0.00	Cost	\$0.00
50.431.	VWRINTERNATIONAL34678424	\$0.00	Cost	\$0.00
50.432.	BIOCAREMEDICALDECLOAKINGCHAMBERPO5749	\$0.00	Cost	\$0.00
50.433.	BIOCAREMEDICALDESERTCHAMBERPO5749	\$0.00	Cost	\$0.00
50.434.	OLYMPUSAMERICAINCPO300293	\$0.00	Cost	\$0.00
50.435.	CARDINALHEALTHPO300586	\$0.00	Cost	\$0.00
50.436.	ESCOTECHFUMEHOOD(COUG)PO301634	\$0.00	Cost	\$0.00
50.437.	FISHERHEALTHCAREOVEN(COUG)PO301639	\$246.24	Cost	\$246.24
50.438.	VWRINTERNATIONAL(COUG)PO301635	\$0.00	Cost	\$0.00
50.439.	OLYMPUSAMERICAINCPO302176	\$0.00	Cost	\$0.00
50.440.	ROLANEDIAGNOSTICSINCPO5113INV99041	\$0.00	Cost	\$0.00
50.441.	SURGIPATHINV991471PO301632	\$0.00	Cost	\$0.00
50.442.	SURGIPATHEQUIPINV991471PO301632	\$0.00	Cost	\$0.00
50.443.	CARDINALHEALTHTISSUETEKINV604078247PO301636	\$0.00	Cost	\$0.00
50.444.	CARDINALHEALTHMICROTOMEINV604125733PO301636	\$0.00	Cost	\$0.00
50.445.	FISHERHEALTHCAREOVENINV9663713PO302107	\$0.00	Cost	\$0.00
50.446.	AIR IDEAL INCJ13295PO301225	\$0.00	Cost	\$0.00
50.447.	FISHERHEALTHCAREPARATRIMMER9738917PO301639	\$0.00	Cost	\$0.00
50.448.	THERMOFISHERSCIENTIFIC381964RI PO302929	\$0.00	Cost	\$0.00
50.449.	BIOCAREMEDICAL00048828PO302292	\$0.00	Cost	\$0.00
50.450.	SURGIPATH0001007797PO302951FUMEHOOD	\$0.00	Cost	\$0.00
50.451.	OLYMPUS9607164 RIPO302643LENS	\$0.00	Cost	\$0.00
50.452.	OLYMPUS9612332RIPO302745(2)LENSES	\$0.00	Cost	\$0.00
50.453.	LABSAFETYSUPPLYINC1011958587PO302465PHMETER	\$0.00	Cost	\$0.00
50.454.	BUSCHMACHINERYINV8566PO5686	\$0.00	Cost	\$0.00
50.455.	NEXTDAYSCIENCEINV12293PO302852	\$0.00	Cost	\$0.00
50.456.	ABBOTTMOLECULARINV158357PO303197	\$0.00	Cost	\$0.00
50.457.	ABBOTTMOLECULARINV159129PO303171	\$0.00	Cost	\$0.00
50.458.	EPPENDORFINV4000130801PO303022	\$0.00	Cost	\$0.00
50.459.	LEICAMICROSYSINV94157090PO301633	\$0.00	Cost	\$0.00
50.460.	DIATOMEINV625684PO302799	\$0.00	Cost	\$0.00
50.461.	OLYMPUSINV9718436RIPO303194	\$0.00	Cost	\$0.00
50.462.	NANODROPTTECINV14953PO303120	\$0.00	Cost	\$0.00
50.463.	VWRINV35917974PO303042	\$0.00	Cost	\$0.00
50.464.	QIAGENINCUSEDINV93013054PO303198	\$0.00	Cost	\$0.00
50.465.	BUSCHMACHINERYINV8787&8788PO005686	\$0.00	Cost	\$0.00

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.466.	VWRINV35941366PO303430	\$0.00	Cost	\$0.00
50.467.	FISHERHEALTHCAREINV1416549PO303744	\$0.00	Cost	\$0.00
50.468.	VWRINV36131466PO303885	\$0.00	Cost	\$0.00
50.469.	THERMOFISHERSCIINV6418616 RI PO304068	\$0.00	Cost	\$0.00
50.470.	HUNTOPTICSMICROSCOPEHO_INV2008-1615PO305129	\$0.00	Cost	\$0.00
50.471.	OLYMPUSMICROSCOPE10100364 RI & 10099918 RI	\$0.00	Cost	\$0.00
50.472.	LEEDSPRECISIONTELESCOPE362452PO306083	\$0.00	Cost	\$0.00
50.473.	VWREPPENDORF THERMOPO306705	\$0.00	Cost	\$0.00
50.474.	LEEDSPRECISIONMICROSCOPEPO305988	\$0.00	Cost	\$0.00
50.475.	CARDINALHEALTHLEASE127PURCHASEVITEKIIXL	\$0.00	Cost	\$0.00
50.476.	FISHERHEALTHCAOVEN0790785PO306873	\$0.00	Cost	\$0.00
50.477.	SAKURAFINTISSUETEKPO305813	\$0.00	Cost	\$0.00
50.478.	VWREQUIPX21699106PO307811	\$0.00	Cost	\$0.00
50.479.	VWREQUIPX21699106PO307811	\$0.00	Cost	\$0.00
50.480.	VWROVENX21699106PO307887	\$0.00	Cost	\$0.00
50.481.	VWRHOODX21699121PO307521	\$0.00	Cost	\$0.00
50.482.	VWRINCUBATORX21699121PO307604	\$0.00	Cost	\$0.00
50.483.	NEXAIRDATALOGGER1015975PO307948	\$0.00	Cost	\$0.00
50.484.	CARDINALHEALTHHOMOGENIZER613267404PO306720	\$0.00	Cost	\$0.00
50.485.	VWRVACUUMCHAMBERX21699152PO308552	\$0.00	Cost	\$0.00
50.486.	VWRBASESTANDX21699152PO038316	\$0.00	Cost	\$0.00
50.487.	VWRSTATSPINDRYERX21699152PO308616	\$0.00	Cost	\$0.00
50.488.	CARDINAL VITEK II ANALYZER	\$0.00	Cost	\$0.00
50.489.	THERMOELECTRONLABPRESS9020183450PO309086	\$0.00	Cost	\$0.00
50.490.	BELAIRINSTRUMENTFUMEABSORBPPI0041181PO309311	\$0.00	Cost	\$0.00
50.491.	NOTE #6 OLYMPUSMICROSCOPE10805907 RIAPO309160	\$0.00	Cost	\$0.00
50.492.	VWRTISSUEMICROWAVEX21699213PO308476	\$0.00	Cost	\$0.00
50.493.	VWRSLIDEDRYOVENX21699213PO309319	\$0.00	Cost	\$0.00
50.494.	LEICA BIOSYS CRYOSTAT PO309712	\$0.00	Cost	\$0.00
50.495.	LEICABIOSYSFUMEHOODPO309712	\$0.00	Cost	\$0.00
50.496.	NOTE #6 VWRTISSUEWAVWX21699244PO309714	\$0.00	Cost	\$0.00
50.497.	VWRDIGITALBALANCEPO310434	\$0.00	Cost	\$0.00
50.498.	VWR23CUFTFREEZERPO311591	\$0.00	Cost	\$0.00
50.499.	NOTE #6 VWROVENGRAVITYPO311219	\$0.00	Cost	\$0.00
50.500.	NOTE #6 OLYMPUSAMERICAMICROSCOPEPO311076	\$0.00	Cost	\$0.00
50.501.	NOTE #6 BIOCAREMEDICAL PO 311365	\$0.00	Cost	\$0.00
50.502.	NOTE #6 CARDINALHEALTHPO311236	\$0.00	Cost	\$0.00
50.503.	NOTE #6 SAKURATISSUETEKPO309715	\$0.00	Cost	\$0.00
50.504.	NOTE #6 VWR2TISSUEBATHSPO310931	\$0.00	Cost	\$0.00
50.505.	NOTE #6 VWR2TISSUEBATHSPO310931	\$0.00	Cost	\$0.00
50.506.	NOTE #6 VWRBATHS PO310908	\$0.00	Cost	\$0.00



Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.507.	OLYMPUSAMERMICROSCOPEINV11057350PO311335	\$0.00	Cost	\$0.00
50.508.	DAIGGERROTOFIXINV1592605	\$0.00	Cost	\$0.00
50.509.	OLYMPUSLENSINV10941018 RI PO311189	\$0.00	Cost	\$0.00
50.510.	VWRPATHWRKSTATIONINX21699320PO310651	\$0.00	Cost	\$0.00
50.511.	DAIGGERROTOFIX32AINV1597160PO312453	\$0.00	Cost	\$0.00
50.512.	OLYMPUS BBTNOTE 11147924 RI PO312825	\$0.00	Cost	\$0.00
50.513.	OLYMPUS BBTNOTE 11132111 RI PO312397	\$0.00	Cost	\$0.00
50.514.	LEICAMICROSYSCRYOSTAT94349107PO313043	\$0.00	Cost	\$0.00
50.515.	BIORCAREMEDINV00070076PO311365	\$0.00	Cost	\$0.00
50.516.	VWRBALANCEINX21690001PO313769	\$0.00	Cost	\$0.00
50.517.	STAPLESTECINVHG1225PO311224	\$0.00	Cost	\$0.00
50.518.	09-2261VWRTISSWAVEINX2169	\$0.00	Cost	\$0.00
50.519.	09-2266LECACOVERSLIPINV40453	\$0.00	Cost	\$0.00
50.520.	09 2258 NOTE #6 VWR	\$0.00	Cost	\$0.00
50.521.	09 2259 NOTE #6 OLYMPUS	\$0.00	Cost	\$0.00
50.522.	09 2260 VWR GRAVITY OVEN INV#X216	\$0.00	Cost	\$0.00
50.523.	DAIGGERUROINV1616892	\$0.00	Cost	\$0.00
50.524.	ENERGYBEAMSINV59118	\$0.00	Cost	\$0.00
50.525.	SCANNER INVDAPEI4886-03-09	\$0.00	Cost	\$0.00
50.526.	LEICA MICROSYSTEMS CONTROL UNIT INV#94523417	\$1,114.86	Cost	\$1,114.86
50.527.	DIAMOND KNIFE 8.0MM INV.#628147 PO318669	\$0.00	Cost	\$0.00
50.528.	AGILENT TECH EQUIP INV 105111085	\$0.00	Cost	\$0.00
50.529.	LEICA EMUC7 MICROSCOPE CARRIER INV318648	\$0.00	Cost	\$0.00
50.530.	LEICA S6E STEREO MICROSCOPE W. 16X INV 318648	\$0.00	Cost	\$0.00
50.531.	APERIO SCANNER INV#D-APEI4886-03-12PO312215	\$0.00	Cost	\$0.00
50.532.	APERIO SCANNER INV D-APEI4886-03-11	\$0.00	Cost	\$0.00
50.533.	FISHERHEALTHCARESLIDEHEATERU11199164IN2046051	\$0.00	Cost	\$0.00
50.534.	APERIO SCANNER INV#1814 PO#312215	\$0.00	Cost	\$0.00
50.535.	APERIO SCANNER INV#1814 PO3312215	\$0.00	Cost	\$0.00
50.536.	55" GLASS DOOR REFRIG INV36416 PO323843	\$0.00	Cost	\$0.00
50.537.	APERIO INV 2434A PO312215	\$0.00	Cost	\$0.00
50.538.	VWR INTER INV 46893267 PO48729176	\$0.00	Cost	\$0.00
50.539.	ABBOTT THERMOBRITE HBRID INV 240447 PO 325096	\$0.00	Cost	\$0.00
50.540.	DIATOME DIAMOND 2.5 KNIFE INV629520 PO1019599	\$0.00	Cost	\$0.00
50.541.	CARDINAL BLOOD DRAW CHAIRINV647298890PO325218	\$0.00	Cost	\$0.00
50.542.	ABBOTT THERMO HYBRID INV239924A PO325096	\$0.00	Cost	\$0.00
50.543.	VWR SHANDON TISSUEWAVE 2 INX21692001PO324726	\$0.00	Cost	\$0.00
50.544.	MICROSCOPE	\$0.00	Cost	\$0.00
50.545.	VWRINTERNATIONALNORLAKECHARTRECORDERFORFRIDGE	\$0.00	Cost	\$0.00
50.546.	STAINER	\$0.00	Cost	\$0.00
50.547.	COLOR DIGITAL CAMERA	\$0.00	Cost	\$0.00

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.548.	OLYMPUSAMERICAINV9662755 RIPO302064	\$0.00	Cost	\$0.00
50.549.	OLYMPUSINV9800611 RI PO303517	\$0.00	Cost	\$0.00
50.550.	OLYMPUSAMERICACAMERAMOUNTS9820934 RIPO303947	\$0.00	Cost	\$0.00
50.551.	CORPEXPIMBARCODESCANDX6487PO303694	\$0.00	Cost	\$0.00
50.552.	LEEDSPCAMERAINV363093	\$0.00	Cost	\$0.00
50.553.	OLYMPUSAMERICAMICROSCOPEPO4968	\$0.00	Cost	\$0.00
50.554.	OLYMPUSAMERICAMICROSCOPEPO4969	\$0.00	Cost	\$0.00
50.555.	OLYMPUS MICROSCOPE	\$0.00	Cost	\$0.00
50.556.	GREEN/RED MICROSCOPE FILTER BX51	\$0.00	Cost	\$0.00
50.557.	MICROSCOPE (LEEDS PRECISION)	\$0.00	Cost	\$0.00
50.558.	LEICASLIDE RACK CARRIER PO#813122 INV94907471	\$0.00	Cost	\$0.00
50.559.	VWR THERMO STISSUE W PO#324694 INV X21692032A	\$0.00	Cost	\$0.00
50.560.	BIOMERIEUX VC-VITEK2 PO326136INV1210466756	\$565.07	Cost	\$565.07
50.561.	SEMROCK SPORBOMFZERO CAMERA PO325591 INV72793	\$33.35	Cost	\$33.35
50.562.	SEMROCK SPGR BOMF CAMERA PO325591 INV72793	\$33.35	Cost	\$33.35
50.563.	CARDINAL HEALTH CHAIR PO325663 INV7000829828	\$12.29	Cost	\$12.29
50.564.	VWR FREEZER UP PO#49897269 INV X21692047	\$289.35	Cost	\$289.35
50.565.	VWR RECORDER 6 IN PO#49897269 INV X21692047	\$28.90	Cost	\$28.90
50.566.	VWR 12-POS RACK PO49897269 INV X21692047	\$6.52	Cost	\$6.52
50.567.	MCSHANE FLOOR LOCKER INV 85082	\$22.20	Cost	\$22.20
50.568.	MCSHANE WELDING FLOOR LOCKERS INV 84727	\$4.46	Cost	\$4.46
50.569.	DIATOME US KNIFE	\$44.75	Cost	\$44.75
50.570.	CARDINAL BLOOD DRAWCHAIRPO325879 IN7001404216	\$17.96	Cost	\$17.96
50.571.	BIOVIEW AUTOMATED SCANNER PO32704INV20121290A	\$99,375.00	Cost	\$99,375.00
50.572.	FISHER HEALTHCARE CENTF ACC 642 INV756943	\$0.00	Cost	\$0.00
50.573.	OLYMPUS CAMERA DP72 INV 13668498 RI	\$79.17	Cost	\$79.17
50.574.	CDW FUJITSU SCANNER INVN101756	\$11.09	Cost	\$11.09
50.575.	MASTER MECHANICAL HOODEXHAUSTINV56951PO327693	\$2,195.55	Cost	\$2,195.55
50.576.	REDD ASH TECH ID CARD PRINTER INV NC2000187	\$202.90	Cost	\$202.90
50.577.	MILLIPORE WATER PURFY SYS INV 6196164	\$941.55	Cost	\$941.55
50.578.	MILLIPORE LABWATER SYSTEM INV6202480	\$73.27	Cost	\$73.27
50.579.	OLYMPUS INTERFACE INV14069732 RI	\$0.00	Cost	\$0.00
50.580.	VWR TISSUEWAVE 2 110V INV X21693001 PO328862	\$6,270.00	Cost	\$6,270.00
50.581.	DIATOME ADJ 2011 DIAMOND 2.5 KNIFE INV629571	\$288.94	Cost	\$288.94
50.582.	2011 ADJ CROWN LIFT TRUCK	\$62.93	Cost	\$62.93
50.583.	ULINE WIRE UTILITY CART PO#329400INV#49045237	\$74.26	Cost	\$74.26
50.584.	S&G ENTERPRISES VYLEATER VIAL SHRED INV15635	\$10,861.46	Cost	\$10,861.46
50.585.	BELAIR 22 SERIES LP KNIFE HOLDER INV 41045	\$391.04	Cost	\$391.04
50.586.	FISHER HEALTHCARE STAR A111 INV3439348	\$190.04	Cost	\$190.04
50.587.	GENERAL DATA LABEL PRINTER INV3051784-IN	\$154.80	Cost	\$154.80
50.588.	GENERAL DATA HIGH DENSITY SCANNER INV3051784-	\$231.39	Cost	\$231.39

Debtor	<b>Bostwick Laboratories, Inc.</b>			Case number (if known) <b>17-10570</b>
50.589.	GENERAL DATA LASER CASSETTE IMAGER INV#304344	\$4,641.00	Cost	\$4,641.00
50.590.	GENERALDATA LASER CASSETTE INV3065151IN	\$75,588.14	Cost	\$75,588.14
50.591.	GENERAL DATA LASER CASSETTE IMAGER INV3064963	\$0.00	Cost	\$0.00
50.592.	GENERAL DATA INV#3091190-INA	\$1,875.61	Cost	\$1,875.61
50.593.	BECTON DICKINSONPREPSTN FINAL ASSYINV90974233	\$25,422.76	Cost	\$25,422.76
50.594.	UROLOGY NEVADA, LTD. THERMO SCEINTIFIC SHANDO	\$10,371.67	Cost	\$10,371.67
50.595.	ALLEGRA 6, 120 V 60HZ SERIAL NO. ALS15F08	\$3,220.80	Cost	\$3,220.80
50.596.	ACCESSORIES TO ASSET #3079 - ALLEGRA 6	\$1,672.17	Cost	\$1,672.17
50.597.	GENASIS FISHVIEW CAPTURE & ANALYSIS WORKSTATI	\$67,748.12	Cost	\$67,748.12
50.598.	IN REACH FREEZER "29 (FOR MOL)	\$1,383.99	Cost	\$1,383.99
50.599.	MICROWAVE PROCESSOR, 120 VOLD W/ CHAIN	\$15,545.42	Cost	\$15,545.42
50.600.	IPADS FOR SALES REPS (10)	\$6,633.80	Cost	\$6,633.80
50.601.	LEICA ENCLOSED TISSUE PROCESSOR ASP 300 S	\$1,548.17	Cost	\$1,548.17
50.602.	QUINCY LAB 20AF HYDRAULIC CONVENTION OVEN	\$719.26	Cost	\$719.26
50.603.	HC8A1 HISTOCHILL (SP SCIENTIFIC) SN: 321526-W	\$6,952.71	Cost	\$6,952.71
50.604.	DADE EXPAND ANALYZER	\$0.00	Cost	\$0.00
50.605.	GREAT AMERICA EQUIPMENT	\$0.00	Cost	\$0.00
50.606.	DLL PSA	\$0.00	Cost	\$0.00
50.607.	CANNON IR 2200N LEASE 130	\$0.00	Cost	\$0.00
50.608.	CANNON IR 5020I LEASE 130	\$0.00	Cost	\$0.00
50.609.	CANNON IR C3220 LEASE 130	\$0.00	Cost	\$0.00
50.610.	CANNON IR C3100 LEASE 130	\$0.00	Cost	\$0.00
50.611.	COMPUTER EQUIPMENT(TECHNOLOGYLEASINGCONCEPTS)	\$0.00	Cost	\$0.00
50.612.	COMPUTER EQUIPMENT(TECHNOLOGYLEASINGCONCEPTS)	\$0.00	Cost	\$0.00
50.613.	CANON COPIER IR C5800	\$0.00	Cost	\$0.00
50.614.	BIOCARE STAINER LEAS	\$0.00	Cost	\$0.00
50.615.	AUTOSTRAINER - LEASE 136	\$0.00	Cost	\$0.00
50.616.	PASCAL - LEASE 136	\$0.00	Cost	\$0.00
50.617.	METACYTE SYSTEM - LEASE 137	\$0.00	Cost	\$0.00
50.618.	UF100 AND ATLAS	\$0.00	Cost	\$0.00
50.619.	CDW -CAPITAL LEASE #138	\$0.00	Cost	\$0.00
50.620.	ABSORBER FUME 115 V (2)	\$0.00	Cost	\$0.00
50.621.	TISSUE TEK CRYO W/ CONSOLE (3)	\$0.00	Cost	\$0.00
50.622.	META SYSTEMS LEASE	\$0.00	Cost	\$0.00
50.623.	META SYSTEMS LEASE	\$0.00	Cost	\$0.00
50.624.	CANNON PRINTER/COPIER - LEASE 146	\$0.00	Cost	\$0.00
50.625.	CANON PRINTER/COPIER - LEASE 146	\$0.00	Cost	\$0.00
50.626.	METASYSTEMS - LEASE 141	\$0.00	Cost	\$0.00
50.627.	LEASE 130 AUDIT ADJUSTMENT	\$0.00	Cost	\$0.00
50.628.	LEASE150BDTRIPATH	\$0.00	Cost	\$0.00

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

50.629.	LEASE150BDTRIPATH	\$0.00	Cost	\$0.00
50.630.	DELL IT EQUIPMENT LEASE151	\$0.00	Cost	\$0.00
50.631.	METACYTE SYSTEM LEASE 137 BUYOUT	\$0.00	Cost	\$0.00
50.632.	TRANSMISSION ELECTRON MICROSCOPE - LEASE 145	\$0.00	Cost	\$0.00
50.633.	CANNON COPIER LEASE #152	\$2,901.30	Cost	\$2,901.30
50.634.	LEICA AXL100-120, TS5015	\$135,320.25	Cost	\$135,320.25
50.635.	LEICA ST502 CV5030	\$79,947.29	Cost	\$79,947.29
50.636.	DDI LEASING - NO#TSM04088TEGILE INTELL FLASH	\$52,609.81	Cost	\$52,609.81
50.637.	DDI LEASE PART #2	\$18,296.30	Cost	\$18,296.30
50.638.	LEICA BOND CAPITAL LEASE	\$389,303.09	Cost	\$389,303.09
50.639.	WIRE AND CONDUIT FOR NEW BLDG	\$0.00	Cost	\$0.00
50.640.	ELECTRIC STRIKES AND SECURITY SYSTEM	\$3,738.18	Cost	\$3,738.18
50.641.	PHONE WIRES	\$0.00	Cost	\$0.00
50.642.	4 RECEPTACLES FOR WIRELESS TRANSMITTERS	\$90.84	Cost	\$90.84
50.643.	PAINTING	\$0.00	Cost	\$0.00
50.644.	ACCESS CONTRO SYSTEM-CLINICAL TRIALS CONF RM	\$0.00	Cost	\$0.00
50.645.	SIGN	\$0.00	Cost	\$0.00
50.646.	RICHMOND SIGN	\$0.00	Cost	\$0.00
50.647.	SECURITY FOR MEDICAL RECORDS	\$0.00	Cost	\$0.00
50.648.	WIRING	\$0.00	Cost	\$0.00
50.649.	PAINTING	\$0.00	Cost	\$0.00
50.650.	ACCESS CONTROL	\$0.00	Cost	\$0.00
50.651.	PAINTING	\$0.00	Cost	\$0.00
50.652.	RECEPTACLES	\$0.00	Cost	\$0.00
50.653.	POWER COVERT 2 RECEPRACLES	\$0.00	Cost	\$0.00
50.654.	RECEPTACLES - FIRST FLOOR	\$0.00	Cost	\$0.00
50.655.	APPLIED TELECOM SOLUTIONS	\$821.16	Cost	\$821.16
50.656.	APPLIED TELECOM SOLUTIONS	\$426.06	Cost	\$426.06
50.657.	TELEPHONE INSTALLATION	\$0.00	Cost	\$0.00
50.658.	NETWORK WIRING FOR WORKSTATIONS	\$0.00	Cost	\$0.00
50.659.	COMMERCIALSURFACESINC	\$358.49	Cost	\$358.49
50.660.	EYE WASH SHOWERS	\$2,989.58	Cost	\$2,989.58
50.661.	AC UNIT #6	\$23,812.63	Cost	\$23,812.63
50.662.	AC UNIT #27	\$26,245.66	Cost	\$26,245.66
50.663.	HVAC DUCTWORK (NEEDED TO INSTALL NEW UNITS)	\$20,132.06	Cost	\$20,132.06
50.664.	EMERGENCY CUBICLE SHOWERS (RITEC)	\$15,637.34	Cost	\$15,637.34
50.665.	MASTER MECHANICAL GENERATOR	\$115,426.48	Cost	\$115,426.48

**51. Total of part 8**

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

\$1,241,650.74
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Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

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

- No
- Yes

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

- No
- Yes

**Part 9: Real property**

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

- No. Go to Part 10.
- Yes. Fill in the information below.

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.		(Where available)		

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.1. \_\_\_\_\_ LESSEE \$0.00 \_\_\_\_\_ \$0.00

REAL PROPERTY LEASE

100 CHARLES LINDBERGH BLVD  
UNIONDALE NY 11553

55.2. \_\_\_\_\_ LESSEE \$0.00 \_\_\_\_\_ \$0.00

REAL PROPERTY LEASE

6925 LAKE ELLENOR DRIVE  
BUILDING NO. 2  
ORLANDO FL 32809

55.3. \_\_\_\_\_ LESSEE \$0.00 \_\_\_\_\_ \$0.00

REAL PROPERTY LEASE

4355 INNSLAKE DRIVE  
GLEN ALLEN VA 23060

55.4. \_\_\_\_\_ LESSEE \$0.00 \_\_\_\_\_ \$0.00

REAL PROPERTY LEASE

1601 LANCASTER DRIVE  
SUITE 180  
GRAPEVINE TX 76051

**56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

\$0.00
--------

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- No
- Yes

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No  
 Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b>			
60.1. AMERICAN INTERNATIONAL PATHOLOGY LABORATORIES APPLICATION NO. 87304039	UNDETERMINED	_____	UNDETERMINED
60.2. AMERICAN INTERNATIONAL PATHOLOGY LABORATORIES REGISTRATION NO. 3909481	UNDETERMINED	_____	UNDETERMINED
60.3. AMERICAN INTERNATIONAL PATHOLOGY LABORATORIES APPLICATION NO. 87304053	UNDETERMINED	_____	UNDETERMINED
60.4. AMERICAN INTERNATIONAL PATHOLOGY LABORATORIES REGISTRATION NO. 3909482	UNDETERMINED	_____	UNDETERMINED
60.5. B FOR ABSOLUTE CONFIDENCE (& DESIGN) REGISTRATION NO. 3120611	UNDETERMINED	_____	UNDETERMINED
60.6. BLADDERVYSION REGISTRATION NO. 4300420	UNDETERMINED	_____	UNDETERMINED
60.7. BOSTWICK LABORATORIES REGISTRATION NO. 3205211	UNDETERMINED	_____	UNDETERMINED
60.8. BOSTWICK LABORATORIES (STYLIZED) REGISTRATION NO. 3205212	UNDETERMINED	_____	UNDETERMINED
60.9. CERVYSION REGISTRATION NO. 4399582	UNDETERMINED	_____	UNDETERMINED
60.10. CPROXT REGISTRATION NO. 87018067	UNDETERMINED	_____	UNDETERMINED
60.11. CYTOLOGYPRO REGISTRATION NO. 4399977	UNDETERMINED	_____	UNDETERMINED
60.12. CYTOLOGYPRO XT REGISTRATION NO. 5100009	UNDETERMINED	_____	UNDETERMINED
60.13. DERMATOCOR REGISTRATION NO. 3428460	UNDETERMINED	_____	UNDETERMINED
60.14. FOR ABSOLUTE CONFIDENCE REGISTRATION NO. 2765291	UNDETERMINED	_____	UNDETERMINED
60.15. GASTROCOR REGISTRATION NO. 3180365	UNDETERMINED	_____	UNDETERMINED
60.16. GYN FOR ABSOLUTE CONFIDENCE (& DESIGN) REGISTRATION NO. 3317042	UNDETERMINED	_____	UNDETERMINED
60.17. GYNECOR REGISTRATION NO. 3180366	UNDETERMINED	_____	UNDETERMINED
60.18. HEMATOCOR REGISTRATION NO. 3610422	UNDETERMINED	_____	UNDETERMINED
60.19. MICROVYSION REGISTRATION NO. 3134380	UNDETERMINED	_____	UNDETERMINED
60.20. NEPHROCOR REGISTRATION NO. 3293424	UNDETERMINED	_____	UNDETERMINED
60.21. PATHOLOGY IS PERSONAL REGISTRATION NO. 4571895	UNDETERMINED	_____	UNDETERMINED
60.22. PCA3PLUS REGISTRATION NO. 3324311	UNDETERMINED	_____	UNDETERMINED
60.23. PROSTACLEAR REGISTRATION NO. 4253958	UNDETERMINED	_____	UNDETERMINED
60.24. PROSTAVYSION (& DESIGN) REGISTRATION NO. 4253959	UNDETERMINED	_____	UNDETERMINED

Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570**

60.25.	QC SCIENCES REGISTRATION NO. 3459206	UNDETERMINED	_____	UNDETERMINED
60.26.	RENALVYSION REGISTRATION NO. 3301361	UNDETERMINED	_____	UNDETERMINED
60.27.	THE NEXT GENERATION MOLECULAR TEST FOR PROSTATE CANCER REGISTRATION NO. 3290966	UNDETERMINED	_____	UNDETERMINED
60.28.	TRUATEST REGISTRATION NO. 3429683	UNDETERMINED	_____	UNDETERMINED
60.29.	UROPREDICT REGISTRATION NO. 3229251	UNDETERMINED	_____	UNDETERMINED
60.30.	WEBDOX REGISTRATION NO. 3414584	UNDETERMINED	_____	UNDETERMINED

**61. Internet domain names and websites**

		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	AIPLABORATORIES.COM	UNDETERMINED	_____	UNDETERMINED
61.2.	AIPLABORATORIES.NET	UNDETERMINED	_____	UNDETERMINED
61.3.	AIPLABS.COM	UNDETERMINED	_____	UNDETERMINED
61.4.	AIPLABS.NET	UNDETERMINED	_____	UNDETERMINED
61.5.	AIPLUNIVERSITY.COM	UNDETERMINED	_____	UNDETERMINED
61.6.	BOSTWICKDIAGNOSTICS.COM	UNDETERMINED	_____	UNDETERMINED
61.7.	BOSTWICKDIAGNOSTICS.NET	UNDETERMINED	_____	UNDETERMINED
61.8.	BOSTWICKLABORATORIES.COM	UNDETERMINED	_____	UNDETERMINED
61.9.	BOSTWICKLABORATORIES.NET	UNDETERMINED	_____	UNDETERMINED
61.10.	BOSTWICKLABORATORIESINC.COM	UNDETERMINED	_____	UNDETERMINED
61.11.	BOSTWICKLABORATORIESINC.NET	UNDETERMINED	_____	UNDETERMINED
61.12.	BOSTWICKSCIENTIFIC.COM	UNDETERMINED	_____	UNDETERMINED
61.13.	BOSTWICKSCIENTIFIC.NET	UNDETERMINED	_____	UNDETERMINED
61.14.	BOSTWICKTHERAPEUTICS.COM	UNDETERMINED	_____	UNDETERMINED
61.15.	BOSTWICKUNIVERSITY.COM	UNDETERMINED	_____	UNDETERMINED
61.16.	CPROXT.COM	UNDETERMINED	_____	UNDETERMINED
61.17.	DERMATOCOR.COM	UNDETERMINED	_____	UNDETERMINED
61.18.	DERMATOCOR.NET	UNDETERMINED	_____	UNDETERMINED
61.19.	GASTROCOR.COM	UNDETERMINED	_____	UNDETERMINED
61.20.	GASTROCOR.NET	UNDETERMINED	_____	UNDETERMINED
61.21.	GYNECOR.COM	UNDETERMINED	_____	UNDETERMINED
61.22.	GYNECOR.NET	UNDETERMINED	_____	UNDETERMINED
61.23.	GYNOCOR.COM	UNDETERMINED	_____	UNDETERMINED
61.24.	HEMATOCOR.COM	UNDETERMINED	_____	UNDETERMINED
61.25.	HEMATOCOR.NET	UNDETERMINED	_____	UNDETERMINED
61.26.	MICROVYSION.COM	UNDETERMINED	_____	UNDETERMINED
61.27.	NEPHROCOR.COM	UNDETERMINED	_____	UNDETERMINED
61.28.	NEPHROCOR.NET	UNDETERMINED	_____	UNDETERMINED
61.29.	NUVIEWSYSTEM.COM	UNDETERMINED	_____	UNDETERMINED
61.30.	NUVIEWSYSTEM.NET	UNDETERMINED	_____	UNDETERMINED
61.31.	PCA3PLUS.COM	UNDETERMINED	_____	UNDETERMINED

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

**61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.32. PROSTAVYSION.COM	UNDETERMINED	_____	UNDETERMINED
61.33. QCSCIENCES.COM	UNDETERMINED	_____	UNDETERMINED
61.34. QCSCIENCES.NET	UNDETERMINED	_____	UNDETERMINED
61.35. RENALVYSION.COM	UNDETERMINED	_____	UNDETERMINED
61.36. TAOBRUSH.COM	UNDETERMINED	_____	UNDETERMINED
61.37. THEBOSTWICKGROUP.COM	UNDETERMINED	_____	UNDETERMINED
61.38. TRIVYSION.COM	UNDETERMINED	_____	UNDETERMINED
61.39. UROFISH.COM	UNDETERMINED	_____	UNDETERMINED
61.40. UROLOGYBOARDREVIEW.COM	UNDETERMINED	_____	UNDETERMINED
61.41. UROPREDICT.COM	UNDETERMINED	_____	UNDETERMINED
61.42. UTEROFISH.COM	UNDETERMINED	_____	UNDETERMINED
61.43. UTEROVYSION.COM	UNDETERMINED	_____	UNDETERMINED

**62. Licenses, franchises, and royalties**

62.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**63. Customer lists, mailing lists, or other compilations**

63.1.<sup>1</sup> SEE GLOBAL NOTES UNDETERMINED \_\_\_\_\_ UNDETERMINED

<sup>1</sup>CUSTOMER LISTS ARE PROPRIETARY AND NOT PUBLIC INFORMATION

**64. Other intangibles, or intellectual property**

64.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**65. Goodwill**

65.1. GOODWILL \$21,700,000.00 Cost \$21,700,000.00

**66. Total of part 10**

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

\$21,700,000.00
-----------------

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

**Part 11: All other assets**

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



Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

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

No. Go to Part 12.

Yes. Fill in the information below.

**Current value of debtor's interest**

**71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= ..... → \$ _____

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. NEW YORK STATE DEPT OF FINANCE	\$ _____	\$1,744,286.00	VARIOUS	\$1,744,286.00
72.2. TOWN OF HEMPSTED	\$7,410.00	\$ _____	2008/09	\$7,410.00
72.3. TOWN OF HEMPSTED	\$163,639.00	\$ _____	2011/12	\$163,639.00
72.4. TOWN OF HEMPSTED	\$173,197.00	\$ _____	2012/13	\$173,197.00
72.5. TOWN OF HEMPSTED	\$174,617.00	\$ _____	2013/14	\$174,617.00
72.6. TOWN OF HEMPSTED	\$180,460.00	\$ _____	2014/15	\$180,460.00
72.7. UNITED STATES TREASURY	\$ _____	\$7,911,515.00	12/31/2011	\$7,911,515.00
72.8. UNITED STATES TREASURY	\$ _____	\$18,552,194.00	12/31/2012	\$18,552,194.00
72.9. UNITED STATES TREASURY	\$ _____	\$18,602,203.00	12/31/2013	\$18,602,203.00
72.10. UNITED STATES TREASURY	\$ _____	\$11,121,333.00	12/31/2014	\$11,121,333.00
72.11. UNITED STATES TREASURY	\$ _____	\$9,144,942.00	12/31/2015	\$9,144,942.00

**73. Interests in insurance policies or annuities**

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. LLOYDS OF LONDON	W12E83160501	_____	_____	_____	UNDETERMINED
73.2. LLOYDS OF LONDON / PRO-PRAXIS	FF100029	_____	_____	_____	UNDETERMINED
73.3. FEDERAL INSURANCE CO.	36024730	_____	_____	_____	UNDETERMINED
73.4. FEDERAL INS. CO.	73584718	_____	_____	_____	UNDETERMINED
73.5. FEDERAL INS. CO.	71743115	_____	_____	_____	UNDETERMINED
73.6. TRAVELERS CASUALTY AND SURETY CO OF AMERICA	105641422	_____	_____	_____	UNDETERMINED
73.7. ARGONAUT INSURANCE CO.	ML760146200	_____	_____	_____	UNDETERMINED
73.8. RSUI INDEMNITY CO.	NHS663607	_____	_____	_____	UNDETERMINED
73.9. IRONSHORE INDEMNITY INC	1716402	_____	_____	_____	UNDETERMINED
73.10. RLI INSURANCE COMPANY	EPG0015017	_____	_____	_____	UNDETERMINED
73.11. LLOYDS OF LONDON	487558	_____	_____	_____	UNDETERMINED

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

73.12. HANOVER INSURANCE BLR7654465 \_\_\_\_\_ UNDETERMINED  
 COMPANY

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	BOSTWICK LABORATORIES V. MANHATTAN LABS CONTRACUAL DISPUTE	\$125,927.08	UNDETERMINED

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

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

76.1. \_\_\_\_\_ \$ \_\_\_\_\_

**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1. \_\_\_\_\_ \$ \_\_\_\_\_

**78. Total of part 11**

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

<b>\$67,775,796.00</b>
------------------------

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

- No
- Yes

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$2,496,229.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$872,308.39	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$3,941,329.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$1,013,441.96	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$165,945.32	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$1,241,650.74	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	→	\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$21,700,000.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$67,775,796.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$99,206,700.41	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$99,206,700.41

**Fill in this information to identify the case:**

**Debtor name:** Bostwick Laboratories, Inc.  
**United States Bankruptcy Court for the:** District of Delaware  
**Case number (if known):** 17-10570

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

**2.1. Creditor's name and address**

DDI  
 221 SOMERVILLE ROAD  
 BEDMINSTER NJ 07921

**Creditor's email address, if known**  
 \_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

CAPITAL LEASE

**Describe the lien**

CAPITAL LEASE

**Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

- Contingent
- Unliquidated
- Disputed

UNDETERMINED UNDETERMINED

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

2.2. **Creditor's name and address**

GE HEALTHCARE FINANCIAL SERVICES  
20225 WATERTOWER BLVD  
BROOKFIELD WI 53045

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Have you already specified the relative priority?

- No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_

- Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

EQUIPMENT NOTE

**Describe the lien**

CERTAIN EQUIPMENT SECURING THE FINANCING

**Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

- Contingent
- Unliquidated
- Disputed

UNDETERMINED UNDETERMINED

2.3. **Creditor's name and address**

GE HEALTHCARE FINANCIAL SERVICES  
20225 WATERTOWER BLVD  
BROOKFIELD WI 53045

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Have you already specified the relative priority?

- No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_

- Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

GENERATOR NOTE

**Describe the lien**

A GENERATOR SECURING THE FINANCING

**Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

- Contingent
- Unliquidated
- Disputed

UNDETERMINED UNDETERMINED

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

2.4. **Creditor's name and address**  
 HEALTHCARE FINANCIAL SOLUTIONS, LLC  
 JAY PUTT  
 TWO BETHESDA METRO CENTER  
 SUITE 600  
 BETHESDA MD 20814  
 JAY.PUTT@CAPITALONE.COM

**Date debt was incurred:** 9./17/2012

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 HEALTHCARE FINANCIAL SOLUTIONS, LLC HAS A FIRST PRIORITY SENIOR LIEN OVER SUBSTANTIALLY ALL OF THE DEBTOR'S ASSETS AND IS SENIOR TO ANY LIEN HELD BY METALMARK CAPITAL LLC  
 Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**  
 SUBSTANTIALLY ALL OF THE ASSETS OF THE DEBTOR \$1,823,000.00 UNDETERMINED

**Describe the lien**  
 1ST LIEN ON SUBSTANTIALLY ALL OF THE DEBTOR'S ASSETS

**Is the creditor an insider or related party?**  
 No  
 Yes

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

2.5. **Creditor's name and address**  
 LEICA BIOSYSTEMS  
 BRUCE PESARCHICK  
 1700 LEIDER LANE  
 BUFFALO GROVE IL 60089

**Creditor's email address, if known**  
 \_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**  
 CAPITAL LEASE UNDETERMINED UNDETERMINED

**Describe the lien**  
 CAPITAL LEASE

**Is the creditor an insider or related party?**  
 No  
 Yes

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

2.6. **Creditor's name and address**

LEICA BIOSYSTEMS  
BRUCE PESARCHICK  
1700 LEIDER LANE  
BUFFALO GROVE IL 60089

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Have you already specified the relative priority?
  - No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_

Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

CAPITAL LEASE

**Describe the lien**

CAPITAL LEASE

**Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

- Contingent
- Unliquidated
- Disputed

UNDETERMINED UNDETERMINED

2.7. **Creditor's name and address**

LEICA BIOSYSTEMS  
BRUCE PESARCHICK  
1700 LEIDER LANE  
BUFFALO GROVE IL 60089

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

- No
- Yes. Have you already specified the relative priority?
  - No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_

Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

CAPITAL LEASE

**Describe the lien**

CAPITAL LEASE

**Is the creditor an insider or related party?**

- No
- Yes

**Is anyone else liable on this claim?**

- No
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

- Contingent
- Unliquidated
- Disputed

UNDETERMINED UNDETERMINED

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

2.8. **Creditor's name and address** METALMARK CAPITAL LLC  
HOWARD HOFFEN  
1177 AVENUE OF THE AMERICAS  
NEW YORK NY 10036

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** 2/21/2017

**Last 4 digits of account number:** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_

Yes. The relative priority of creditors is specified on lines: 2.4

**Describe debtor's property that is subject to a lien** SUBSTANTIALLY ALL OF THE ASSETS OF THE DEBTOR \$950,000.00 UNDETERMINED

**Describe the lien** 2ND LIEN ON SUBSTANTIALLY ALL OF THE DEBTOR'S ASSETS

**Is the creditor an insider or related party?**

No

Yes

**Is anyone else liable on this claim?**

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

Contingent

Unliquidated

Disputed

2.9. **Creditor's name and address** SHI INTERNATIONAL CORP  
P.O. BOX 952121  
DALLAS TX 75395-2121

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_

Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien** SOFTWARE LICENSING UNDETERMINED UNDETERMINED

**Describe the lien** SOFTWARE

**Is the creditor an insider or related party?**

No

Yes

**Is anyone else liable on this claim?**

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

Contingent

Unliquidated

Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$2,773,000.00

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**



Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1. CIARDI CIARDI & ASTIN D K ASTIN; J D MCLAUGHLIN JR; J J MCMAHON JR 1204 N KING ST WILMINGTON DE 19801	Line 2.4	_____
3.2. HEALTHCARE FINANCIAL SOLUTIONS, LLC ATTENTION GENERAL COUNSEL TWO BETHESDA METRO CENTER SUITE 600 BETHESDA MD 20814	Line 2.4	_____
3.3. QUARLES & BRADY LLP BRIAN SIROWER; AMELIA B VALENZUELA ONE RENAISSANCE SQUARE TWO NORTH CENTRAL AVENUE PHOENIX AZ 85004-2391	Line 2.4	_____
3.4. QUARLES AND BRADY LLP JOHN HARRIS ONE RENAISSANCE SQUARE TWO NORTH CENTRAL AVENUE PHOENIX AZ 85004	Line 2.4	_____
3.5. ROPES & GRAY LLP OTHON A. PROUNIS;CHRISTOPHER W. RILE 1211 AVENUE OF THE AMERICAS NEW YORK NY 10036-8704	Line 2.8	_____
3.6. ROPES & GRAY LLP STEPHEN MOELLER-SALLY;JAMES A WRIGHT III PRUDENTIAL TOWER 800 BOYLSTON ST BOSTON MA 02199	Line 2.8	_____
3.7. WOMBLE CARLYLE SANDRIDGE & RICE LLP MARK L DESGROSSEILLIERS 222 DELAWARE AVE STE 1501 WILMINGTON DE 19801	Line 2.8	_____

**Fill in this information to identify the case:**

**Debtor name:** Bostwick Laboratories, Inc.  
**United States Bankruptcy Court for the:** District of Delaware  
**Case number (if known):** 17-10570

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	CITY OF EL PASO TAX ASSESSOR-COLLECTOR PO BOX 660271 DALLAS TX 75266-0271	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$12,836.80	\$12,836.80
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX ASSESSMENT		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			<b>Nonpriority amount</b> \$0.00
2.2.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	COMMISSIONER OF TAXATION MCTMT PROCESSING CENTER PO BOX 4139 BINGHAMPTON NY 13902-4139	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$364,361.37	\$364,361.37
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX ASSESSMENT		
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			<b>Nonpriority amount</b> \$0.00

Debtor **Bostwick Laboratories, Inc.**

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<p>2.3. <b>Priority creditor's name and mailing address</b></p> <p>DC TREASURER DC BOARD OF MEDICINE 717 14TH ST NW STE 600 WASHINGTON DC 20005</p> <p><b>Date or dates debt was incurred</b></p> <p>10/22/2009</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>TAX ASSESSMENT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1"> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> <tr> <td>(\$34.00)</td> <td>(\$34.00)</td> </tr> <tr> <td></td> <th>Nonpriority amount</th> </tr> <tr> <td></td> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	(\$34.00)	(\$34.00)		Nonpriority amount		\$0.00
Total claim	Priority amount									
(\$34.00)	(\$34.00)									
	Nonpriority amount									
	\$0.00									

<p>2.4. <b>Priority creditor's name and mailing address</b></p> <p>FLORIDA DEPT OF REVENUE CORPCOLLECTION BONHAM BLDING 5050 W TENNESSEE ST TALLAHASSEE FL 32399-0120</p> <p><b>Date or dates debt was incurred</b></p> <p>FEBRUARY 2017</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>SALES TAX ASSESSMENTS</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1"> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> <tr> <td>\$55.53</td> <td>\$55.53</td> </tr> <tr> <td></td> <th>Nonpriority amount</th> </tr> <tr> <td></td> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$55.53	\$55.53		Nonpriority amount		\$0.00
Total claim	Priority amount									
\$55.53	\$55.53									
	Nonpriority amount									
	\$0.00									

<p>2.5. <b>Priority creditor's name and mailing address</b></p> <p>NEW YORK CITY DEPT OF FINANCE PO BOX 5100 KINGSTON NY 12402-5100</p> <p><b>Date or dates debt was incurred</b></p> <p>FEBRUARY 2017</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>SALES TAX ASSESSMENTS</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1"> <tr> <th>Total claim</th> <th>Priority amount</th> </tr> <tr> <td>\$5,076.75</td> <td>\$5,076.75</td> </tr> <tr> <td></td> <th>Nonpriority amount</th> </tr> <tr> <td></td> <td>\$0.00</td> </tr> </table>	Total claim	Priority amount	\$5,076.75	\$5,076.75		Nonpriority amount		\$0.00
Total claim	Priority amount									
\$5,076.75	\$5,076.75									
	Nonpriority amount									
	\$0.00									

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<p>2.6. <b>Priority creditor's name and mailing address</b></p> <p>STATE OF NEW JERSEY DEPT OF LABOR AND WORKFORCE DEVELOPMENT PO BOX 929 DIV OF REVENUE PROCESSING TRENTON NJ 08646-0929</p> <p><b>Date or dates debt was incurred</b></p> <p>FEBRUARY 2017</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b>11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>SALES TAX ASSESSMENTS</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$321.34</td> <td style="text-align: center;">\$321.34</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Nonpriority amount</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$0.00</td> </tr> </table>	Total claim	Priority amount	\$321.34	\$321.34	<b>Nonpriority amount</b>		\$0.00	
Total claim	Priority amount									
\$321.34	\$321.34									
<b>Nonpriority amount</b>										
\$0.00										

<p>2.7. <b>Priority creditor's name and mailing address</b></p> <p>TARRANT COUNTY C/O LINEBARGER GOGGAN BLAIR AND SAMPSON LLP ELIZABETH WELLER 2777 N STEMMONS FRWY STE 1000 DALLAS TX 75207</p> <p><b>Date or dates debt was incurred</b></p> <p>FEBRUARY 2017</p> <p><b>Last 4 digits of account number:</b> 2016</p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b>11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>PROPERTY TAX ASSESSMENT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$13.47</td> <td style="text-align: center;">\$13.47</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Nonpriority amount</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$0.00</td> </tr> </table>	Total claim	Priority amount	\$13.47	\$13.47	<b>Nonpriority amount</b>		\$0.00	
Total claim	Priority amount									
\$13.47	\$13.47									
<b>Nonpriority amount</b>										
\$0.00										

<p>2.8. <b>Priority creditor's name and mailing address</b></p> <p>WASHINGTON STATE DEPT OF REVENUE SUSAN ROLAND 2101 4TH AVE STE 1400 SEATTLE WA 98121-2300</p> <p><b>Date or dates debt was incurred</b></p> <p>2016</p> <p><b>Last 4 digits of account number:</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b>11 U.S.C. § 507(a) (8)</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>EXCISE TAX</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$330.44</td> <td style="text-align: center;">\$330.44</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Nonpriority amount</b></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$0.00</td> </tr> </table>	Total claim	Priority amount	\$330.44	\$330.44	<b>Nonpriority amount</b>		\$0.00	
Total claim	Priority amount									
\$330.44	\$330.44									
<b>Nonpriority amount</b>										
\$0.00										

Debtor **Bostwick Laboratories, Inc.**

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

<p><b>3.1. Nonpriority creditor's name and mailing address</b></p> <p>A. SUCKLING &amp; M. SUCKLING C/O FORMAN LAW OFFICES, P.A., THEODORE S. FORMAN 238 NORTHEAST 1ST AVENUE DELRAY BEACH FL 33444</p> <p><b>Date or dates debt was incurred</b></p> <hr/> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
--	--	---

<p><b>3.2. Nonpriority creditor's name and mailing address</b></p> <p>AARDVARK I, LLC DAVID BOSTWICK MD 601 BIOTECH DRIVE SUITE 301 RICHMOND VA 23235</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
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<p><b>3.3. Nonpriority creditor's name and mailing address</b></p> <p>ABBOTT MOLECULAR 75 REMITTANCE DR STE 6809 CHICAGO IL 60675-6809</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$314,682.62</p>
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3.4.	<p><b>Nonpriority creditor's name and mailing address</b>                  ABCAM, INC.                  1 KENDALL SQUARE                  STE 341                  CAMBRIDGE MA 02139-1517</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$6,932.00</p>
3.5.	<p><b>Nonpriority creditor's name and mailing address</b>                  ACAC - SHORT PUMP                  JENN SCHOENEWEIS                  2201 OLD BRICK RD                  GLEN ALLEN VA 23060</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$58.26</p>
3.6.	<p><b>Nonpriority creditor's name and mailing address</b>                  ACCOUNTABILIT (BUSINESS &amp; DECISION)                  9311 E VIA DE VENTURA STE 105                  SCOTTSDALE AZ 85258</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$21,266.12</p>

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3.7.	<p><b>Nonpriority creditor's name and mailing address</b>                  ACCREDITED DERMATOLOGY                  PO BOX 4979                  TOMS RIVER NJ 08754</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$0.00</p>
3.8.	<p><b>Nonpriority creditor's name and mailing address</b>                  ADP, INC.                  11411 RED RUN BLVD                  OWINGS MILLS MD 21117-3255</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$5,746.59</p>
3.9.	<p><b>Nonpriority creditor's name and mailing address</b>                  AHCA                  P O BOX 13749                  MAIL STOP #14                  TALLAHASSEE FL 32317-3749</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$300.00</p>

Debtor **Bostwick Laboratories, Inc.**

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3.10.	<b>Nonpriority creditor's name and mailing address</b> ALEXEEVA, VLADA C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> <hr style="width: 100%; border: 0.5px solid black;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.11.	<b>Nonpriority creditor's name and mailing address</b> ALLSCRIPTS LLC 24630 NETWORK PL CHICAGO IL 60673-1246  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$176.23
3.12.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN EXPRESS PO BOX 360001 FT. LAUDERSALE FL 33336-0001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,424.83



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3.13.	<b>Nonpriority creditor's name and mailing address</b> AMERICA'S PPO 7201 W 78TH ST BLOOMINGTON MN 55439  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">\$3.26</td> </tr> </table>	Amount of claim	\$3.26
Amount of claim					
\$3.26					
3.14.	<b>Nonpriority creditor's name and mailing address</b> ANTHEM BCBS CT, NH AND ME 108 LEIGUS ROAD ENTERPRISE ANCILLARY PROVIDER SOLUTIONS WALLINGFORD CT 06492  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT ASSIGNED TO STALKING HORSE PURCHASER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">UNDETERMINED</td> </tr> </table>	Amount of claim	UNDETERMINED
Amount of claim					
UNDETERMINED					
3.15.	<b>Nonpriority creditor's name and mailing address</b> ANTHEM BCBS VA PO BOX 27401 RICHMOND VA 23279-7401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT ASSIGNED TO STALKING HORSE PURCHASER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">UNDETERMINED</td> </tr> </table>	Amount of claim	UNDETERMINED
Amount of claim					
UNDETERMINED					

Debtor **Bostwick Laboratories, Inc.**

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3.16.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>APPLIED SPECTRAL IMAGING INC. 5315 AVENIDA ENCINAS SUITE 150 CARLSBAD CA 92008</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$17,316.00</p>
3.17.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AT &amp; T 85 ANNEX ATLANTA GA 30385-0001</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$973.03</p>
3.18.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ATLAS DATABASE SOFTWARE 26679 WEST AGOURA RD SUITE 200 CALABASAS CA 91302</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$780.00</p>

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3.19.	<p><b>Nonpriority creditor's name and mailing address</b>                  BAKER, DONELSON, BEAR                  AND BERKOWITZ PC                  100 LIGHT ST 19TH FL                  BALTIMORE MD 21202</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,775.67</p>
3.20.	<p><b>Nonpriority creditor's name and mailing address</b>                  BAO, JIANXIONQ RICHARD                  2735 MAGNOLIA AVE                  AUGUSTA GA 30909-3545</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  INSURANCE COVERAGE UNDER                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.21.	<p><b>Nonpriority creditor's name and mailing address</b>                  BBC BIOCHEMICAL                  PO BOX 1320                  MT. VERNON WA 98273</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,775.67</p>

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<p>3.22. <b>Nonpriority creditor's name and mailing address</b>                  BCBS KANSAS CITY                  PO BOX 419163                  KANSAS CITY MO 64141-6163</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
<p>3.23. <b>Nonpriority creditor's name and mailing address</b>                  BCBS OF IA - WELLMARK                  PO BOX 9232                  DES MOINES IA 50306-9232</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
<p>3.24. <b>Nonpriority creditor's name and mailing address</b>                  BCBS TEXAS                  PO BOX 660044                  DALLAS TX 75266-0044</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>

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3.25.	<b>Nonpriority creditor's name and mailing address</b> BD DIAGNOSTIC SYSTEMS 21588 NETWORK PL CHICAGO IL 60673-1215  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$381.15</td> </tr> </table>	Amount of claim	\$381.15
Amount of claim					
\$381.15					
3.26.	<b>Nonpriority creditor's name and mailing address</b> BENEFIT SOLUTIONS INC 1210 SYCAMORE SQUARE DR STE 100 MIDLOTHIAN VA 23113  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$3,543.69</td> </tr> </table>	Amount of claim	\$3,543.69
Amount of claim					
\$3,543.69					
3.27.	<b>Nonpriority creditor's name and mailing address</b> BIOCARE MEDICAL 60 BERRY DR PACHECO CA 94553  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$46,864.69</td> </tr> </table>	Amount of claim	\$46,864.69
Amount of claim					
\$46,864.69					

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3.28.	<b>Nonpriority creditor's name and mailing address</b> BOSTWICK, DAVID C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> <hr style="width: 100%; border: 0.5px solid black;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.29.	<b>Nonpriority creditor's name and mailing address</b> BOSTWICK, DAVID C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT ASSIGNED TO STALKING HORSE PURCHASER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.30.	<b>Nonpriority creditor's name and mailing address</b> CARECLOUD CORPORATION 5200 BLUE LAGOON DR SUITE 900 MIAMI FL 33126  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,600.00

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3.31.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CARPENTER LIPPS &amp; LELAND LLP 280 PLAZA STE 1300 280 NORTH HIGH ST COLUMBUS OH 43215</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$11,307.03</p>
3.32.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CASTANO, EKATERINA C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b></p> <hr style="width: 100%;"/> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.33.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CE BROKER 5210 BELFORT RD SUITE 320 JACKSONVILLE FL 32256-6023</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$33.60</p>

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3.34.	<b>Nonpriority creditor's name and mailing address</b> CENTURLINK PO BOX 1319 CHARLOTTE NC 28201-1319  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$113.36</td> </tr> </table>	Amount of claim	\$113.36
Amount of claim					
\$113.36					
3.35.	<b>Nonpriority creditor's name and mailing address</b> CERIDIAN PO BOX 10989 NEWARK NJ 07193  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$295.00</td> </tr> </table>	Amount of claim	\$295.00
Amount of claim					
\$295.00					
3.36.	<b>Nonpriority creditor's name and mailing address</b> CHANGE HEALTHCARE SOLUTIONS 3055 LEBANON PIKE SUITE 1000 NASHVILLE TN 37214  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$2,233.33</td> </tr> </table>	Amount of claim	\$2,233.33
Amount of claim					
\$2,233.33					



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3.37.	<b>Nonpriority creditor's name and mailing address</b> CHENG, NINGLI 686 REGENT DR. WESTBURY NY 11590  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE COVERAGE UNDER EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.38.	<b>Nonpriority creditor's name and mailing address</b> CHOI, C. C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.39.	<b>Nonpriority creditor's name and mailing address</b> CHRONDEX, INC. 2607 151ST PL NE REDMOND WA 98052  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$468.00

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<p>3.40. <b>Nonpriority creditor's name and mailing address</b>                  CISCO SYSTEMS CAPITAL                  PO BOX 41602                  PHILADELPHIA PA 19101-1602</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$15,979.95</p>
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<p>3.41. <b>Nonpriority creditor's name and mailing address</b>                  CIT TECHNOLOGY FINANCING SER                  21146 NETWORK PL                  CHICAGO IL 60673-1211</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$15,979.95</p>
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<p>3.42. <b>Nonpriority creditor's name and mailing address</b>                  CITRIX ONLINE DIVISION                  FILE 50264                  LOS ANGELES CA 90074-0264</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$758.97</p>
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3.43.	<b>Nonpriority creditor's name and mailing address</b> CLEVELAND CLINIC PO BOX 931720 CLEVELAND OH 44193-1828  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$1,164.00</td> </tr> </table>	Amount of claim	\$1,164.00
Amount of claim					
\$1,164.00					
3.44.	<b>Nonpriority creditor's name and mailing address</b> CLIA LABORATORY PROGRAM PO BOX 530882 ATLANTA GA 30353-0882  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$400.00</td> </tr> </table>	Amount of claim	\$400.00
Amount of claim					
\$400.00					
3.45.	<b>Nonpriority creditor's name and mailing address</b> COLLABORATEMD, INC. 225 E ROBINSON ST SUITE 145 ORLANDO FL 32801  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$6,430.70</td> </tr> </table>	Amount of claim	\$6,430.70
Amount of claim					
\$6,430.70					

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3.46.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COLOR BURST LANDSCAPE PO BOX 1783 BRENTWOOD TN 37024</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$404.45</p>
3.47.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMCAST PO BOX 3001 SOUTHEASTERN PA 19398-3001</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$152.34</p>
3.48.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMTRON CORP. 11 GRACE AVE STE 411 GREAT NECK NY 11021-2410</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,000.00</p>

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3.49.	<p><b>Nonpriority creditor's name and mailing address</b>                  CONSOLIDATED COMMUNICATIONS                  350 SOUTH LOOP 336 WEST                  CONROE TX 77304</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$48.31</p>
3.50.	<p><b>Nonpriority creditor's name and mailing address</b>                  CONTROL COMPANY, INC.                  PO BOX 204348                  DALLAS TX 75320-4348</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$101.47</p>
3.51.	<p><b>Nonpriority creditor's name and mailing address</b>                  COURIER EXPRESS                  2051 FRANKLIN WAY                  MARIETTA GA 30067-8712</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$12.88</p>

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3.52.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COVERALL NORTH AMERICA INC. 300 GARDEN CITY PLZ SUITE 246 GARDEN CITY NY 11530</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$5,888.52</p>
3.53.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COX COMMUNICATION PO BOX 1259 OAKS PA 19456</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$41.71</p>
3.54.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CSC - CORPORATION SERVICE CO. PO BOX 11728 NEWARK NJ 07101-4728</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,083.38</p>

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3.55.	<b>Nonpriority creditor's name and mailing address</b> CUREMD.COM, INC. 55 BROAD ST NEW YORK NY 10004  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$750.00
3.56.	<b>Nonpriority creditor's name and mailing address</b> DARK REPORT (THE) 21806 BRIARCLIFF DR SPICEWOOD TX 78669  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$733.20
3.57.	<b>Nonpriority creditor's name and mailing address</b> DEBORAH JOSEFSON C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

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3.58.	<p><b>Nonpriority creditor's name and mailing address</b>                  DELL MARKETING L.P.                  PO BOX 643561                  PITTSBURG PA 15264-3561</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$564.00</p>
3.59.	<p><b>Nonpriority creditor's name and mailing address</b>                  DIFFLEY, GERARD                  C/O BOSTWICK LABORATORIES, INC.                  100 CHARLES LINDBERGH BLVD.                  UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.60.	<p><b>Nonpriority creditor's name and mailing address</b>                  DIFFLEY, GERARD                  C/O BOSTWICK LABORATORIES, INC.                  100 CHARLES LINDBERGH BLVD.                  UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>



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3.61.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOCS BILLING SOLUTION 4050 INNSLAKE DR STE 308 GLEN ALLEN VA 23060</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$8,900.00</p>
3.62.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ECLINICAL WORKS PO BOX 847950 BOSTON MA 02284-7950</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$900.00</p>
3.63.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRON MICROSCOPY SCIENCES 1560 INDUSTRY RD PO BOX 550 HATFIELD PA 19440</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,268.89</p>

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3.64.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ERNST &amp; YOUNG PITTSBG NTNL BNK- PITT 640382 PO BOX 640382 PITTSBURGH PA 15264-0382</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$20,000.00</p>
3.65.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ESQUIRE DEPOSITION 101 MARIETTA ST STE 2700 ATLANTA GA 30303</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$633.01</p>
3.66.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ESSENTIAL PHARMACEUTICAL 770 NEWTOWN YARDLEY RD STE 212 NEWTOWN PA 18940</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,182.33</p>

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3.67.	<p><b>Nonpriority creditor's name and mailing address</b>                  EVAN WEINER ENTERPRISES                  1702 BRIDGEWATER CT                  MAIDENS VA 23102</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$7,841.67</p>
3.68.	<p><b>Nonpriority creditor's name and mailing address</b>                  EXPENSE REDUCTION ANALYSTS INC.                  PO BOX 956251                  ST. LOUIS MO 63195-6251</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$89,806.91</p>
3.69.	<p><b>Nonpriority creditor's name and mailing address</b>                  FEDERAL EXPRESS                  PO BOX 371741                  PITTSBURGH PA 15250-7741</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$51,242.14</p>

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3.70.	<b>Nonpriority creditor's name and mailing address</b> FISHER HEALTHCARE PO BOX 404705 ATLANTA GA 30384-4705  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$2,905.61</td> </tr> </table>	Amount of claim	\$2,905.61
Amount of claim					
\$2,905.61					
3.71.	<b>Nonpriority creditor's name and mailing address</b> FJC SECURITY SERVICES 275 JERICHO TPKE FLORAL PARK NY 11001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$16,318.98</td> </tr> </table>	Amount of claim	\$16,318.98
Amount of claim					
\$16,318.98					
3.72.	<b>Nonpriority creditor's name and mailing address</b> FRONTIER PO BOX 5157 TAMPA FL 33675  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$456.40</td> </tr> </table>	Amount of claim	\$456.40
Amount of claim					
\$456.40					

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3.73.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FRONTRUNNERHC, INC 36 CORDAGE PK CIR SUITE 307 PLYMOUTH MA 02360</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$534.00</p>
3.74.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FTI CONSULTING 100 NORTH TRYON ST SUITE 3350 CHARLOTTE NC 28202</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$15,000.00</p>
3.75.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GE HEALTHCARE BIOSCIENCE 15724 COLLECTION CTR DR CHICAGO IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$734.88</p>

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3.76.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GEISINGER HEALTH PLAN (PA) PO BOX 8200 DANVILLE PA 17821-8200</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.77.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GENERAL DATA COMPANY 4354 FERGUSON DR CINCINNATI OH 45245</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$71,895.83</p>
3.78.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GENERAL WELDING SUPPLY CORP. 600 SHAMES DR WESTBURY NY 11590-0265</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$234.79</p>

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3.79.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GIBSON LABORATORIES 1040 MANCHESTER ST LEXINGTON KY 40508</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,592.17</p>
3.80.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GILL, MELISSA, MD SKINMEDICAL RESEARCH AND DIAGNOSTICS, PLLC PO BOX 42 DOBBS FERRY NY 10522</p> <p><b>Date or dates debt was incurred</b></p> <hr style="width: 100%;"/> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>INSURANCE COVERAGE UNDER EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.81.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRANGER GENETICS 601 BIOTECH DR STE 301 N. CHESTERFIELD VA 23235</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$78,800.00</p>

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3.82.	<b>Nonpriority creditor's name and mailing address</b> GREAT WEST (WYOMING) 1000 GREAT WEST DR KENNETT MO 63857-3749  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT ASSIGNED TO STALKING HORSE PURCHASER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.83.	<b>Nonpriority creditor's name and mailing address</b> GREATAMERICA FINANCE 625 1ST ST SE SUITE 800 CEDAR RAPIDS IA 52401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,875.48
3.84.	<b>Nonpriority creditor's name and mailing address</b> GREENWAY MEDICAL TECH 100 GREENWAY BLVD CARROLLTON GA 30117  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,319.95



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3.85.	<p><b>Nonpriority creditor's name and mailing address</b>                  HAROLD S. HALLER AND                  5 ASHLEY CT                  CLEVELAND OH 44116-2381</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$3,450.00</p>
3.86.	<p><b>Nonpriority creditor's name and mailing address</b>                  HAYES, VINCENT B                  2016 SW CANBY ST                  PORTLAND OR 97219</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$6,153.85</p>
3.87.	<p><b>Nonpriority creditor's name and mailing address</b>                  HC1.COM, INC.                  DEPT CH 19588                  PALATINE IL 60055-9588</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$4,490.00</p>

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<p>3.88. <b>Nonpriority creditor's name and mailing address</b>                  HEALTHLINK INC                  PO BOX 6501                  CAROL STREAM IL 60197-6501</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$75.82</p>
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<p>3.89. <b>Nonpriority creditor's name and mailing address</b>                  HEALTHSMART PREFERRED                  PO BOX 846038                  DALLAS TX 75284</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$40.66</p>
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<p>3.90. <b>Nonpriority creditor's name and mailing address</b>                  HEALTHTRONICS INFORMATION TECHS                  SOLUTIONS LLC                  9825 SPECTRUM DR                  BLDG 3                  AUSTIN TX 78717</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$4,153.46</p>
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3.91.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HEAVEN III, LLC C/O MAX KING REALTY; BRENT KINGSTONE 8240 EXCHANGE DRIVE SUITE CLOUD 9 ORLANDO FL 32809</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.92.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HENRY SCHEIN MEDICAL SYSTEMS INC. 760 BOARDMAN-CANFIELD RD YOUNGSTOWN OH 44512</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$4,352.75</p>
3.93.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HIGHWOODS REALTY LIMITED PO BOX 409370 ATLANTA GA 30384</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$48,504.58</p>

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<p>3.94. <b>Nonpriority creditor's name and mailing address</b>                  HISTOLOGICS LLC                  4095 EAST LA PALMA AVE                  SUITE N                  ANAHEIM CA 92807</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$6,860.00</p>
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<p>3.95. <b>Nonpriority creditor's name and mailing address</b>                  HOLOGIC LIMITED PARTNERSHIP                  PO BOX 904190                  CHARLOTTE NC 28290-4190</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$34,100.77</p>
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<p>3.96. <b>Nonpriority creditor's name and mailing address</b>                  HOSSAIN, DELOAR                  5405 MCFALL CT                  GLEN ALLEN VA 23059</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  INSURANCE COVERAGE UNDER                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
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3.97.	<b>Nonpriority creditor's name and mailing address</b> HULL, DAVID JASON 2702 EAST BROAD STREET RICHMOND VA 23223  <b>Date or dates debt was incurred</b> <hr style="width: 100%;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE COVERAGE UNDER EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.98.	<b>Nonpriority creditor's name and mailing address</b> HUNT, TAMMY C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> <hr style="width: 100%;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.99.	<b>Nonpriority creditor's name and mailing address</b> HYATT LEGAL PLANS, INC PO BOX 714893 COLUMBUS OH 43271-4893  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$473.00

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3.100.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTRINSIQ SPECIALTY SOLUTION INC. 33081 COLLECTION CTR DR CHICAGO IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$6,954.00</p>
3.101.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTUITIVE MEDICAL-HEA 1701 S ENTERPRISE SUITE 100 SPRINGFIELD MO 65804</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$782.00</p>
3.102.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IRON MOUNTAIN NY PO BOX 27129 NEW YORK NY 10087-7129</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$5,168.32</p>

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3.103.	<b>Nonpriority creditor's name and mailing address</b> JEOL USA PO BOX 415574 BOSTON MA 02241-5574  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,431.88
3.104.	<b>Nonpriority creditor's name and mailing address</b> KEHANE, HILLEL C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> <hr style="width: 100%; border: 0.5px solid black;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.105.	<b>Nonpriority creditor's name and mailing address</b> KENTICO SOFTWARE, LLC 379 AMHERST ST #375 NASHUA NH 03063  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,000.00

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3.106.	<p><b>Nonpriority creditor's name and mailing address</b>                  KEYSTONE MERCY/ KEYSTONE WEST                  PO BOX 69353                  HARRISBURG PA 17106</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  UNDETERMINED</p>
3.107.	<p><b>Nonpriority creditor's name and mailing address</b>                  LAB CORP ESOTERIX GENECTIC                  LABORATORIES LLC                  PO BOX 2240                  BURLINGTON NC 27216</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  \$13,775.45</p>
3.108.	<p><b>Nonpriority creditor's name and mailing address</b>                  LAB LOGISTICS, LLC                  30 RAILROAD AVE                  WEST HAVEN CT 06516</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  \$53,743.10</p>



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3.109.	<b>Nonpriority creditor's name and mailing address</b> LAMM, TITA 626 FOUNTAINVIEW DRIVE IRVING TX 75039  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE COVERAGE UNDER EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">UNDETERMINED</td> </tr> </table>	Amount of claim	UNDETERMINED
Amount of claim					
UNDETERMINED					
3.110.	<b>Nonpriority creditor's name and mailing address</b> LEVEL 3 COMMUNICATION PO BOX 910182 DENVER CO 80291-0182  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">\$3,857.44</td> </tr> </table>	Amount of claim	\$3,857.44
Amount of claim					
\$3,857.44					
3.111.	<b>Nonpriority creditor's name and mailing address</b> LIFEPOINT INFORMATICS 65 HARRISTOWN RD SUITE 305 GLEN ROCK NJ 07452  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">\$3,100.00</td> </tr> </table>	Amount of claim	\$3,100.00
Amount of claim					
\$3,100.00					

Debtor **Bostwick Laboratories, Inc.**

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<p>3.112. <b>Nonpriority creditor's name and mailing address</b>                  LIGHTHOUSE SERVICES                  1710 WALTON RD STE 204                  BLUE BELL PA 19422</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,610.00</p>
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<p>3.113. <b>Nonpriority creditor's name and mailing address</b>                  LIMPO CLEANING SERVICE                  JOSE BARREIRA                  8441 CHAMBERLAIN PL                  OVIEDO FL 32765</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,094.30</p>
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<p>3.114. <b>Nonpriority creditor's name and mailing address</b>                  LIU, JING                  C/O BOSTWICK LABORATORIES, INC.                  100 CHARLES LINDBERGH BLVD.                  UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
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<p>3.115. <b>Nonpriority creditor's name and mailing address</b>                  LOCAL LANDSCAPING INC                  2071 WALTOFFER AVE                  N.BELLEMORE NY 11710</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$543.25</p>
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<p>3.116. <b>Nonpriority creditor's name and mailing address</b>                  LSU HEALTH SCIENCES CENTER                  PHYSICIANS BILLING (PATHOLOGY)                  1512 WEST KIRBY                  SHREVEPORT LA 71103</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$25,457.75</p>
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<p>3.117. <b>Nonpriority creditor's name and mailing address</b>                  MA, JUN                  C/O BOSTWICK LABORATORIES, INC.                  100 CHARLES LINDBERGH BLVD.                  UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
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3.118.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACPRACTICE 233 N 8TH STE 300 LINCOLN NE 68508</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,620.00</p>
3.119.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAGNACARE PO BOX 1001 GARDEN CITY NY 11530</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.120.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MANHATTAN LABS, INC. C/O SNELLINGS LAW LLC, ROBERT S. SNELLINGS 2001 ROUTE 46 WATERVIEW PLAZA SUITE 206 PARSIPPANY NJ 07054</p> <p><b>Date or dates debt was incurred</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>

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3.121.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARS ENVIRONMENTAL 125 ENTIN RD CLIFTON NJ 07014</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$25.00</p>
3.122.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARSHALL, DENNEHEY, W 2000 MARKET ST CASH RECEIPTS DEPARTMENT 22ND FLOOR PHILADELPHIA PA 19103</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$60.00</p>
3.123.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARTIN CLEARWATER &amp; BELL LLP 220 EAST 42ND ST NEW YORK NY 10017-5842</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$2,517.13</p>

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3.124.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATRIX SOLUTIONS, INC 6341 INDUCON DR EAST SANBORN NY 14132</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,867.25</p>
3.125.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDICAL DIAGNOSTIC LABORATORIES LLC 2439 KUSER RD HAMILTON NJ 08690-3303</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$3,622.50</p>
3.126.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL DEPT OF PATHOLOGY 3900 RESERVOIR RD NW WASHINGTON DC 20007</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$9,000.00</p>

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3.127.	<b>Nonpriority creditor's name and mailing address</b> MERIDIANEMR, INC.-HEA 354 EISENHOWER PKWY LIVINGSTON NJ 07039  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$75.00</td> </tr> </table>	Amount of claim	\$75.00
Amount of claim					
\$75.00					
3.128.	<b>Nonpriority creditor's name and mailing address</b> METABOLON, INC PO BOX 110407 RESEARCH TRIANGLE PARK NC 27709  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$20,908.80</td> </tr> </table>	Amount of claim	\$20,908.80
Amount of claim					
\$20,908.80					
3.129.	<b>Nonpriority creditor's name and mailing address</b> METALMARK CAPITAL, LLC HOWARD HOFFEN 1177 AVENUE OF THE AMERICAS NEW YORK NY 10036  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$52,044.75</td> </tr> </table>	Amount of claim	\$52,044.75
Amount of claim					
\$52,044.75					

Debtor **Bostwick Laboratories, Inc.**

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3.130.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METALMARK CAPITAL, LLC HOWARD HOFFEN 1177 AVENUE OF THE AMERICAS NEW YORK NY 10036</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>UNSECURED NOTES</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$40,000,000.00</p>
3.131.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METALMARK CAPITAL, LLC HOWARD HOFFEN 1177 AVENUE OF THE AMERICAS NEW YORK NY 10036</p> <p><b>Date or dates debt was incurred</b></p> <hr style="width: 100%;"/> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>LITIGATION</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.132.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METRO WATER SERVICES PO BOX 305225 NASHVILLE TN 37230-5225</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$511.54</p>



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3.133.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILLIPORE CORPORATION 2736 PAYSHERE CIR CHICAGO IL 60674-2736</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,772.92</p>
3.134.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MISSISSIPPI PHYSICIAN PO BOX 22884 JACKSON MS 39225-2884</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$150.00</p>
3.135.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOLECULAR PATHOLOGY LABORATORY NETWORK INC 250 EAST BROADWAY MARYVILLE TN 37804</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$564.00</p>

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<p>3.136. <b>Nonpriority creditor's name and mailing address</b>                  MOLINA HEALTHCARE OF TEXAS                  PO BOX 22719                  LONG BEACH CA 90801-6849</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  UNDETERMINED</p>
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<p>3.137. <b>Nonpriority creditor's name and mailing address</b>                  NASHVILLE ELECTRIC                  1214 CHURCH ST                  NASHVILLE TN 37246</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  \$1,339.19</p>
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<p>3.138. <b>Nonpriority creditor's name and mailing address</b>                  NATIONAL GRID                  ONE METRO TECH CENTER                  BROOKLYN NY 11201-3948</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  \$6,130.59</p>
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Debtor **Bostwick Laboratories, Inc.**

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<p>3.139. <b>Nonpriority creditor's name and mailing address</b>                  NATIONAL SOCIETY FOR HISTOTECHNOLOGY                  8850 STANFORD BLVD STE 2900                  COLUMBIA MD 21045</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,595.00</p>
<p>3.140. <b>Nonpriority creditor's name and mailing address</b>                  NEVADA LEGAL PRESS CO                  3301 S MALIBOU AVE                  PAHRUMP NV 89048-6489</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$30.00</p>
<p>3.141. <b>Nonpriority creditor's name and mailing address</b>                  NEW HAMPSHIRE MEDICAL                  7 NORTH STATE ST                  CONCORD NH 03301-4018</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$35.00</p>

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<p>3.142. <b>Nonpriority creditor's name and mailing address</b>                  NEWCOMER SUPPLY INC.                  2505 PARVIEW RD                  MIDDLETON WI 53562</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$167.00</p>
<p>3.143. <b>Nonpriority creditor's name and mailing address</b>                  NEXTGEN HEALTHCARE INFOR SYSTEMS INC                  18111 VON KARMAN AVE                  SUITE 700                  IRVINE CA 92612</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,591.31</p>
<p>3.144. <b>Nonpriority creditor's name and mailing address</b>                  NICA                  PO BOX 14567                  TALLAHASSEE FL 32317-4567</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$250.00</p>

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3.145.	<p><b>Nonpriority creditor's name and mailing address</b>                  NYH-CUMC PATHOLOGISTS                  BOX 29409 GPO                  NEW YORK NY 10087-9409</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$235.00</p>
3.146.	<p><b>Nonpriority creditor's name and mailing address</b>                  NYS DEPT OF TAXATION AND FINANCE                  QUEENS DISTRICT AUDIT                  80-02 KEW GARDENS ROAD                  9TH FLOOR                  KEW GARDENS NY 11415</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  FINANCE AUDIT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.147.	<p><b>Nonpriority creditor's name and mailing address</b>                  OLYMPUS AMERICA INC.                  PO BOX 200194                  PITTSBURGH PA 15251-0194</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$559.96</p>

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3.148.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ORLANDO WASTE PAPER CO INC. 2715 STATEN RD ORLANDO FL 32804</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$195.03</p>
3.149.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OSCAR (NY) 295 LAFAYETTE ST NEW YORK NY 10012</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.150.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PACIFICSOURCE (IDAHO) PO BOX 7068 SPRINGFIELD OR 97475-0068</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>

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3.151.	<p><b>Nonpriority creditor's name and mailing address</b>                  PANACEA HEALTHCARE SOLUTIONS INC                  287 6TH ST E                  STE 400                  ST PAUL MN 55101</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$425.00</p>
3.152.	<p><b>Nonpriority creditor's name and mailing address</b>                  PETERS LANDSCAPING                  2071 WALTOFFER AVE                  N.BELLEMORE NY 11710</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,434.18</p>
3.153.	<p><b>Nonpriority creditor's name and mailing address</b>                  PHILADELPHIA SEARCH GROUP INC.                  105 MONTICELLO DR                  CINNAMINSON NJ 08077</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$10,000.00</p>

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3.154.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHLEBOTEK CORPORATION PO BOX 2263 FT. LAUDERDALE FL 33303</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$10,663.52</p>
3.155.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHSI PURE WATER FINANCE PO BOX 404582 ATLANTA GA 30384-4582</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$891.20</p>
3.156.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHYSICIAN SELECT MANAGEMENT LLC 212 W ANN ST CARSON CITY NV 89703</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$400.00</p>



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3.157.	<b>Nonpriority creditor's name and mailing address</b> PIEDMONT NATURAL GAS PO BOX 660920 DALLAS TX 75266-0920  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$214.72</td> </tr> </table>	Amount of claim	\$214.72
Amount of claim					
\$214.72					
3.158.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES PO BOX 371874 CHICAGO IL 60675-6809  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$1,123.91</td> </tr> </table>	Amount of claim	\$1,123.91
Amount of claim					
\$1,123.91					
3.159.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES PURCHASE PO BOX 371887 PITTSBURGH PA 15250-7887  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$2,088.83</td> </tr> </table>	Amount of claim	\$2,088.83
Amount of claim					
\$2,088.83					

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3.160.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>POLY SCIENTIFIC R &amp; D 70 CLEVELAND AVE BAY SHORE NY 11706</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$663.87</p>
3.161.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRACTICE FUSION 731 MARKET ST SUITE 400 SAN FRANCISCO CA 94103</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$2,520.00</p>
3.162.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRECISION MICRO INC PO BOX 762 LEVITTOWN NY 11756</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$3,656.32</p>

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<p>3.163. <b>Nonpriority creditor's name and mailing address</b>                  PROCAL SOLUTIONS                  708 WILLOW AVE STE 5D                  HOBOKEN NJ 07030</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$2,945.25</p>
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<p>3.164. <b>Nonpriority creditor's name and mailing address</b>                  PSEGLI                  PO BOX 9039                  HICKSVILLE NY 11802-9039</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$13,025.92</p>
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<p>3.165. <b>Nonpriority creditor's name and mailing address</b>                  PULSE SYSTEMS, INC.                  3020 N CYPRESS ST STE 200                  WICHITA KS 67226</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$2,901.84</p>
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3.166.	<p><b>Nonpriority creditor's name and mailing address</b>                  QINONES-TORRES, MARTA                  C/O BOSTWICK LABORATORIES, INC.                  100 CHARLES LINDBERGH BLVD.                  UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  UNDETERMINED</p>
3.167.	<p><b>Nonpriority creditor's name and mailing address</b>                  QUALITY AIR CONDITIONING AND HEATING INC                  DBA ATCO CONTRACTING                  93 ALLEN BLVD                  FARMINGDALE NY 11735</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  \$5,214.00</p>
3.168.	<p><b>Nonpriority creditor's name and mailing address</b>                  QUINTAIROS, PRIETO, W                  9300 SOUTH DADELAND BLVD.                  4TH FL                  MIAMI FL 33156</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  \$14,740.00</p>

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3.169.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RECEIL IT INTERNATIONAL 2643 GRAND AVE BELLMORE NY 11710</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$111.07</p>
3.170.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>REED SMITH LLP PO BOX 416836 BOSTON MA 02241-6836</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$486.14</p>
3.171.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RESOURCES GLOBAL PROFESSIONALS FILE 55221 LOS ANGELES CA 90074-5221</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$390.00</p>

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3.172.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>REVENUE ADVANTAGE,INC 27019 NETWORK PL CHICAGO IL 60673-1269</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$1,040.35</p>
3.173.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RICHARD-ALLAN SCIENTIFIC CO. PO BOX 712480 CINCINNATI OH 45271-2480</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$41,160.00</p>
3.174.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RICHMOND EXPRESS COURIER PO BOX 663 RICHMOND VA 23218-0663</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$635.14</p>

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3.175.	<b>Nonpriority creditor's name and mailing address</b> RICHMOND OXYGEN CO. 11009 RICHARDSON RD ASHLAND VA 23005  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18.96
3.176.	<b>Nonpriority creditor's name and mailing address</b> ROCHE DIAGNOSTICS CORP. 9115 HAGUE RD PO BOX 50414 INDIANAPOLIS IN 46250-0414  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$101,403.81
3.177.	<b>Nonpriority creditor's name and mailing address</b> ROCKWELL CONSULTING 114 NW 6TH ST STE 101 OKLAHOMA CITY OK 73102  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,958.00

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<p>3.178. <b>Nonpriority creditor's name and mailing address</b>                  ROPES &amp; GRAY LLP                  PO BOX 414265                  BOSTON MA 02241-4265</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$178,694.91</p>
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<p>3.179. <b>Nonpriority creditor's name and mailing address</b>                  RUSKIN, MOSCOU, FALTISCHEK                  EAST TOWER 15TH FLOOR                  1425 RXR PLZ                  UNIONDALE NY 11556-1425</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$294,767.27</p>
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<p>3.180. <b>Nonpriority creditor's name and mailing address</b>                  RUSSO, BARBARA                  30 ROSEVIEW COURT                  TRUMBELL CT 06611</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  INSURANCE COVERAGE UNDER                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
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3.181.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RUTLEDGE ECENIA, P.A PO BOX 551 TALLAHASSEE FL 32302</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$225.00</p>
3.182.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAF-T-PAK 17827 111 AVE EDMONTON AB T5S 2X3 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$395.00</p>
3.183.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SANTA CRUZ BIOTECHNOL 2145 DELAWARE AVE SANTA CRUZ CA 95060</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$303.50</p>

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3.184.	<b>Nonpriority creditor's name and mailing address</b> SCHEIN, HENRY 760 BOARDMAN-CANFIELD RD YOUNGSTOWN OH 44512  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: center;">\$3,052.16</td> </tr> </table>	Amount of claim	\$3,052.16
Amount of claim					
\$3,052.16					
3.185.	<b>Nonpriority creditor's name and mailing address</b> SCHLOSSHAUER, PETER 3636 BERTHA DRIVE BALDWIN NY 11510  <b>Date or dates debt was incurred</b> <hr style="width: 100%;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE COVERAGE UNDER EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Amount of claim	UNDETERMINED
Amount of claim					
UNDETERMINED					
3.186.	<b>Nonpriority creditor's name and mailing address</b> SCP SCIENCE 348 ROUTE 11 CHAMPLAIN NY 12919  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: center;">\$97.00</td> </tr> </table>	Amount of claim	\$97.00
Amount of claim					
\$97.00					

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3.187.	<b>Nonpriority creditor's name and mailing address</b> SCYTEK LABORATORIES PO BOX 3286 LOGAN UT 84323-3286  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$446.00
3.188.	<b>Nonpriority creditor's name and mailing address</b> SELECTHEALTH (UTAH) PO BOX 30192 SALT LAKE CITY UT 84130-0192  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> CONTRACT ASSIGNED TO STALKING HORSE PURCHASER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.189.	<b>Nonpriority creditor's name and mailing address</b> SHI INTERNATIONAL CORP PO BOX 952121 DALLAS TX 75395-2121  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,568.89

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3.190.	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA, INC 7732 SOUTH 133RD ST OMAHA NE 68138  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$5,868.76</td> </tr> </table>	Amount of claim	\$5,868.76
Amount of claim					
\$5,868.76					
3.191.	<b>Nonpriority creditor's name and mailing address</b> SIENNA CANCER DIAGNOSTICS TONY DIPIETRO 1 DALMORE DR SCORESBY VICTORIA 3179 AUSTRALIA  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$89,870.00</td> </tr> </table>	Amount of claim	\$89,870.00
Amount of claim					
\$89,870.00					
3.192.	<b>Nonpriority creditor's name and mailing address</b> SIGMA-ALDRICH INC. PO BOX 535182 ATLANTA GA 30353-5182  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$2,289.73</td> </tr> </table>	Amount of claim	\$2,289.73
Amount of claim					
\$2,289.73					

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3.193.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOCIETY OF CORPORATE COMPLIANCE AND ETHICS AND HEALTH CARE COMPLIANCE ASSOCIATION 6500 BARRIE RD SUITE 250 MINNEAPOLIS MN 55435-2348</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$2,950.00</p>
3.194.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOURCELINK COMMUNICATIONS 17521 COUNTY RD 455 MONTVERDE FL 34756</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$363.78</p>
3.195.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTH FLORIDA MEDECINE UROLOGY VILLC 670 GLADES RD SUITE 200 BOCA RATON FL 33431</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$406.73</p>

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3.196.	<b>Nonpriority creditor's name and mailing address</b> SPBS, INC. 1332 FREEMAN AVE NW ALBUQUERQUE NM 87107  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$20.70</td> </tr> </table>	Amount of claim	\$20.70
Amount of claim					
\$20.70					
3.197.	<b>Nonpriority creditor's name and mailing address</b> SPECTRUM BUSINESS SOLUTIONS PO BOX 30574 TAMPA FL 33630-3574  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$484.61</td> </tr> </table>	Amount of claim	\$484.61
Amount of claim					
\$484.61					
3.198.	<b>Nonpriority creditor's name and mailing address</b> STAFF ICONS 115 FRANKLIN TPKE UNIT 158 MAHWAH NJ 07430  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$5,824.00</td> </tr> </table>	Amount of claim	\$5,824.00
Amount of claim					
\$5,824.00					

Debtor **Bostwick Laboratories, Inc.**

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3.199.	<b>Nonpriority creditor's name and mailing address</b> STAPLES BUSINESS ADVANTAGE 500 STAPLES DR FRAMINGHAM MA 01702  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$26,998.38</td> </tr> </table>	Amount of claim	\$26,998.38
Amount of claim					
\$26,998.38					
3.200.	<b>Nonpriority creditor's name and mailing address</b> STAT EXPERTS C/O SFR PO BOX 52766 PHOENIX AZ 85072  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$40,752.00</td> </tr> </table>	Amount of claim	\$40,752.00
Amount of claim					
\$40,752.00					
3.201.	<b>Nonpriority creditor's name and mailing address</b> STAT INSPECTION CORP 889 SOUTH 2ND ST RONKONKOMA NY 11779  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$1,815.93</td> </tr> </table>	Amount of claim	\$1,815.93
Amount of claim					
\$1,815.93					

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3.202.	<b>Nonpriority creditor's name and mailing address</b> STATLAB MEDICAL PRODUCTS INC. PO BOX 678056 DALLAS TX 75267-8056  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$38,799.87</td> </tr> </table>	Amount of claim	\$38,799.87
Amount of claim					
\$38,799.87					
3.203.	<b>Nonpriority creditor's name and mailing address</b> STEFINELLI, MARTIN 41 PROSPECT AVENUE GARDEN CITY NY 11530  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$86,538.50</td> </tr> </table>	Amount of claim	\$86,538.50
Amount of claim					
\$86,538.50					
3.204.	<b>Nonpriority creditor's name and mailing address</b> STERICYCLE INC. 410 COMMERCIAL AVE NORTHBROOK IL 60062  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td>\$4,993.14</td> </tr> </table>	Amount of claim	\$4,993.14
Amount of claim					
\$4,993.14					



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3.205.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STONY BROOK PATHOLOGIST UFPC BASIC SCIENCE TOWER LEVEL 9 RM 140 STONY BROOK NY 11794-8691</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$10,511.29</p>
3.206.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRATA PATHOLOGY SERVICES PO BOX 417436 BOSTON MA 02241</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$342.00</p>
3.207.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SYNIGENT TECHNOLOGIES 4435 WATERFRONT DR STE 202 GLEN ALLEN VA 23060</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$11,285.33</p>

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3.208.	<b>Nonpriority creditor's name and mailing address</b> SZABO, MARIANNA C/O BOSTWICK LABORATORIES, INC. 100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553  <b>Date or dates debt was incurred</b> <hr style="width: 30%; margin-left: 0;"/> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> EMPLOYMENT CONTRACT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.209.	<b>Nonpriority creditor's name and mailing address</b> TECAN US, INC PO BOX 14771 RESEARCH TRIANGLE PARK NC 27709-4771  <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$979.75
3.210.	<b>Nonpriority creditor's name and mailing address</b> TECHMASTER ELECTRONIC 2453 CADES WAY BLDG C VISTA CA 92081  <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$770.00

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3.211.	<b>Nonpriority creditor's name and mailing address</b> TED PELLA INC PO BOX 492477 REDDING CA 96049-2477  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$362.33
3.212.	<b>Nonpriority creditor's name and mailing address</b> THERAPAK CORPORATION PO BOX 1589 DUARTE CA 91009  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$85,137.63
3.213.	<b>Nonpriority creditor's name and mailing address</b> THOMSON REUTERS 36337 TREASURY CTR CHICAGO IL 60694-6300  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$105.00

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3.214.	<b>Nonpriority creditor's name and mailing address</b> TIMEPAYMENT CORP P O BOX 3069 WOBURN MA 01888-1969  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$68.08</td> </tr> </table>	Amount of claim	\$68.08
Amount of claim					
\$68.08					
3.215.	<b>Nonpriority creditor's name and mailing address</b> TOUCHTONE COMMUNICATIONS PO BOX 27772 NEWARK NJ 07101-7772  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$93.67</td> </tr> </table>	Amount of claim	\$93.67
Amount of claim					
\$93.67					
3.216.	<b>Nonpriority creditor's name and mailing address</b> TOWN OF HEMPSTEAD DEPT OF WATER 1995 PROSPECT AVE EAST MEADOW NY 11554  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$789.81</td> </tr> </table>	Amount of claim	\$789.81
Amount of claim					
\$789.81					

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3.217.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRANS-GLOBAL INTERNATIONAL INC. 8188 S HIGHLAND DR SUITE D-1 SANDY UT 84093</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$372.60</p>
3.218.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRICARE NORTH PO BOX 870140 SURFSIDE BEACH SC 29587-9740</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>CONTRACT ASSIGNED TO STALKING HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
3.219.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRIUMVIRATE ENVIRONMENTAL INC. DEPT 106042 PO BOX 150502 HARTFORD CT 06115-0502</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$8,707.46</p>

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<p>3.220. <b>Nonpriority creditor's name and mailing address</b>                  TRIWEST                  PO BOX 7064                  CAMDEN SC 29021</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  UNDETERMINED</p>
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<p>3.221. <b>Nonpriority creditor's name and mailing address</b>                  TU, JIANGLING                  C/O BOSTWICK LABORATORIES, INC.                  100 CHARLES LINDBERGH BLVD.                  UNIONDALE NY 11553</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  UNDETERMINED</p>
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<p>3.222. <b>Nonpriority creditor's name and mailing address</b>                  UHA - UNIVERSITY HEALTH ALLIANCE (HI)                  700 BISHOP ST                  HONOLULU HI 96813-4100</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b>                  UNDETERMINED</p>
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Debtor **Bostwick Laboratories, Inc.**

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3.223.	<b>Nonpriority creditor's name and mailing address</b> ULINE PO BOX 88741 CHICAGO IL 60680-1741  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$357.09
3.224.	<b>Nonpriority creditor's name and mailing address</b> UNITED CONCORDIA 4401 DEER PATH RD HARRISBURG PA 17110  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> (\$9.80)
3.225.	<b>Nonpriority creditor's name and mailing address</b> UNITED HEALTHCARE (HRA) CORINNE A BOESZ 185 ASYLUM ST STE 03B HARTFORD CT 06103  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,804.61

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3.226.	<b>Nonpriority creditor's name and mailing address</b> UNITED HEALTHCARE (LIFE) CORINNE A BOESZ 185 ASYLUM ST STE 03B HARTFORD CT 06103  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,399.40
3.227.	<b>Nonpriority creditor's name and mailing address</b> UNITED PARCEL SERVICE PO BOX 7247-0244 PHILADELPHIA PA 19170-0001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$237,371.72
3.228.	<b>Nonpriority creditor's name and mailing address</b> UPS SUPPLY CHAIN SOLUTIONS INC. 28013 NETWORK PL CHICAGO IL 60673-1280  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,360.27



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<p>3.229. <b>Nonpriority creditor's name and mailing address</b>                  US DEPARTMENT OF JUSTICE                  601 D STREET, NW, ROOM 9146                  WASHINGTON DC 20004</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  LEGAL SETTLEMENT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$2,702,020.80</p>
<p>3.230. <b>Nonpriority creditor's name and mailing address</b>                  USA SCIENTIFIC                  PO BOX 3565                  OCALA FL 34478</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$607.02</p>
<p>3.231. <b>Nonpriority creditor's name and mailing address</b>                  VERITIV FORMERLY XPED                  1000 ABERNATHY RD NEBLDG 400                  SUITE 1700                  ATLANTA GA 30328</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>(\$25.28)</p>

Debtor **Bostwick Laboratories, Inc.**

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3.232.	<b>Nonpriority creditor's name and mailing address</b> VERIZON PO BOX 25505 LEHIGH VALLEY PA 18002-5505  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <td><b>Amount of claim</b></td> </tr> <tr> <td>\$7,031.33</td> </tr> </table>	<b>Amount of claim</b>	\$7,031.33
<b>Amount of claim</b>					
\$7,031.33					
3.233.	<b>Nonpriority creditor's name and mailing address</b> VIRTUAL OFFICEWARE 111 RYAN CT STE 200 PITTSBURGH PA 15205  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <td><b>Amount of claim</b></td> </tr> <tr> <td>\$1,380.89</td> </tr> </table>	<b>Amount of claim</b>	\$1,380.89
<b>Amount of claim</b>					
\$1,380.89					
3.234.	<b>Nonpriority creditor's name and mailing address</b> VISION SERVICE PLAN PO BOX 742430 LOS ANGELES CA 90074-2430  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <td><b>Amount of claim</b></td> </tr> <tr> <td>\$0.68</td> </tr> </table>	<b>Amount of claim</b>	\$0.68
<b>Amount of claim</b>					
\$0.68					

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3.235.	<b>Nonpriority creditor's name and mailing address</b> VITERA PO BOX 203658 DALLAS TX 75320-3658  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">\$3,797.25</td> </tr> </table>	Amount of claim	\$3,797.25
Amount of claim					
\$3,797.25					
3.236.	<b>Nonpriority creditor's name and mailing address</b> VWR INTERNATIONAL, INC PO BOX 643276 PITTSBURGH PA 15264-3276  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">\$42,147.85</td> </tr> </table>	Amount of claim	\$42,147.85
Amount of claim					
\$42,147.85					
3.237.	<b>Nonpriority creditor's name and mailing address</b> WAGNER, SHAWN 4239 VILLAGE CLUB DR POWELL OH 43065  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GOODS PROVIDED / SERVICES RENDERED  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; background-color: #e0e0e0;"> <tr> <th style="padding: 2px;">Amount of claim</th> </tr> <tr> <td style="padding: 2px;">\$6,346.15</td> </tr> </table>	Amount of claim	\$6,346.15
Amount of claim					
\$6,346.15					

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3.238.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WEB COMMERCE PARTNERS 5704 W SLIGH AVE STE 100 TAMPA FL 33634</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$392.00</p>
3.239.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WELL CORNELL MEDICINE BOX 29409 GPO NEW YORK NY 10087-9409</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$24,375.00</p>
3.240.	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILSON ELSER MOSKOWITZ EDELMAN AND DICKER LLP 150 EAST 42ND ST NEW YORK NY 10017-5639</p> <p><b>Date or dates debt was incurred</b></p> <p>VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p>GOODS PROVIDED / SERVICES RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$5,332.42</p>

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<p>3.241. <b>Nonpriority creditor's name and mailing address</b>                  WINBROOK MANAGEMENT LLC                  M/A FOR 100 CHARLES LINDBERGH BLVD                  370 SEVENTH AVE STE 1600                  NEW YORK NY 10001</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$65,736.35</p>
<p>3.242. <b>Nonpriority creditor's name and mailing address</b>                  WINDSTREAM                  1720 GALLERIA BLVD                  CHARLOTTE NC 28270</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>(\$836.17)</p>
<p>3.243. <b>Nonpriority creditor's name and mailing address</b>                  WINTERS BROS HAULING OF LI LLC                  PO BOX 5279                  NEW YORK NY 10008-5279</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$772.89</p>

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<p>3.244. <b>Nonpriority creditor's name and mailing address</b>                  WORTH HIGGINS AND ASSOC INC                  PO BOX 15069                  RICHMOND VA 23227</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  GOODS PROVIDED / SERVICES                  RENDERED</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$3,056.98</p>
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<p>3.245. <b>Nonpriority creditor's name and mailing address</b>                  XIFIN, INC.                  12225 EL CAMINO REAL                  SAN DIEGO CA 92130</p> <p><b>Date or dates debt was incurred</b>                  VARIOUS</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  CONTRACT ASSIGNED TO STALKING                  HORSE PURCHASER</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>\$228,944.38</p>
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<p>3.246. <b>Nonpriority creditor's name and mailing address</b>                  ZENG, XU                  6402 CAVA ALTA DR.                  APT 101                  ORLANDO FL 32835</p> <p><b>Date or dates debt was incurred</b>                  _____</p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b>                  INSURANCE COVERAGE UNDER                  EMPLOYMENT CONTRACT</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Amount of claim</b></p> <p>UNDETERMINED</p>
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Debtor **Bostwick Laboratories, Inc.**Case number (if known) **17-10570****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
ALLMAN SPRY R. BRADFORD LEGGETT 380 KNOLLWOOD ST SUITE 700 WINSTON-SALEM NC 27103-1862	Part 2 line 3.93	_____
BARNES & THORNBURG LLP DAVID M POWLEN; KEVIN G COLLINS 1000 N WEST STREET STE 1500 WILMINGTON DE 19801	Part 2 line 3.176	_____
BIALSON BERGEN & SCHWAB , A PROF CORP LAWRENCE M SCHWAB; KENNETH T LAW 633 MENLO AVE STE 100 MENLO PARK CA 94025	Part 2 line 3.227	_____
DEPARTMENT OF JUSTICE R A HARVEY; M N NEWELL; D A PHAM COMMERCIAL LITIGATION BRANCH, CIVIL DIV 1100 L STREET NW WASHINGTON DC 20530	Part 2 line 3.229	_____
JACKSON LEWIS P.C. JASON A. ZOLDESSY 666 THIRD AVENUE 29TH FLOOR NEW YORK NY 10017	Part 2 line 3.28	_____
JACKSON LEWIS P.C. DAISY A. TOMASELLI 666 THIRD AVENUE 29TH FLOOR NEW YORK NY 10017	Part 2 line 3.28	_____
KOHNER MANN & KAILAS SC SAMUEL C WISOTZKEY WASHINGTON BLDG BARNABAS BUSINESS CTR 4650 NORTH PORT WASHINGTON RD MILWAUKEE WI 53212-1059	Part 2 line 3.3	_____
LINEBARGER GOGGAN BLAIR AND SAMPSON 711 NAVARRO ST STE 300 SAN ANTONIO TX 78205	Part 1 line 2.1	_____
THE SATTIRAJU LAW FIRM, P.C. RAVI SATTIRAJU 14 ST. JAMES PLACE LYNBROOK NY 11563	Part 2 line 3.59	_____

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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
<b>5a. Total claims from Part 1</b>	5a.	\$382,961.70
<b>5b. Total claims from Part 2</b>	5b. +	\$45,730,553.02
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.	\$46,113,514.72



**Fill in this information to identify the case:**

**Debtor name:** Bostwick Laboratories, Inc.  
**United States Bankruptcy Court for the:** District of Delaware  
**Case number (if known):** 17-10570

Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	<p><b>Title of contract</b> SOFTWARE LICENSE AGREEMENT</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>	<p>AARDVARK I, LLC                      DAVID BOSTWICK MD                      601 BIOTECH DRIVE SUITE 301                      RICHMOND VA 23235</p>
2.2.	<p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>	<p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>ABBOTT MOLECULAR                      RHONDA GARAMONI                      200 ABBOTT PARK ROAD                      ABBOTT PARK IL 60064-3537</p>
2.3.	<p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p>	<p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>AETNA                      PO BOX 981106                      EL PASO TX 79998</p>

Debtor **Bostwick Laboratories, Inc.**

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- 2.4. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR ANTHEM BCBS CT, NH AND ME  
108 LEIGUS ROAD
- State the term remaining** AUTOMATIC RENEWAL ENTERPRISE ANCILLARY  
PROVIDER SOLUTIONS  
WALLINGFORD CT 06492
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.5. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR ANTHEM BCBS VA  
PO BOX 27401
- State the term remaining** AUTOMATIC RENEWAL RICHMOND VA 23279-7401
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.6. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ APPLIED SPECTRAL IMAGING, INC.  
5315 AVENIDA ENCINAS
- State the term remaining** \_\_\_\_\_ SUITE 150  
CARLSBAD CA 92008
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.7. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR BCBS AZ  
PO BOX 2924
- State the term remaining** AUTOMATIC RENEWAL PHOENIX AZ 85062-2924
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.8. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR BCBS KANSAS CITY  
PO BOX 419163
- State the term remaining** AUTOMATIC RENEWAL KANSAS CITY MO 64141-6163
- List the contract number of any government contract** \_\_\_\_\_

Debtor **Bostwick Laboratories, Inc.**

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- |       |   |  |
|-------|---|--|
| 2.9.  | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>BCBS OF DC (CAREFIRST)<br/>PO BOX 14116<br/>LEXINGTON KY 40512-4116</p>        |
| 2.10. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>BCBS OF IA - WELLMARK<br/>PO BOX 9232<br/>DES MOINES IA 50306-9232</p>         |
| 2.11. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>BCBS OF IL<br/>PO BOX 805107<br/>CHICAGO IL 60680-3625</p>                     |
| 2.12. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>BCBS OF WV - HIGHMARK (WEST VA)<br/>PO BOX 7026<br/>WHEELING WV 26003-0766</p> |
| 2.13. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>BCBS TEXAS<br/>PO BOX 660044<br/>DALLAS TX 75266-0044</p>                      |

Debtor **Bostwick Laboratories, Inc.**

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- 2.14. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR BCBS VERMONT  
PO BOX 186  
MONTPELIER VT 05601-0186
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.15. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ BECKMAN COULTER - LIFE SCIENCES
- State the term remaining** \_\_\_\_\_ ERIC PALOMA  
5350 LAKEVIEW PARKWAY SOUTH DR.  
INDIANAPOLIS IN 46268
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.16. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ BECTONDICKENSON  
LEGAL DEPT  
7 LOVETON CIRCLE  
SPARKS MD 21152
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.17. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ BIOCARE MEDICAL  
ALEJANDRO DOMINGUEZ  
60 BERRY DR.  
PACHECO CA 94553
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.18. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR BLUE SHIELD OF CALIFORNIA  
50 BEALE STREET  
SAN FRANCISCO CA 94105
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_

Debtor **Bostwick Laboratories, Inc.**

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- 2.19. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT
- Nature of debtor's interest** EMPLOYER BOSTWICK, DAVID G., MD  
C/O BOSTWICK LABORATORIES, INC.  
100 CHARLES LINDBERGH BLVD.  
UNIONDALE NY 11553
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.20. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ BUSINESS & DECISION  
LEGAL DEPT  
ACCOUNTABILIT  
900 WEST VALLEY ROAD  
SUITE 1000  
WAYNE PA 19087
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 2.21. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR CAREFIRST OF MD  
PO BOX 14116  
LEXINGTON KY 40512-4116
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 2.22. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR CIGNA  
FERNANDO MARTINS  
1 PENNS WAY  
NEW CASTLE DE 19720
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 2.23. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FINANCING SERVICES
- Nature of debtor's interest** \_\_\_\_\_ CIT BANK, N.A.  
LEGAL DEPT  
10201 CENTURION PARKWAY N.  
#100  
JACKSONVILLE FL 32256
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_

Debtor **Bostwick Laboratories, Inc.**

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- 2.24. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ COMCAST BUSINESS
- State the term remaining** \_\_\_\_\_ PAUL BLACK
- List the contract number of any government contract** \_\_\_\_\_ 2707 WILSON BLVD.  
ARLINGTON VA 22201
- 
- 2.25. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES
- Nature of debtor's interest** \_\_\_\_\_ CORNERSTONE ONDEMAND
- State the term remaining** \_\_\_\_\_ LIZ DAVIS
- List the contract number of any government contract** \_\_\_\_\_ 1601 CLOVERFIELD BLVD.  
SUITE 600 SOUTH  
SANTA MONICA CA 90404
- 
- 2.26. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** JANITORIAL SERVICES
- Nature of debtor's interest** \_\_\_\_\_ COVERALL HEALTH-BASED
- State the term remaining** \_\_\_\_\_ CLEANING SYSTEM
- List the contract number of any government contract** \_\_\_\_\_ JOSEPH LASPINA  
200 GARDEN CITY PLAZA  
#420  
GARDEN CITY NY 11530
- 
- 2.27. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ DDI LEASING
- State the term remaining** \_\_\_\_\_ 221 SOMERVILLE RD
- List the contract number of any government contract** \_\_\_\_\_ BEDMINSTER NJ 07921
- 
- 2.28. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ DELL SOFTWARE, INC.
- State the term remaining** \_\_\_\_\_ ANDY HEINZ
- List the contract number of any government contract** \_\_\_\_\_ 5 POLARIS WAY  
ALISO VIEJO CA 92656

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- 2.29. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ EVAN WEINER ENTERPRISES
- State the term remaining** \_\_\_\_\_ EVAN WEINER
- List the contract number of any government contract** \_\_\_\_\_ HOSTED BACKBONE  
1517 VILLAGE GROVE RD.  
HENRICO VA 23236
- 
- 2.30. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROFESSIONAL SERVICES
- Nature of debtor's interest** \_\_\_\_\_ EXPENSE REDUCTION ANALYSTS
- State the term remaining** \_\_\_\_\_ JOEL POTTER
- List the contract number of any government contract** \_\_\_\_\_ 380 LENOX AVENUE  
SUITE 7J  
NEW YORK NY 10027
- 
- 2.31. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ FEDERAL EXPRESS
- State the term remaining** \_\_\_\_\_ RORY DINEEN
- List the contract number of any government contract** \_\_\_\_\_ 942 S. SHADY GROVE ROAD  
MEMPHIS TN 38120
- 
- 2.32. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FIRE ALARM SYSTEMS
- Nature of debtor's interest** \_\_\_\_\_ FIRE SAFETY SYSTEMS & SALES, INC
- State the term remaining** \_\_\_\_\_ ROGER VAZQUEZ
- List the contract number of any government contract** \_\_\_\_\_ 2773 HOMAN PLACE  
BALDWIN HARBOR NY 11510
- 
- 2.33. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FIRE ALARM SERVICES
- Nature of debtor's interest** \_\_\_\_\_ FIRECRAFT OF NEW YORK, INC.
- State the term remaining** \_\_\_\_\_ DAVID J. OELLERICH
- List the contract number of any government contract** \_\_\_\_\_ 51 NORTH PROSPECT AVENUE  
LYNBROOK NY 11563

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- 2.34. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SECURITY SERVICES
- Nature of debtor's interest** \_\_\_\_\_ FJC SECURITY SERVICE
- State the term remaining** \_\_\_\_\_ MARK D. COFFINO
- List the contract number of any government contract** \_\_\_\_\_ 275 JERICHO TURNPIKE  
FLORAL PARK NY 11001
- 
- 2.35. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR GEISINGER HEALTH PLAN (PA)
- State the term remaining** AUTOMATIC RENEWAL PO BOX 8200  
DANVILLE PA 17821-8200
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.36. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ GENERAL DATA COMPANY, INC
- State the term remaining** \_\_\_\_\_ DEBBIE GRANT
- List the contract number of any government contract** \_\_\_\_\_ 4354 FERGUSON DR  
CINCINNATI OH 45245
- 
- 2.37. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR GHI
- State the term remaining** AUTOMATIC RENEWAL PO BOX 2832  
NEW YORK NY 10116-2832
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.38. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR GREAT WEST (WYOMING)
- State the term remaining** AUTOMATIC RENEWAL 1000 GREAT WEST DR  
KENNETT MO 63857-3749
- List the contract number of any government contract** \_\_\_\_\_



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- 2.39. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR GROUP HEALTH (WASHINGTON STATE)  
PO BOX 34585  
SEATTLE WA 98124-1585
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.40. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ HC1.COM
- State the term remaining** \_\_\_\_\_ 6100 TECHNOLOGY CENTER DRIVE  
INDIANAPOLIS IN 46278
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.41. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR HEALTHSMART BENEFIT SOLUTIONS (WEST VA)  
PO BOX 93670  
LUBBOCK TX 79493
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.42. **Title of contract** REAL PROPERTY LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL ESTATE LEASE
- Nature of debtor's interest** LESSOR HEAVEN III, LLC  
BRENT KINGSTONE  
C/O MAX KING REALTY  
8240 EXCHANGE DRIVE  
SUITE CLOUD 9  
ORLANDO FL 32809
- State the term remaining** DECEMBER 31, 2018
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.43. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FINANCING SERVICES
- Nature of debtor's interest** \_\_\_\_\_ HEWLETT-PACKARD FINANCIAL SERVICES CO.  
JOHN SCHULTZ  
200 CONNELL DR  
SUITE 5000  
BERKELEY HEIGHTS NJ 07922
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_

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| 2.44. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p>                   | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>HIGHMARK (PA)<br/>120 FIFTH AVE<br/>FIFTH AVENUE PLACE<br/>PITTSBURGH PA 15222-3099</p>                            |
| 2.45. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p>                   | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>HIGHMARK MEDICARE ADVANTAGE<br/>PO BOX 890062<br/>CAMP HILL PA 17089-0062</p>                                      |
| 2.46. | <p><b>Title of contract</b> REAL PROPERTY LEASE AGREEMENT</p> <p><b>State what the contract or lease is for</b> REAL ESTATE LEASE</p> <p><b>Nature of debtor's interest</b> LESSOR</p> <p><b>State the term remaining</b> EXPIRES JUNE 2018</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>HIGHWOODS REALTY LIMITED<br/>SHERYL CARPENTER<br/>4501 HIGHWOODS PARKWAY<br/>SUITE 400<br/>GLEN ALLEN VA 23060</p> |
| 2.47. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>  | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>HI-LINK COMPUTER SYSTEMS<br/>JIM GARTNER<br/>76 PROGRESS DRIVE<br/>STAMFORD CT 06902</p>                           |
| 2.48. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>  | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>HOLOGIC, INC.<br/>CONTRACTS DEPT; LEGAL DEPT<br/>250 CAMPUS DRIVE<br/>MARLBOROUGH MA 01752</p>                     |

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| 2.49. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> PROFESSIONAL SERVICES</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>INTRALINKS, INC.<br/>CHRISTOPHER LEBLANC<br/>150 EAST 42ND STREET<br/>8TH FL.<br/>NEW YORK NY 10017</p>            |
| 2.50. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>JEOL USA INC<br/>MARIE CHOCHREK<br/>BETH YUSKAITIS<br/>11 DEARBORN ROAD<br/>P.O. BOX 6043<br/>PEABODY MA 01960</p> |
| 2.51. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>KEYSTONE MERCY/ KEYSTONE WEST<br/>PO BOX 69353<br/>HARRISBURG PA 17106</p>   |
| 2.52. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>LAB LOGISTICS, LLC<br/>JON MUSGRAVE<br/>30 RAILROAD AVENUE<br/>WEST HAVEN CT 06516</p>                             |
| 2.53. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>LEICA BIOSYSTEMS IMAGING<br/>JUSTIN GERLACH<br/>1700 LEIDER LANE<br/>BUFFALO GROVE IL 60089</p>                    |

Debtor **Bostwick Laboratories, Inc.**

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| 2.54. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>LEVEL (3) COMMUNICATIONS<br/>121 CHAMPION WAY<br/>CANONSBURG PA 15317</p>                        |
| 2.55. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>MAGNACARE<br/>PO BOX 1001<br/>GARDEN CITY NY 11530</p>   |
| 2.56. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>MARTIN'S POINT HEALTH CARE<br/>161 CORPORATE DR.<br/>PORTSMOUTH NH 03801</p>                     |
| 2.57. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>MDXHEALTH, INC.<br/>GENERAL COUNSEL<br/>15279 ALTON PKWY.<br/>SUITE 1000<br/>IRVINE CA 92618</p> |
| 2.58. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>MEDICAL MUTUAL OF OHIO<br/>PO BOX 6018<br/>CLEVELAND OH 44101</p>                                |

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- 2.59. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ MICROSOFT CORPORATION
- State the term remaining** \_\_\_\_\_ MIKE PASIN
- List the contract number of any government contract** \_\_\_\_\_ ONE MICROSOFT WAY  
REDMOND WA 98052
- 
- 2.60. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ MILLIPORE CORPORATION
- State the term remaining** \_\_\_\_\_ 2736 PAYSHERE CIR
- List the contract number of any government contract** \_\_\_\_\_ CHICAGO IL 60674-2736
- 
- 2.61. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_ MOLINA HEALTHCARE OF TEXAS  
PO BOX 22719  
LONG BEACH CA 90801-6849
- 
- 2.62. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_ MULTIPLAN  
PO BOX 5007  
DE PERE WI 54115-5007
- 
- 2.63. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_ NETWORK HEALTHPLAN (MASS)  
PO BOX 568  
MENASHA WI 54952-0568

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| 2.64. | <p><b>Title of contract</b> COMMERCIAL LEASE AGREEMENT</p> <p><b>State what the contract or lease is for</b> REAL ESTATE LEASE</p> <p><b>Nature of debtor's interest</b> LESSOR</p> <p><b>State the term remaining</b> EXPIRES JANUARY 31, 2018</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>OK-TEX PARTNERS LTD<br/>BILL PODSEDNIK<br/>1601 LANCASTER DR.<br/>SUITE 170<br/>GRAPEVINE TX 76051</p>                         |
| 2.65. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p>                       | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>OSCAR (NY)<br/>295 LAFAYETTE ST<br/>NEW YORK NY 10012</p>  |
| 2.66. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p>                       | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>PACIFICSOURCE (IDAHO)<br/>PO BOX 7068<br/>SPRINGFIELD OR 97475-0068</p>  |
| 2.67. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p>                       | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>POMCO - HEALTH REPUBLIC OF NY<br/>PO BOX 6329<br/>SYRACUSE NY 13217-6329</p>   |
| 2.68. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> JANITORIAL SERVICES</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>  | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>PRO CLEAN BUILDING<br/>MAINTENANCE<br/>JOSE BARREIRA<br/>380 NORTHLAKE BLVD.<br/>SUITE 1000<br/>ALTAMONTE SPRINGS FL 32701</p> |

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

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|-------|---|---|
| 2.69. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> HEATING AND A/C SERVICES</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>             | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>QUALITY AIR CONDITIONING &amp; HEATING, INC.<br/>                 PETER H. VOLBERG<br/>                 93 ALLEN BLVD.<br/>                 STE. O<br/>                 FARMINGDALE NY 11735</p>    |
| 2.70. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>RICHARD-ALLAN SCIENTIFIC COMPANY<br/>                 CHARLENE FIALKOWSKI<br/>                 THERMO SCIENTIFIC<br/>                 4481 CAMPUS DRIVE<br/>                 KALAMAZOO MI 49008</p> |
| 2.71. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>ROCHE DIAGNOSTICS<br/>                 KATHY BAILEY<br/>                 9115 HAGUE RD<br/>                 PO BOX 50414<br/>                 INDIANAPOLIS IN 46250-0414</p>                        |
| 2.72. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> PROFESSIONAL SERVICES</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>RUSKIN, MOSCOU, FALTISCHEK<br/>                 KEVIN CLYNE<br/>                 EAST TOWER, 15TH FLOOR<br/>                 1425 RXR PLAZA<br/>                 UNIONDALE NY 11556-1425</p>        |
| 2.73. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>SELECTHEALTH (UTAH)<br/>                 PO BOX 30192<br/>                 SALT LAKE CITY UT 84130-0192</p>   |

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

- 2.74. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ SHI INTERNATIONAL CORP.  
HAL JAGGER, VP/GENERAL  
MANAGER
- State the term remaining** \_\_\_\_\_ 290 DAVIDSON AVENUE  
SOMERSET NJ 08873
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.75. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SHREDDING SERVICES
- Nature of debtor's interest** \_\_\_\_\_ SHRED-IT USA INC.  
7732 SOUTH 133RD ST  
OMAHA NE 68138
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.76. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ SIENNA CANCER DIAGNOSTICS  
TONY DI PIETRO (CFO)
- State the term remaining** \_\_\_\_\_ CARRIBEAN BUSINESS PARK  
1 DALMORE DR.  
SCORESBY VIC3179  
AUSTRALIA
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.77. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ STAT EXPERTS  
BETH FAZ
- State the term remaining** \_\_\_\_\_ 13806 REDSKIN DRIVE  
HERNDON VA 20171
- List the contract number of any government contract** \_\_\_\_\_
- 
- 2.78. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REGULATED MEDICAL WASTE SERVICES
- Nature of debtor's interest** \_\_\_\_\_ STERICYCLE, INC.  
COLLIN WALSH
- State the term remaining** \_\_\_\_\_ 4010 COMMERCIAL AVE.  
NORTHBROOK IL 60062
- List the contract number of any government contract** \_\_\_\_\_



Debtor **Bostwick Laboratories, Inc.**

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- 2.79. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ STONY BROOK MEDICINE
- State the term remaining** \_\_\_\_\_ JOHN HUTTER
- List the contract number of any government contract** \_\_\_\_\_ SENIOR ADMINISTRATOR  
DEPT. OF PATHOLOGY  
BASIC SCIENCE TOWER, LEVEL 9  
ROOM 140  
STONY BROOK NY 11794
- 
- 2.80. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADE
- Nature of debtor's interest** \_\_\_\_\_ THERAPAK CORPORATION
- State the term remaining** \_\_\_\_\_ KEVIN WIERSMA
- List the contract number of any government contract** \_\_\_\_\_ 651 WHARTON DRIVE  
CLAREMONT CA 91711
- 
- 2.81. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_ TRICARE NORTH  
PO BOX 870140  
SURFSIDE BEACH SC 29587-9740
- 
- 2.82. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED CARE
- Nature of debtor's interest** THIRD PARTY PAYOR
- State the term remaining** AUTOMATIC RENEWAL
- List the contract number of any government contract** \_\_\_\_\_ TRICARE SOUTH  
PO BOX 7031  
CAMDEN SC 29020
- 
- 2.83. **Title of contract** \_\_\_\_\_ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REGULATED MEDICAL WASTE SERVICES
- Nature of debtor's interest** \_\_\_\_\_ TRIUMVIRATE ENVIRONMENTAL
- State the term remaining** \_\_\_\_\_ SEAN J. TUTHILL
- List the contract number of any government contract** \_\_\_\_\_ 42-19 19TH AVENUE  
ASTORIA NY 11105

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

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| 2.84. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>TRIWEST<br/>PO BOX 7064<br/>CAMDEN SC 29021</p>  |
| 2.85. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>TUFTS (MASS)<br/>PO BOX 9163<br/>WATERTOWN MA 02471-9163</p>                           |
| 2.86. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>UHA - UNIVERSITY HEALTH ALLIANCE (HI)<br/>700 BISHOP ST<br/>HONOLULU HI 96813-4100</p> |
| 2.87. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> MANAGED CARE</p> <p><b>Nature of debtor's interest</b> THIRD PARTY PAYOR</p> <p><b>State the term remaining</b> AUTOMATIC RENEWAL</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>UHC<br/>PO BOX 25118<br/>TAMPA FL 33622-5118</p>                                       |
| 2.88. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> EMPLOYEE BENEFITS</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                    | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>UNITED HEALTHCARE<br/>22703 NETWORK PLACE<br/>CHICAGO IL 60673-1227</p>                |

Debtor **Bostwick Laboratories, Inc.**

Case number (if known) **17-10570**

- |       |  |   |
|-------|--|---|
| 2.89. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>   | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>UNITED PARCEL SERVICE<br/>GREG WILLIS<br/>3701 NEW BRUNSWICK ROAD<br/>BARTLETT TN 38133</p>   |
| 2.90. | <p><b>Title of contract</b> _____</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>   | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>VWR INTERNATIONAL, INC.<br/>JEFF SHANK<br/>RADNOR CORPORATE CENTER,<br/>BUILDING ONE, SUITE 200<br/>100 MATSONFORD ROAD<br/>PO BOX 6660<br/>RADNOR PA 19087</p> |
| 2.91. | <p><b>Title of contract</b> REAL PROPERTY LEASE AGREEMENT</p> <p><b>State what the contract or lease is for</b> REAL ESTATE LEASE</p> <p><b>Nature of debtor's interest</b> LESSOR</p> <p><b>State the term remaining</b> EXPIRES JANUARY 2025</p> <p><b>List the contract number of any government contract</b> _____</p> | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>WINBROOK MANAGEMENT LLC<br/>MOURIS NASSIMI<br/>M/A FOR 100 CHARLES LINDBERGH BLVD<br/>370 SEVENTH AVE<br/>SUITE 1600<br/>NEW YORK NY 10001</p>                  |
| 2.92. | <p><b>Title of contract</b> SYSTEMS AND SERVICES AGREEMENT, AS AMENDED</p> <p><b>State what the contract or lease is for</b> TRADE</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> _____</p> <p><b>List the contract number of any government contract</b> _____</p>                | <p><b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b></p> <p>XIFIN, INC.<br/>TAMMY LAWERENCE<br/>12225 EL CAMINO REAL<br/>SAN DIEGO CA 92130</p>   |

**Fill in this information to identify the case:**

**Debtor name:** Bostwick Laboratories, Inc.  
**United States Bankruptcy Court for the:** District of Delaware  
**Case number (if known):** 17-10570

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

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

**1. Does the debtor have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. BOSTWICK LABORATORIES HOLDINGS, INC.	100 CHARLES LINDBERGH BLVD. UNIONDALE NY 11553	HEALTHCARE FINANCIAL SOLUTIONS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. METALMARK CAPITAL LLC HOWARD HOFFEN	1177 AVENUE OF THE AMERICAS NEW YORK NY 10036	WINBROOK MANAGEMENT LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: Bostwick Laboratories, Inc.  
United States Bankruptcy Court for the: District of Delaware  
Case number (if known): 17-10570

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

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

Executed on 5/19/2017  
MM/DD/YYYY

x   
Signature of individual signing on behalf of debtor  
James Carroll  
Printed name

Chief Restructuring Officer  
Position or relationship to debtor