

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

In re:

AAC HOLDINGS, INC., *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 20-11648 (JTD)

(Jointly Administered)

**NOTICE OF AMENDMENT TO SCHEDULES OF ASSETS AND LIABILITIES  
OF AAC HOLDINGS, INC. (CASE NO. 20-11648)**

**PLEASE TAKE NOTICE** that pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, the Debtor AAC Holdings, Inc., (the “Debtor”) has filed an amendment to its Schedules of Assets and Liabilities (the “Schedules”) originally filed on July 27, 2020 [Docket No. 246] with the United States Bankruptcy Court for the District of Delaware (the “Court”). The amendment reflects certain changes to the scheduled claims of the creditors identified on the amendment and/or previously listed on the Debtor’s schedules. A copy of the amendment is attached hereto as **Exhibit “A.”**

**PLEASE TAKE FURTHER NOTICE** that, on July 23, 2020, the Court entered the Order [Docket No. 189] fixing, as more fully set forth therein, a general bar date for the filing of unsecured claims on for before August 26, 2020, at 5:00 p.m. (Prevailing Eastern Time).

**PLEASE TAKE FURTHER NOTICE** that in accordance with Del. Bankr. L.R. 1009-2, if you dispute the amount, nature, classification or characterization of your claim, solely to the

<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are: Recovery First of Florida, LLC (3005); Fitrx, LLC (5410); Oxford Treatment Center, LLC (7853); Oxford Outpatient Center, LLC (0237); Concorde Treatment Center, LLC (6483); New Jersey Addiction Treatment Center, LLC (7108); ABTTC, LLC (7601); Laguna Treatment Hospital, LLC (0830); AAC Las Vegas Outpatient Center, LLC (5381); Greenhouse Treatment Center, LLC (4402); AAC Dallas Outpatient Center, LLC (6827); Forterus Health Care Services, Inc. (4758); Solutions Treatment Center, LLC (8175); San Diego Addiction Treatment Center, Inc. (1719); River Oaks Treatment Center, LLC (0640); Singer Island Recovery Center LLC (3015); B&B Holdings Intl LLC (8549); The Academy Real Estate, LLC (9789); BHR Oxford Real Estate, LLC (0023); Concorde Real Estate, LLC (7890); BHR Greenhouse Real Estate, LLC (4295); BHR Ringwood Real Estate, LLC (0565); BHR Aliso Viejo Real Estate, LLC (2910); Behavioral Healthcare Realty, LLC (2055); Clinical Revenue Management Services, LLC (8103); Recovery Brands, LLC (8920); Referral Solutions Group, LLC (7817); Taj Media LLC (7047); Sober Media Group, LLC (4655); American Addiction Centers, Inc. (3320); Tower Hill Realty, Inc. (0039); Lincoln Catharine Realty Corporation (5998); AdCare Rhode Island, Inc. (2188); Green Hill Realty Corporation (4951); AdCare Hospital of Worcester, Inc. (3042); Diversified Healthcare Strategies, Inc. (3809); AdCare Criminal Justice Services, Inc. (1653); AdCare, Inc. (7005); Sagenex Diagnostics Laboratory, LLC (7900); RI - Clinical Services, LLC (6291); Addiction Labs of America, LLC (1133); AAC Healthcare Network, Inc. (0677); AAC Holdings, Inc. (6142); San Diego Professional Group, P.C. (9334). Grand Prairie Professional Group, P.A. (2102); Palm Beach Professional Group, Professional Corporation (7608); Pontchartrain Medical Group, A Professional Corporation (1271); Oxford Professional Group, P.C. (8234); and Las Vegas Professional Group - Calarco, P.C. (5901). The location of the Debtors’ corporate headquarters is 200 Powell Place, Brentwood, TN 37027.

extent amended as set forth on the Schedules of Exhibit "A" hereto, then you must file a written proof of such claim, substantially in conformity with the proof of claim form attached hereto as **Exhibit "B,"** so that such proof of claim is **ACTUALLY RECEIVED ON OR BEFORE 5:00 P.M., EASTERN TIME, ON MONDAY, SEPTEMBER 21, 2020** by the claims agent at one of the following designated addresses:

**If by U.S. Mail:**

Donlin Recano & Company, Inc.  
Re: AAC Holdings, Inc, *et al.*  
P.O. Box 199043  
Blythebourne Station  
Brooklyn, NY 11219

**If by Courier, Overnight Mail or Hand Delivery:**

Donlin Recano & Company, Inc.  
Re: AAC Holdings, Inc, *et al.*  
6201 15th Avenue  
Brooklyn, NY 11219

Alternatively, proofs of claim may be submitted electronically using the interface available on the website maintained by the Claims Agent in the Chapter 11 Case (<https://www.donlinrecano.com/Clients/aac/FileClaim>)

Facsimile, telecopy, or email submission of proof(s) of claim shall not constitute proper filing pursuant to this notice, and any proof(s) of claim so submitted shall be invalid and forever barred. Only proof(s) of claim bearing a signature of an individual authorized to execute and deliver such proof of claim shall constitute a proper filing.

Date: August 31, 2020

**GREENBERG TRAURIG, LLP**

/s/ Dennis A. Meloro

Dennis A. Meloro (DE Bar No. 4435)  
The Nemours Building  
1007 North Orange Street, Suite 1200  
Wilmington, Delaware 19801  
Telephone: (302) 661-7000  
Facsimile: (302) 661-7360  
Email: melorod@gtlaw.com

- and -

David B. Kurzweil (admitted *pro hac vice*)  
Alison Elko Franklin (admitted *pro hac vice*)  
3333 Piedmont Road, NE, Suite 2500  
Atlanta, Georgia 30305  
Telephone: (678) 553-2100  
Facsimile: (678) 553-2212  
Email: kurzweild@gtlaw.com  
franklinae@gtlaw.com

*Counsel for the Debtors and  
Debtors in Possession*

**EXHIBIT A**

**Fill in this information to identify the case:****Debtor name:** AAC Holdings, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11648☒ Check if this is an amended filing

Official Form 206Sum

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

12/15

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

Copy line 88 from Schedule A/B .....

UNDETERMINED

**1b. Total personal property:**

Copy line 91A from Schedule A/B .....

\$17,873,706.53

**1c. Total of all property:**

Copy line 92 from Schedule A/B .....

\$17,873,706.53

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....

\$363,612,692.97

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F .....

\$4,862,607.33

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....

+ \$49,006,629.33

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$417,481,929.63

**Fill in this information to identify the case:****Debtor name:** AAC Holdings, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11648☒ 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
--	------------------------------------

**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 AAC RECEIPTS HOLDING	CHECKING	4585	\$0.00
3.2.	BANK OF AMERICA BRENTWOOD PROFESSIONAL GROUP PC	CHECKING	1671	\$0.00
3.3.	BANK OF AMERICA AAC HOLDINGS, INC.	CHECKING	3716	\$4,219,969.95
3.4.	BANK OF AMERICA RUSH MEDICAL LAFAYETTE LLC	CHECKING	2735	\$0.00
3.5.	BANK OF AMERICA TOWNSEND TREATMENT CENTER, LLC - IOP	CHECKING	1736	\$0.00
3.6.	BANK OF AMERICA TOWNSEND TREATMENT CENTER, LLC- DEPOSIT ACCOUNT	CHECKING	1707	\$0.00
3.7.	BANK OF AMERICA AAC ESPP	CHECKING	4598	\$0.00
3.8.	BANK OF AMERICA AP DISBURSEMENT	CHECKING	4572	(\$54,493.63)

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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
3.9.	WELLS FARGO WF AAC HOLDINGS, INC.	CHECKING	4358	\$13,546.00
3.10.	BANK OF AMERICA AAC HOLDINGS INC - LIC ACCOUNT	CHECKING	2906	\$4,178,593.34
3.11.	BANK OF AMERICA AAC PAYROLL DISBURSEMENT	CHECKING	4569	(\$12,396.90)
3.12.	BANK OF AMERICA AAC EXPENSE REIMBURSEMENT	CHECKING	2764	\$5,385.47
3.13.	BANK OF AMERICA TOWNSEND TREATMENT HOSPITAL LLC	CHECKING	2544	\$0.00

**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.					\$

**5. Total of part 1**

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

**\$8,350,604.23****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.	SECURITY DOUGLAS KRUCKNER SECURITY DEPOSIT	\$3,000.00
7.2.	UTILITY FLORIDA POWER & LIGHT	\$104.00
7.3.	UTILITY FLORIDA POWER & LIGHT	\$468.00
7.4.	UTILITY FLORIDA POWER & LIGHT	\$555.00
7.5.	UTILITY FLORIDA POWER & LIGHT	\$325.00
7.6.	UTILITY FLORIDA POWER & LIGHT	\$467.00
7.7.	UTILITY FLORIDA POWER & LIGHT	\$539.00
7.8.	UTILITY FLORIDA POWER & LIGHT	\$138.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.9.	UTILITY FLORIDA POWER & LIGHT	\$218.00
7.10.	UTILITY FLORIDA POWER & LIGHT	\$415.00
7.11.	UTILITY FLORIDA POWER & LIGHT	\$244.00
7.12.	UTILITY FLORIDA POWER & LIGHT	\$728.00
7.13.	UTILITY FLORIDA POWER & LIGHT	\$280.00
7.14.	UTILITY FLORIDA POWER & LIGHT	\$645.00
7.15.	UTILITY FLORIDA POWER & LIGHT	\$163.00
7.16.	UTILITY FLORIDA POWER & LIGHT	\$575.00
7.17.	UTILITY FLORIDA POWER & LIGHT	\$419.00
7.18.	UTILITY FLORIDA POWER & LIGHT	\$630.00
7.19.	UTILITY FLORIDA POWER & LIGHT	\$274.00
7.20.	UTILITY FLORIDA POWER & LIGHT	\$216.00
7.21.	UTILITY FLORIDA POWER & LIGHT	\$690.00
7.22.	UTILITY FLORIDA POWER & LIGHT - 37183-84401	\$1,162.00
7.23.	UTILITY FLORIDA POWER & LIGHT - 46232-78472	\$4,851.24
7.24.	UTILITY FLORIDA POWER & LIGHT - PARC 64 ( RF DEP 15160-31588 APT C2)	\$263.00
7.25.	UTILITY FLORIDA POWER & LIGHT - PARC 64 (RF DEPOSIT 04424-81586 APT E2)	\$240.00
7.26.	UTILITY FLORIDA POWER & LIGHT - PARC 64 (RF DEPOSIT 12442 89TH PL)	\$564.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.27.	UTILITY FLORIDA POWER & LIGHT - PARC 64 (RF DEPOSIT 12599-12580 APT G2)	\$240.00
7.28.	UTILITY FLORIDA POWER & LIGHT - PARC 64 (RF DEPOSIT 86177-96423 APT H2)	\$236.00
7.29.	UTILITY FLORIDA POWER & LIGHT ( 70465-61580 )	\$240.00
7.30.	UTILITY FLORIDA POWER AND LIGHT	\$1,275.00
7.31.	UTILITY FLORIDA POWER AND LIGHT	\$84.00
7.32.	UTILITY FLORIDA POWER AND LIGHT	\$58.00
7.33.	UTILITY FLORIDA POWER AND LIGHT - 5450 S STATE RD 7	\$31.48
7.34.	UTILITY FLORIDA POWER AND LIGHT - PARC 64 PLAZA	\$4,483.35
7.35.	UTILITY FLORIDA POWER AND LIGHT 73750-87546 - SIT DEPOSIT	\$113.00
7.36.	UTILITY FLORIDA POWER AND LIGHT 88032-43529 - SIT 11681 40TH NEW SERV FEE	\$376.00
7.37.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4100 DAVIE RD EXT STE 101)	\$50.00
7.38.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4100 DAVIE RD EXT STE 103	\$50.00
7.39.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4100 DAVIE RD EXT STE 104	\$50.00
7.40.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4100 DAVIE RD EXT STE 200	\$50.00
7.41.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 201	\$50.00
7.42.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 202	\$50.00
7.43.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 203	\$50.00
7.44.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 204	\$50.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.45.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 205	\$50.00
7.46.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 206	\$50.00
7.47.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 207	\$50.00
7.48.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 208	\$50.00
7.49.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 211	\$50.00
7.50.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4110 DAVIE RD EXT STE 212	\$50.00
7.51.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4120 DAVIE RD EXT STE 301	\$50.00
7.52.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4120 DAVIE RD EXT STE 302	\$50.00
7.53.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4120 DAVIE RD EXT STE 303	\$50.00
7.54.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4549 SW 54TH CT #A2	\$50.00
7.55.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4549 SW 54TH CT #H	\$50.00
7.56.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4549 SW 54TH CT #J1	\$50.00
7.57.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 4549 SW 54TH CT STE A1	\$50.00
7.58.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 5450 S STATE RD 7 STE 17	\$50.00
7.59.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 5450 S STATE RD 7 STE 27	\$50.00
7.60.	UTILITY FLORIDA POWER AND LIGHT RECOVERY FIRST SUMMARY ACCOUNT - RF 5450 S STATE RD 7 STE 28	\$50.00
7.61.	UTILITY FPL 84231-96214 (RF DEPOSIT 4549 SW 54TH CT APT)	\$176.00
7.62.	UTILITY JERSEY CENTRAL POWER & LIGHT 100 003 339 510	\$4,599.29

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.63.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-001	\$310.00
7.64.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-002	\$6,500.00
7.65.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-004	\$1,000.00
7.66.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-005	\$490.00
7.67.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-006	\$580.00
7.68.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-008	\$1,040.00
7.69.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-009	\$1,580.00
7.70.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-010	\$138.00
7.71.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-012	\$210.00
7.72.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-013	\$1,080.00
7.73.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-014	\$1,670.00
7.74.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-015	\$600.00
7.75.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-016	\$3,000.00
7.76.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-017	\$1,500.00
7.77.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-018	\$1,500.00
7.78.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-019	\$230.00
7.79.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-020	\$330.00
7.80.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-021	\$330.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.81.	UTILITY NORTH EAST MS ACCOUNT NO. 107724-022	\$350.00
7.82.	UTILITY NV ENERGY 3000291003611196105	\$200.00
7.83.	UTILITY NV ENERGY 3000291003611888743	\$15,995.00
7.84.	UTILITY NV ENERGY 3000291003618342603	\$420.00
7.85.	UTILITY NV ENERGY 3000291003618342660	\$495.00
7.86.	UTILITY NV ENERGY 3000291003618342678	\$370.00
7.87.	UTILITY NV ENERGY 3000291003618342686	\$535.00
7.88.	UTILITY NV ENERGY 3000291003618342694	\$735.00
7.89.	UTILITY NV ENERGY 3000291003618342702	\$740.00
7.90.	UTILITY NV ENERGY 3000291003618342710	\$770.00
7.91.	UTILITY NV ENERGY 3000291003618342728	\$75.00
7.92.	UTILITY NV ENERGY 3000291003618395833	\$485.00
7.93.	UTILITY NV ENERGY 3000291003618395833	\$490.00
7.94.	UTILITY NV ENERGY 3000331212313483396	\$3,905.00
7.95.	UTILITY NV ENERGY 3000331212313483404	\$2,470.00
7.96.	UTILITY NV ENERGY 3000331212316214426	\$110.00
7.97.	UTILITY NV ENERGY 3000331212316214780	\$80.00
7.98.	UTILITY NV ENERGY 3000331212316215191	\$105.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.99.	UTILITY SAN DIEGO GAS & ELECTRIC 5781 164 444 8	\$15,729.67
7.100.	UTILITY SAN DIEGO GAS & ELECTRIC 5781 164 444 8	\$15,729.67
7.101.	UTILITY SAN DIEGO GAS & ELECTRIC 5781 164 444 8	\$15,729.66
7.102.	UTILITY SAN DIEGO GAS & ELECTRIC 9181 454 114 5	\$595.00
7.103.	UTILITY SOUTHWEST GAS CORPORATION 211-0105867-024	\$1,050.00
7.104.	UTILITY SOUTHWEST GAS CORPORATION 211-0105871-024	\$740.00
7.105.	UTILITY SOUTHWEST GAS CORPORATION 211-0105886-024	\$1,365.00
7.106.	UTILITY SOUTHWEST GAS CORPORATION 211-0551026-028	\$65.00
7.107.	UTILITY SOUTHWEST GAS CORPORATION 211-0870424-033	\$65.00
7.108.	UTILITY SOUTHWEST GAS CORPORATION 211-0881503-028	\$65.00
7.109.	UTILITY SOUTHWEST GAS CORPORATION 211-0902250-029	\$65.00
7.110.	UTILITY SOUTHWEST GAS CORPORATION 211-0903853-027	\$65.00
7.111.	UTILITY SOUTHWEST GAS CORPORATION 211-4433117-007	\$2,190.00
7.112.	SECURITY SUPER LAUNDRY EQUIPMENT CORP	\$336.00
7.113.	UTILITY TAMMANY UTILITIES EAST 139802	\$200.00
7.114.	UTILITY TECO 211013005445 - ELECTRIC SECURITY DEPOSIT	\$10,440.00
7.115.	UTILITY TECO 211013005445 UTILITY DEPOSIT	\$3,105.00
7.116.	UTILITY TECO 211013005668 UTILITY DEPOSIT	\$59.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.117.	UTILITY TECO 211013005924 UTILITY DEPOSIT	\$272.00
7.118.	UTILITY TECO 211013006138 UTILITY DEPOSIT	\$1,095.00
7.119.	UTILITY TECO 211013006773 UTILITY DEPOSIT	\$165.00
7.120.	UTILITY TECO 211013007011	\$1,112.00
7.121.	UTILITY TECO 211013007011 UTILITY DEPOSIT	\$110.00
7.122.	UTILITY TECO 211013007250	\$1,188.00
7.123.	UTILITY TECO 211013007250 UTILITY DEPOSIT	\$70.00
7.124.	UTILITY TECO 211013007441 UTILITY DEPOSIT	\$44.00
7.125.	UTILITY TECO 211013007656	\$811.00
7.126.	UTILITY TECO 211013007656 UTILITY DEPOSIT	\$375.00
7.127.	UTILITY TECO 211013007888	\$510.00
7.128.	UTILITY TECO 211013007888 UTILITY DEPOSIT	\$2,770.00
7.129.	UTILITY THE GAS COMPANY	\$9,025.00
7.130.	UTILITY WASHINGTON-ST. TAMMANY ELECTRIC 0531202303	\$3,835.00
7.131.	UTILITY WWS (RF 4549 SW 54CT WATER SEEWER D)	\$435.00

**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 RENT 5450 S STATE RD 7 RENT DEPOSIT	\$2,120.00
8.2.	PREPAID EXPENSE ADAPTIVE INSIGHT	\$6,409.97

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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
8.3.	PREPAID CREDIT CARD BMO	\$8,690.68
8.4.	PREPAID EXPENSE CALLIDUS SOFTWARE INC. DBA CALLIDUS CLOUD CX; BADGEVILLE; CLICKTOOLS	\$715.17
8.5.	PREPAID EXPENSE CARL MARKS ADVISORS	\$248,281.48
8.6.	PREPAID EXPENSE CREDIT SUISSE - ACCOUNT SERVICE FEE	\$8,437.50
8.7.	PREPAID EXPENSE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, MEDICAL LABORATORIES SERVICES	\$24,229.35
8.8.	RETAINER BALANCE - PROFESSIONAL SERVICES DONLIN RECANO & COMPANY, INC.	\$25,909.22
8.9.	PREPAID EXPENSE EARLYSENSE INC.	\$67,828.93
8.10.	PREPAID EXPENSE GREENBERG TRAUIG	\$329,733.80
8.11.	PREPAID EXPENSE HEALTHSTREAM INC	\$28,566.45
8.12.	PREPAID EXPENSE ICIMS INC	\$6,404.90
8.13.	PREPAID BOARD FEE LUCIUS BURCH	\$25,000.00
8.14.	INSURANCE MARSH	\$1,095,000.00
8.15.	INSURANCE MARSH	\$16,747.64
8.16.	INSURANCE MARSH	\$2,735.00
8.17.	PREPAID EXPENSE MULESOFT, INC	\$5,454.10
8.18.	PREPAID EXPENSE NINTEX USA, INC.	\$8,487.32
8.19.	PREPAID RENT PARC 64 4100 DAVIE RD LAST MONTH RENT	\$10,440.97
8.20.	PREPAID RENT PARC 64 4100 DAVIE RD RENT DEPOSIT	\$9,850.00
8.21.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 201-203 LAST MONTHS RENT	\$5,706.82

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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
8.22.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 201-203 RENT DEPOSIT	\$5,384.00
8.23.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 204-206 LAST MONTHS RENT	\$5,893.51
8.24.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 204-206 RENT DEPOSIT	\$5,560.00
8.25.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 207-212 LAST MONTHS RENT	\$12,605.87
8.26.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 207-212 RENT DEPOSIT	\$11,892.00
8.27.	PREPAID RENT PARC 64 4110 DAVIE RD UNITS 301-303 LAST MONTHS RENT	\$7,192.00
8.28.	PREPAID CREDIT CARD PEX	\$463,058.09
8.29.	PREPAID EXPENSE SALESFORCE.COM INC	\$122,920.00
8.30.	PREPAID EXPENSE SAYERS TECHNOLOGY, LLC DBA SAYERS	\$8,286.52
8.31.	PREPAID EXPENSE SHI INTERNATIONAL CORP	\$6,924.84
8.32.	PREPAID EXPENSE SISENSE INC.	\$21,678.70
8.33.	INSURANCE WILLIS TOWERS WATSON	\$9,129.91
8.34.	INSURANCE WILLIS TOWERS WATSON	\$110,158.20
8.35.	INSURANCE ZURICH INSURANCE GROUP	\$550,000.00

**9. Total of part 2**

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

**\$3,448,547.30****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
-------------	------------------------------------

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

11a. 90 days old or less: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

Face amount      Doubtful or uncollectible accounts

11b. Over 90 days old: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

**12. Total of part 3**

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

\$0.00

**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 valueCurrent value of  
debtor's interest**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. AAC HEALTHCARE NETWORK, INC. 100.00% \_\_\_\_\_ UNDETERMINED

15.2. AMERICAN ADDICTION CENTERS, INC. 100.00% \_\_\_\_\_ UNDETERMINED

**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.

UNDETERMINED

**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 inventoryNet book value of  
debtor's interest  
(Where available)Valuation method used  
for current valueCurrent value of  
debtor's interest**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**

22.1. \_\_\_\_\_ \$ \_\_\_\_\_



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****23. Total of part 5**

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

\$0.00

**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: \$\_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$\_\_\_\_\_**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
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____
<b>29. Farm animals. Examples: Livestock, poultry, farm-raised fish</b>			
29.1. _____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment (Other than titled motor vehicles)</b>			
30.1. _____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
31.1. _____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
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 **AAC Holdings, Inc.**Case number (if known) **20-11648****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. _____	\$ _____	_____	\$ _____
<b>40. Office fixtures</b>			
40.1. _____	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
41.1. _____	\$ _____	_____	\$ _____
<b>42. Collectibles.</b> 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. _____	\$ _____	_____	\$ _____
<b>43. Total of part 7</b>			\$0.00

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

**44. Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes. Fill in the information below.

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

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

**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. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**51. Total of part 8**

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

\$0.00

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

☐ No

☐ Yes

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

☐ No

☐ Yes

**Part 9: Real property**

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

☐ No. Go to Part 10.

☒ Yes. Fill in the information below.

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

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

55.1. \_\_\_\_\_ LEASEHOLD INTEREST \_\_\_\_\_ UNDETERMINED \_\_\_\_\_ UNDETERMINED  
LEASED BUILDING / OFFICE

200 POWELL PLACE  
BRENTWOOD TN 37027

**56. Total of part 9**

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

UNDETERMINED

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

☒ No

☐ Yes

**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.

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

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. SERVICE CONTRACTS	\$736,250.00	Net Book Value	\$736,250.00
60.2. NON-COMPETES	\$130,000.00	Net Book Value	\$130,000.00
60.3. TRADENAME	\$2,402,500.00	Net Book Value	\$2,402,500.00
<b>61. Internet domain names and websites</b>			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____
<b>62. Licenses, franchises, and royalties</b>			
62.1. CERTIFICATES & LICENSES	\$426,250.00	Net Book Value	\$426,250.00
<b>63. Customer lists, mailing lists, or other compilations</b>			
63.1. PATIENT HEALTH INFORMATION	UNDETERMINED	_____	UNDETERMINED
<b>64. Other intangibles, or intellectual property</b>			
64.1. _____	\$ _____	_____	\$ _____
<b>65. Goodwill</b>			
65.1. GOODWILL	\$198,952,108.99	Acquisition Cost / Impairment Testing	UNDETERMINED
<b>66. Total of part 10</b>			
Add lines 60 through 65. Copy the total to line 89.			\$3,695,000.00
<b>67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?</b>			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			
<b>68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?</b>			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			
<b>69. Has any of the property listed in Part 10 been appraised by a professional within the last year?</b>			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

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

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

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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. FEDERAL	\$ _____	\$87,075,572.00	2018	UNDETERMINED
72.2. FEDERAL	\$2,379,555.00	\$ _____	2014	\$2,379,555.00
72.3. STATE (MA)	\$ _____	\$9,166,846.00	2018	UNDETERMINED
72.4. STATE (RI)	\$ _____	\$91,119,569.00	2018	UNDETERMINED
72.5. STATE (TN)	\$ _____	\$21,843,847.00	2018	UNDETERMINED
72.6. STATE (TN)	\$ _____	\$467,542.00	2018	UNDETERMINED

**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. GLOBAL AEROSPACE, INC.	AVIATION (DRONE) INSURANCE - POLICY NO. 9005220	_____	_____	_____	UNDETERMINED
73.2. STEADFAST INSURANCE (ZURICH AMERICAN)	COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03	_____	_____	_____	UNDETERMINED
73.3. BEAZLEY GROUP (LLOYDS OF LONDON)	CYBER INSURANCE - POLICY NO. W1BB0C200501	_____	_____	_____	UNDETERMINED
73.4. NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	D&O INSURANCE - POLICY NO. 01-940-12-09	_____	_____	_____	UNDETERMINED
73.5. RSUI INDEMNITY COMPANY	D&O INSURANCE - POLICY NO. NHS669565	_____	_____	_____	UNDETERMINED
73.6. XL SPECIALTY INSURANCE COMPANY	D&O INSURANCE - POLICY NO. ELU146665-16	_____	_____	_____	UNDETERMINED
73.7. MARKEL AMERICAN INSURANCE COMPANY	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000420	_____	_____	_____	UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

73.8.	TOKIO MARINE SPECIALTY INSURANCE COMPANY	ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719	_____	_____	_____	UNDETERMINED
73.9.	BEAZELY USA (LLOYDS OF LONDON)	1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201	_____	_____	_____	UNDETERMINED
73.10.	ARCH CAPITAL GROUP	2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01	_____	_____	_____	UNDETERMINED
73.11.	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	FIDELITY & CRIME INSURANCE - POLICY NO. 01- 933-09-85	_____	_____	_____	UNDETERMINED
73.12.	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890	_____	_____	_____	UNDETERMINED
73.13.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09- 1151897164-00	_____	_____	_____	UNDETERMINED
73.14.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09- 1151897167-00	_____	_____	_____	UNDETERMINED
73.15.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09- 1151897168-00	_____	_____	_____	UNDETERMINED
73.16.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09- 1151879863-00	_____	_____	_____	UNDETERMINED
73.17.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501	_____	_____	_____	UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

73.18.	ADMIRAL INSURANCE COMPANY	MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04	_____	_____	_____	UNDETERMINED
73.19.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701	_____	_____	_____	UNDETERMINED
73.20.	AMERICAN HOME ASSURANCE COMPANY (AIG)	PROPERTY INSURANCE - POLICY NO. 18257085	_____	_____	_____	UNDETERMINED
73.21.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03	_____	_____	_____	UNDETERMINED
73.22.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03	_____	_____	_____	UNDETERMINED

**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.	_____	\$ _____	\$ _____

**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. <sup>1</sup>	NOTES & RECEIVABLES FROM PATIENTS	PROMISSORY NOTES FOR TRAVEL & PATIENT PORTION OF DEDUCTIBLES & CO-PAYS	UNDETERMINED
		UNDETERMINED	UNDETERMINED

<sup>1</sup>THESE ITEMS FROM PATIENTS ARE NOT RECOGNIZED NOR RECORDED IN THE GENERAL LEDGER UNTIL COLLECTED; DE MINIMIS VALUE BASED UPON COLLECTIBILITY FROM PATIENTS

**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.

\$2,379,555.00
----------------

Debtor **AAC Holdings, Inc.**

Case number (if known) **20-11648**

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

☒ No

☐ Yes



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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>	\$8,350,604.23	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$3,448,547.30	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$0.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
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>	\$0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	→	UNDETERMINED
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$3,695,000.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> +	\$2,379,555.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$17,873,706.53	+ 91b. UNDETERMINED
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$17,873,706.53

**Fill in this information to identify the case:****Debtor name:** AAC Holdings, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11648☒ 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
	ALLEN, ANN E. Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$458.20	\$156.14
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<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) (4)			
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
	ALLISON, MEGHAN Address Intentionally Omitted	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$894.16	\$894.16
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<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) (4)			

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.3.	<b>Priority creditor's name and mailing address</b>  AMAR, ERWIN E. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,230.66</td> </tr> </table>	Total claim	\$1,230.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,230.66</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,230.66	Nonpriority amount	UNDETERMINED
Total claim										
\$1,230.66										
Priority amount										
\$1,230.66										
Nonpriority amount										
UNDETERMINED										
2.4.	<b>Priority creditor's name and mailing address</b>  ANDERSON, VANESSA S. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,003.62</td> </tr> </table>	Total claim	\$1,003.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$961.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$961.42	Nonpriority amount	UNDETERMINED
Total claim										
\$1,003.62										
Priority amount										
\$961.42										
Nonpriority amount										
UNDETERMINED										
2.5.	<b>Priority creditor's name and mailing address</b>  ATKISSON, BRANCH T. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$26,729.61</td> </tr> </table>	Total claim	\$26,729.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,614.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$4,614.98	Nonpriority amount	UNDETERMINED
Total claim										
\$26,729.61										
Priority amount										
\$4,614.98										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.6.	<b>Priority creditor's name and mailing address</b>  BABB, CHRISTINE L. Address Intentionally Omitted	<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>Total claim</b> \$15,516.28	<b>Priority amount</b> \$422.89
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.7.	<b>Priority creditor's name and mailing address</b>  BANIS, MICHAEL J. Address Intentionally Omitted	<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>Total claim</b> \$922.98	<b>Priority amount</b> \$922.98
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8.	<b>Priority creditor's name and mailing address</b>  BARROWS, SHELBY A. Address Intentionally Omitted	<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>Total claim</b> \$127.97	<b>Priority amount</b> \$127.97
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.9.	<b>Priority creditor's name and mailing address</b>  BATES, BRANDY L. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,340.36</td> </tr> </table>	Total claim	\$3,340.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,019.76</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$1,019.76	Nonpriority amount	UNDETERMINED
Total claim										
\$3,340.36										
Priority amount										
\$1,019.76										
Nonpriority amount										
UNDETERMINED										
2.10.	<b>Priority creditor's name and mailing address</b>  BERGUM, BRENT A. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$28,248.71</td> </tr> </table>	Total claim	\$28,248.71	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,999.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$1,999.72	Nonpriority amount	UNDETERMINED
Total claim										
\$28,248.71										
Priority amount										
\$1,999.72										
Nonpriority amount										
UNDETERMINED										
2.11.	<b>Priority creditor's name and mailing address</b>  BLAIR, KATHY E. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$12,439.52</td> </tr> </table>	Total claim	\$12,439.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,999.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$1,999.82	Nonpriority amount	UNDETERMINED
Total claim										
\$12,439.52										
Priority amount										
\$1,999.82										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.12.	<b>Priority creditor's name and mailing address</b>  BONNER, MELISSA Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$639.97</td> </tr> </table>	Total claim	\$639.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$639.97</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$639.97	Nonpriority amount	UNDETERMINED
Total claim										
\$639.97										
Priority amount										
\$639.97										
Nonpriority amount										
UNDETERMINED										
2.13.	<b>Priority creditor's name and mailing address</b>  BOROUGH OF FRANKLIN 46 MAIN ST FRANKLIN NJ 07416  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$19,987.42</td> </tr> </table>	Total claim	\$19,987.42	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$19,987.42										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.14.	<b>Priority creditor's name and mailing address</b>  BOROUGH OF RINGWOOD - TAX COLLECTOR 60 MARGARET KING AVE RINGWOOD NJ 07456  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$318,966.18</td> </tr> </table>	Total claim	\$318,966.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$318,966.18										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.15.	<b>Priority creditor's name and mailing address</b>  BRATCHER, JOHN M. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$317.32</td> </tr> </table>	Total claim	\$317.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$317.32</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$317.32	Nonpriority amount	UNDETERMINED
Total claim										
\$317.32										
Priority amount										
\$317.32										
Nonpriority amount										
UNDETERMINED										
2.16.	<b>Priority creditor's name and mailing address</b>  BRATTON, LAURIE J. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,440.14</td> </tr> </table>	Total claim	\$4,440.14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,451.73</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$2,451.73	Nonpriority amount	UNDETERMINED
Total claim										
\$4,440.14										
Priority amount										
\$2,451.73										
Nonpriority amount										
UNDETERMINED										
2.17.	<b>Priority creditor's name and mailing address</b>  BREWSTER, TERESA A. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,749.83</td> </tr> </table>	Total claim	\$1,749.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,749.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$1,749.83	Nonpriority amount	UNDETERMINED
Total claim										
\$1,749.83										
Priority amount										
\$1,749.83										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.18.	<b>Priority creditor's name and mailing address</b>  BREWSTER, TODD E. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$499.96</td> </tr> </table>	Total claim	\$499.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$499.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$499.96	Nonpriority amount	UNDETERMINED
Total claim										
\$499.96										
Priority amount										
\$499.96										
Nonpriority amount										
UNDETERMINED										
2.19.	<b>Priority creditor's name and mailing address</b>  BRINDLEY, JUSTYN T. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$330.72</td> </tr> </table>	Total claim	\$330.72	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$330.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$330.72	Nonpriority amount	UNDETERMINED
Total claim										
\$330.72										
Priority amount										
\$330.72										
Nonpriority amount										
UNDETERMINED										
2.20.	<b>Priority creditor's name and mailing address</b>  BRITTON, AIMEE Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,743.50</td> </tr> </table>	Total claim	\$1,743.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,743.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,743.50	Nonpriority amount	UNDETERMINED
Total claim										
\$1,743.50										
Priority amount										
\$1,743.50										
Nonpriority amount										
UNDETERMINED										



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.21.	<b>Priority creditor's name and mailing address</b>  BROWARD COUNTY TAX COLLECTOR 115 S ANDREWS AVE #A100 FT. LAUDERDALE FL 33301	<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>Total claim</b> \$42,726.62	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.22.	<b>Priority creditor's name and mailing address</b>  BROWN, DARIUS Address Intentionally Omitted	<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>Total claim</b> \$721.10	<b>Priority amount</b> \$721.10
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.23.	<b>Priority creditor's name and mailing address</b>  BUKOVI, DONALD A. Address Intentionally Omitted	<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>Total claim</b> \$37,689.10	<b>Priority amount</b> \$6,153.36
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.24.	<b>Priority creditor's name and mailing address</b>  BYRD, MARCUS L. Address Intentionally Omitted	<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>Total claim</b> \$5,335.01	<b>Priority amount</b> \$2,826.70
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.25.	<b>Priority creditor's name and mailing address</b>  CALLAGHAN, STEVEN J. Address Intentionally Omitted	<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>Total claim</b> \$2,025.61	<b>Priority amount</b> \$807.57
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.26.	<b>Priority creditor's name and mailing address</b>  CAMPBELL, JORDAN M. Address Intentionally Omitted	<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>Total claim</b> \$6,835.28	<b>Priority amount</b> \$496.04
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.27.	<b>Priority creditor's name and mailing address</b>  CARLINI, THOMAS Address Intentionally Omitted	<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>Total claim</b> \$1,922.93	<b>Priority amount</b> \$1,922.93
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.28.	<b>Priority creditor's name and mailing address</b>  CARROLL, LISA A. Address Intentionally Omitted	<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>Total claim</b> \$1,663.48	<b>Priority amount</b> \$163.32
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.29.	<b>Priority creditor's name and mailing address</b>  CATO, CHARLES W. Address Intentionally Omitted	<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>Total claim</b> \$12,905.98	<b>Priority amount</b> \$3,136.67
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.30.	<b>Priority creditor's name and mailing address</b>  CHAFFINS, RYAN Address Intentionally Omitted	<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>Total claim</b> \$624.95	<b>Priority amount</b> \$624.95
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.31.	<b>Priority creditor's name and mailing address</b>  CHASE, HOLLY L. Address Intentionally Omitted	<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>Total claim</b> \$38.45	<b>Priority amount</b> \$38.45
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.32.	<b>Priority creditor's name and mailing address</b>  CHAUDHARY, REHAN Address Intentionally Omitted	<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>Total claim</b> \$1,176.82	<b>Priority amount</b> \$410.90
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.33.	<b>Priority creditor's name and mailing address</b>  CINATL, SCOTT Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$151.86	<b>Priority amount</b>  \$151.86  <b>Nonpriority amount</b>  UNDETERMINED
2.34.	<b>Priority creditor's name and mailing address</b>  CITY OF LAS VEGAS DEPARTMENT OF FINANCE 4TH FL LAS VEGAS MA 89101  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$2,092.50	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.35.	<b>Priority creditor's name and mailing address</b>  CITY OF NEW ORLEANS P.O. BOX 60047 NEW ORLEANS CA 70160  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$6,970.70	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.36.	<b>Priority creditor's name and mailing address</b>  CITY OF OXFORD 107 COURTHOUSE SQUARE OXFORD MA 38655  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$15,211.98</td> </tr> </table>	Total claim	\$15,211.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$15,211.98										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.37.	<b>Priority creditor's name and mailing address</b>  CITY TREASURER 610000016573 P.O. BOX 129020 SAN DIEGO CA 92112  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$250.76</td> </tr> </table>	Total claim	\$250.76	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$250.76										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.38.	<b>Priority creditor's name and mailing address</b>  CITY TREASURER 620000205991 P.O. BOX 129020 SAN DIEGO CA 92112-9020  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$261.38</td> </tr> </table>	Total claim	\$261.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$261.38										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.39.	<b>Priority creditor's name and mailing address</b>  CLARK COUNTY ASSESSOR 500 S GRAND CENTRAL PKWY 2ND FL PO BOX 551401 LAS VEGAS NV 89155	<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>Total claim</b>  \$32,159.86	<b>Priority amount</b>  UNDETERMINED
	<b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN	<b>Basis for the claim:</b>  TAXES		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.40.	<b>Priority creditor's name and mailing address</b>  CLARK COUNTY TREASURER 500 S CENTRAL PARKWAY PO BOX 551220 LAS VEGAS NV 89155-1220	<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>Total claim</b>  \$147,615.99	<b>Priority amount</b>  UNDETERMINED
	<b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN	<b>Basis for the claim:</b>  TAXES		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.41.	<b>Priority creditor's name and mailing address</b>  CLIFFORD, JOSEPH S. Address Intentionally Omitted	<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>Total claim</b>  \$1,826.78	<b>Priority amount</b>  \$1,826.78
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.42.	<b>Priority creditor's name and mailing address</b>  COLLINS JR, ROBERT D. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$4,794.38</td> </tr> </table>	Total claim	\$4,794.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,249.81</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$2,249.81	Nonpriority amount	UNDETERMINED
Total claim										
\$4,794.38										
Priority amount										
\$2,249.81										
Nonpriority amount										
UNDETERMINED										
2.43.	<b>Priority creditor's name and mailing address</b>  COMMISSIONER OF TAXATION AND FINANCE NYS ASSESSMENT RECEIVABLES P.O. BOX 4127 BINGHAMTON NY 13902-4127  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,215.87</td> </tr> </table>	Total claim	\$1,215.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$1,215.87										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.44.	<b>Priority creditor's name and mailing address</b>  CONNELL, CATHERINE M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$10,502.73</td> </tr> </table>	Total claim	\$10,502.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$2,265.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$2,265.37	Nonpriority amount	UNDETERMINED
Total claim										
\$10,502.73										
Priority amount										
\$2,265.37										
Nonpriority amount										
UNDETERMINED										



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.45.	<b>Priority creditor's name and mailing address</b>  COPELAND, CRAIG Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$461.47	<b>Priority amount</b>  \$461.47  <b>Nonpriority amount</b>  UNDETERMINED
2.46.	<b>Priority creditor's name and mailing address</b>  COUNTY OF ORANGE ATTN: TREASURER-TAX COLLECTOR P.O. BOX 1438 SANTA ANA CA 92702-1438  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$148,034.07	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.47.	<b>Priority creditor's name and mailing address</b>  COX, KATHLEEN R. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$710.29	<b>Priority amount</b>  \$43.21  <b>Nonpriority amount</b>  UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.48.	<b>Priority creditor's name and mailing address</b>  CRAYTON, PATRICIA Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$5,110.13</td> </tr> </table>	Total claim	\$5,110.13	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$1,005.24</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,005.24	Nonpriority amount	UNDETERMINED
Total claim										
\$5,110.13										
Priority amount										
\$1,005.24										
Nonpriority amount										
UNDETERMINED										
2.49.	<b>Priority creditor's name and mailing address</b>  CROWDER, JUSTIN G. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$583.28</td> </tr> </table>	Total claim	\$583.28	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$583.28</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">UNDETERMINED</td> </tr> </table>	Priority amount	\$583.28	Nonpriority amount	UNDETERMINED
Total claim										
\$583.28										
Priority amount										
\$583.28										
Nonpriority amount										
UNDETERMINED										
2.50.	<b>Priority creditor's name and mailing address</b>  CURRY, CHRISTOPHER Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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: #d3d3d3;"> <tr> <th style="padding: 2px;">Total claim</th> </tr> <tr> <td style="padding: 2px;">\$538.39</td> </tr> </table>	Total claim	\$538.39	<table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Priority amount</th> </tr> <tr> <td style="padding: 2px;">\$538.39</td> </tr> </table> <table border="1" style="width: 100%; background-color: #d3d3d3;"> <tr> <th style="padding: 2px;">Nonpriority amount</th> </tr> <tr> <td style="padding: 2px;">UNDETERMINED</td> </tr> </table>	Priority amount	\$538.39	Nonpriority amount	UNDETERMINED
Total claim										
\$538.39										
Priority amount										
\$538.39										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.51.	<b>Priority creditor's name and mailing address</b>  DALLAS COUNTY TAX OFFICE 1201 ELM ST. SUITE 2600 DALLAS TX 75720  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$121,396.21</td></tr></table>	Total claim	\$121,396.21	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$121,396.21										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.52.	<b>Priority creditor's name and mailing address</b>  DAVIS, BLANCA R. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$414.59</td></tr></table>	Total claim	\$414.59	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$414.59</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$414.59	Nonpriority amount	UNDETERMINED
Total claim										
\$414.59										
Priority amount										
\$414.59										
Nonpriority amount										
UNDETERMINED										
2.53.	<b>Priority creditor's name and mailing address</b>  DAVIS, CHACOREY A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$11,076.49</td></tr></table>	Total claim	\$11,076.49	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$4,615.02</td></tr></table>  <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$4,615.02	Nonpriority amount	UNDETERMINED
Total claim										
\$11,076.49										
Priority amount										
\$4,615.02										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.54.	<b>Priority creditor's name and mailing address</b>  DESOTO COUNTY, TAX COLLECTOR 365 LOSHER ST #110 HERNANDO LA 38632-2144	<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>Total claim</b> \$1,910.21	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.55.	<b>Priority creditor's name and mailing address</b>  DESTEFANO, MARA Address Intentionally Omitted	<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>Total claim</b> \$923.00	<b>Priority amount</b> \$923.00
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.56.	<b>Priority creditor's name and mailing address</b>  DILLARD, RACHEL L. Address Intentionally Omitted	<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>Total claim</b> \$663.36	<b>Priority amount</b> \$663.36
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.57.	<b>Priority creditor's name and mailing address</b>  DODSON, CORI Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$923.00</td> </tr> </table>	Total claim	\$923.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$923.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$923.00	Nonpriority amount	UNDETERMINED
Total claim										
\$923.00										
Priority amount										
\$923.00										
Nonpriority amount										
UNDETERMINED										
2.58.	<b>Priority creditor's name and mailing address</b>  DONALDSON, CARL Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$899.91</td> </tr> </table>	Total claim	\$899.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$899.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$899.91	Nonpriority amount	UNDETERMINED
Total claim										
\$899.91										
Priority amount										
\$899.91										
Nonpriority amount										
UNDETERMINED										
2.59.	<b>Priority creditor's name and mailing address</b>  DONNELLY, KYLE P. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$39,154.49</td> </tr> </table>	Total claim	\$39,154.49	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,307.12</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$7,307.12	Nonpriority amount	UNDETERMINED
Total claim										
\$39,154.49										
Priority amount										
\$7,307.12										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.60.	<b>Priority creditor's name and mailing address</b>  DOUG BELDEN, HILLSBOROUGH COUNTY TAX COLLECTOR PO BOX 30012 TAMPA FL 33630-3012	<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>Total claim</b> \$404,807.71	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.61.	<b>Priority creditor's name and mailing address</b>  DOUGHERTY, GENE Address Intentionally Omitted	<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>Total claim</b> \$923.00	<b>Priority amount</b> \$923.00
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.62.	<b>Priority creditor's name and mailing address</b>  DRAKE, TRACI A. Address Intentionally Omitted	<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>Total claim</b> \$2,979.99	<b>Priority amount</b> \$2,979.99
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.63.	<b>Priority creditor's name and mailing address</b>  DUDAS, LAUREN C. Address Intentionally Omitted	<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>Total claim</b> \$134.58	<b>Priority amount</b> \$134.58
			<b>Nonpriority amount</b> UNDETERMINED	
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.64.	<b>Priority creditor's name and mailing address</b>  DUNAVANT, JACOB D. Address Intentionally Omitted	<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>Total claim</b> \$4,272.86	<b>Priority amount</b> \$484.50
			<b>Nonpriority amount</b> UNDETERMINED	
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.65.	<b>Priority creditor's name and mailing address</b>  DUNN, CARRIE LYNN Address Intentionally Omitted	<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>Total claim</b> \$8,970.62	<b>Priority amount</b> \$1,184.99
			<b>Nonpriority amount</b> UNDETERMINED	
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.66.	<b>Priority creditor's name and mailing address</b>  ELDER-EASTWOOD, DAWN Address Intentionally Omitted	<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>Total claim</b> \$815.95	<b>Priority amount</b> \$815.95
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.67.	<b>Priority creditor's name and mailing address</b>  ELIJAH JR, IVORY D. Address Intentionally Omitted	<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>Total claim</b> \$1,770.68	<b>Priority amount</b> \$1,078.75
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.68.	<b>Priority creditor's name and mailing address</b>  ESTEVES, TIMOTHY J. Address Intentionally Omitted	<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>Total claim</b> \$1,787.62	<b>Priority amount</b> \$1,272.02
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.69.	<b>Priority creditor's name and mailing address</b>  FERGUSON, JOSEPH M. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$922.98</td> </tr> </table>	Total claim	\$922.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$922.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$922.98	Nonpriority amount	UNDETERMINED
Total claim										
\$922.98										
Priority amount										
\$922.98										
Nonpriority amount										
UNDETERMINED										
2.70.	<b>Priority creditor's name and mailing address</b>  FISHER, GREGORY Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$76.89</td> </tr> </table>	Total claim	\$76.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$76.89</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$76.89	Nonpriority amount	UNDETERMINED
Total claim										
\$76.89										
Priority amount										
\$76.89										
Nonpriority amount										
UNDETERMINED										
2.71.	<b>Priority creditor's name and mailing address</b>  FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST BLDG L TALLAHASSEE FL 32399-0135   <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$50.00</td> </tr> </table>	Total claim	\$50.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$50.00										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.72.	<b>Priority creditor's name and mailing address</b>  FORRY, MARITZA Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,794.23</td> </tr> </table>	Total claim	\$1,794.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$547.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$547.95	Nonpriority amount	UNDETERMINED
Total claim										
\$1,794.23										
Priority amount										
\$547.95										
Nonpriority amount										
UNDETERMINED										
2.73.	<b>Priority creditor's name and mailing address</b>  FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$927.95</td> </tr> </table>	Total claim	\$927.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$927.95										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.74.	<b>Priority creditor's name and mailing address</b>  GARCIA, ANGELICA Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$32,433.91</td> </tr> </table>	Total claim	\$32,433.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$9,408.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$9,408.35	Nonpriority amount	UNDETERMINED
Total claim										
\$32,433.91										
Priority amount										
\$9,408.35										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.75.	<b>Priority creditor's name and mailing address</b>  GREEN, AARON E. Address Intentionally Omitted	<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>Total claim</b> \$1,269.09	<b>Priority amount</b> \$1,269.09
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.76.	<b>Priority creditor's name and mailing address</b>  GREGSON, JILLIAN Address Intentionally Omitted	<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>Total claim</b> \$3,148.76	<b>Priority amount</b> \$692.14
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.77.	<b>Priority creditor's name and mailing address</b>  HALSTED, CODY Address Intentionally Omitted	<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>Total claim</b> \$499.93	<b>Priority amount</b> \$499.93
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.78.	<b>Priority creditor's name and mailing address</b>  HANNAH, LAVITA D. Address Intentionally Omitted	<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>Total claim</b> \$1,732.95	<b>Priority amount</b> \$1,730.59
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.79.	<b>Priority creditor's name and mailing address</b>  HANSON, MICHAEL Address Intentionally Omitted	<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>Total claim</b> \$3,359.23	<b>Priority amount</b> \$1,384.47
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.80.	<b>Priority creditor's name and mailing address</b>  HARDEY, SARAH Address Intentionally Omitted	<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>Total claim</b> \$1,338.38	<b>Priority amount</b> \$1,338.38
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.81.	<b>Priority creditor's name and mailing address</b>  HARMON, JOANNE Address Intentionally Omitted	<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>Total claim</b> \$275.47	<b>Priority amount</b> \$275.47
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.82.	<b>Priority creditor's name and mailing address</b>  HARMSSEN, HOUSTON D. Address Intentionally Omitted	<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>Total claim</b> \$1,999.82	<b>Priority amount</b> \$1,999.82
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.83.	<b>Priority creditor's name and mailing address</b>  HARRIS, JOHN P. Address Intentionally Omitted	<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>Total claim</b> \$1,582.94	<b>Priority amount</b> \$1,124.88
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.84.	<b>Priority creditor's name and mailing address</b>  HARRIS, LINDSEY P Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$12,284.52</td> </tr> </table>	Total claim	\$12,284.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,549.19</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$1,549.19	Nonpriority amount	UNDETERMINED
Total claim										
\$12,284.52										
Priority amount										
\$1,549.19										
Nonpriority amount										
UNDETERMINED										
2.85.	<b>Priority creditor's name and mailing address</b>  HARVEY, KAY-ANN A. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,499.84</td> </tr> </table>	Total claim	\$1,499.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,499.84</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$1,499.84	Nonpriority amount	UNDETERMINED
Total claim										
\$1,499.84										
Priority amount										
\$1,499.84										
Nonpriority amount										
UNDETERMINED										
2.86.	<b>Priority creditor's name and mailing address</b>  HAYNES, CARL L. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,513.03</td> </tr> </table>	Total claim	\$3,513.03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$749.87</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Priority amount	\$749.87	Nonpriority amount	UNDETERMINED
Total claim										
\$3,513.03										
Priority amount										
\$749.87										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.87.	<b>Priority creditor's name and mailing address</b>  HEGEDUS, KASEY R. Address Intentionally Omitted	<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>Total claim</b> \$4,871.16	<b>Priority amount</b> \$1,345.99
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.88.	<b>Priority creditor's name and mailing address</b>  HICKS, JAMES W. Address Intentionally Omitted	<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>Total claim</b> \$6,523.85	<b>Priority amount</b> \$883.27
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.89.	<b>Priority creditor's name and mailing address</b>  HIGGINBOTHAM, BRADLEY S. Address Intentionally Omitted	<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>Total claim</b> \$1,153.72	<b>Priority amount</b> \$1,153.72
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.90.	<b>Priority creditor's name and mailing address</b>  HINES, NICHOLAS T. Address Intentionally Omitted	<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>Total claim</b> \$3,173.00	<b>Priority amount</b> \$3,172.78
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.91.	<b>Priority creditor's name and mailing address</b>  HOBACK, BENJAMIN W. Address Intentionally Omitted	<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>Total claim</b> \$10,712.08	<b>Priority amount</b> \$1,230.60
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.92.	<b>Priority creditor's name and mailing address</b>  JACKSON, ANTHONY Address Intentionally Omitted	<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>Total claim</b> \$384.59	<b>Priority amount</b> \$384.59
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.93.	<b>Priority creditor's name and mailing address</b>  JAMES-ARTHER, JACOB R. Address Intentionally Omitted	<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>Total claim</b> \$5,799.22	<b>Priority amount</b> \$1,049.87
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.94.	<b>Priority creditor's name and mailing address</b>  JANKO, JOSEPH N. Address Intentionally Omitted	<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>Total claim</b> \$663.39	<b>Priority amount</b> \$663.39
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.95.	<b>Priority creditor's name and mailing address</b>  JOHNSON, SARAH W. Address Intentionally Omitted	<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>Total claim</b> \$2,326.71	<b>Priority amount</b> \$2,326.71
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.96.	<b>Priority creditor's name and mailing address</b>  JOHNSTON, MELANIE Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$730.70</td> </tr> </table>	Total claim	\$730.70	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$730.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$730.70	Nonpriority amount	UNDETERMINED
Total claim										
\$730.70										
Priority amount										
\$730.70										
Nonpriority amount										
UNDETERMINED										
2.97.	<b>Priority creditor's name and mailing address</b>  JONES, KATIE E. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$17,015.60</td> </tr> </table>	Total claim	\$17,015.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,461.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$3,461.17	Nonpriority amount	UNDETERMINED
Total claim										
\$17,015.60										
Priority amount										
\$3,461.17										
Nonpriority amount										
UNDETERMINED										
2.98.	<b>Priority creditor's name and mailing address</b>  JUNK, SEAN P. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$999.91</td> </tr> </table>	Total claim	\$999.91	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$999.91</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$999.91	Nonpriority amount	UNDETERMINED
Total claim										
\$999.91										
Priority amount										
\$999.91										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.99.	<b>Priority creditor's name and mailing address</b>  KAMIN, JARON Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$865.29</td> </tr> </table>	Total claim	\$865.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$865.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$865.29	Nonpriority amount	UNDETERMINED
Total claim										
\$865.29										
Priority amount										
\$865.29										
Nonpriority amount										
UNDETERMINED										
2.100.	<b>Priority creditor's name and mailing address</b>  KIMBLE, JAIMEE L. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,512.23</td> </tr> </table>	Total claim	\$1,512.23	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$636.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$636.93	Nonpriority amount	UNDETERMINED
Total claim										
\$1,512.23										
Priority amount										
\$636.93										
Nonpriority amount										
UNDETERMINED										
2.101.	<b>Priority creditor's name and mailing address</b>  KIRK, JARRAD G. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,731.38</td> </tr> </table>	Total claim	\$6,731.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,110.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,110.45	Nonpriority amount	UNDETERMINED
Total claim										
\$6,731.38										
Priority amount										
\$1,110.45										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.102.	<b>Priority creditor's name and mailing address</b>  KLEIN, ROBERT T. Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$4,194.99	\$1,797.91
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.103.	<b>Priority creditor's name and mailing address</b>  KOMER, ZACHARY C. Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$3,102.12	\$2,740.17
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.104.	<b>Priority creditor's name and mailing address</b>  KOVAL, JOSEPH Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$480.78	\$480.78
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.105.	<b>Priority creditor's name and mailing address</b>  LAFAYETTE COUNTY TAX COLLECTOR 300 N LAMAR SUITE 103 OXFORD MS 38655	<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>Total claim</b>	<b>Priority amount</b>
			\$311,658.61	UNDETERMINED
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN	<b>Basis for the claim:</b>  TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.106.	<b>Priority creditor's name and mailing address</b>  LANDSMAN, ALAN M. Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$1,230.66	\$1,230.66
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.107.	<b>Priority creditor's name and mailing address</b>  LEDDY, EDWARD J. Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$769.19	\$769.19
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.108.	<b>Priority creditor's name and mailing address</b>  LEE, ZACHARY D. Address Intentionally Omitted	<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>Total claim</b> \$4,882.12	<b>Priority amount</b> \$91.20
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.109.	<b>Priority creditor's name and mailing address</b>  LEONARD, JOEL Address Intentionally Omitted	<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>Total claim</b> \$1,153.76	<b>Priority amount</b> \$1,153.76
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.110.	<b>Priority creditor's name and mailing address</b>  LEPPERT, MICHAEL L. Address Intentionally Omitted	<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>Total claim</b> \$21,632.76	<b>Priority amount</b> \$2,831.48
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.111.	<b>Priority creditor's name and mailing address</b>  LEROY E. BELK JR LEE CO TAX COLLECTOR P.O. BOX 271 TUPELO MS 38802	<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>Total claim</b>  \$1,436.77	<b>Priority amount</b>  UNDETERMINED
	<b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN	<b>Basis for the claim:</b>  TAXES		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.112.	<b>Priority creditor's name and mailing address</b>  LLOYD, JENNIFER A. Address Intentionally Omitted	<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>Total claim</b>  \$1,579.59	<b>Priority amount</b>  \$1,090.31
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.113.	<b>Priority creditor's name and mailing address</b>  LYNCH, CHRISTOPHER B. Address Intentionally Omitted	<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>Total claim</b>  \$33,361.91	<b>Priority amount</b>  \$5,537.97
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		<b>Nonpriority amount</b>  UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.114.	<b>Priority creditor's name and mailing address</b>  MACREADY, GLEN A. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$6,369.32</td> </tr> </table>	Total claim	\$6,369.32	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$2,451.71</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">UNDETERMINED</td> </tr> </table>	Priority amount	\$2,451.71	Nonpriority amount	UNDETERMINED
Total claim										
\$6,369.32										
Priority amount										
\$2,451.71										
Nonpriority amount										
UNDETERMINED										
2.115.	<b>Priority creditor's name and mailing address</b>  MAI, HIEU D. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$1,934.19</td> </tr> </table>	Total claim	\$1,934.19	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$1,934.19</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,934.19	Nonpriority amount	UNDETERMINED
Total claim										
\$1,934.19										
Priority amount										
\$1,934.19										
Nonpriority amount										
UNDETERMINED										
2.116.	<b>Priority creditor's name and mailing address</b>  MARSHALL, ASHLEY N. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$14,904.22</td> </tr> </table>	Total claim	\$14,904.22	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$1,538.25</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,538.25	Nonpriority amount	UNDETERMINED
Total claim										
\$14,904.22										
Priority amount										
\$1,538.25										
Nonpriority amount										
UNDETERMINED										



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.117.	<b>Priority creditor's name and mailing address</b>  MASSACHUSETTS DEPARTMENT OF REVENUE P.O. BOX 7089 BOSTON MA 02241-7089	<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>Total claim</b> \$9,000.00	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN	<b>Basis for the claim:</b>  TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.118.	<b>Priority creditor's name and mailing address</b>  MATHIESON, AKSANA M. Address Intentionally Omitted	<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>Total claim</b> \$1,922.85	<b>Priority amount</b> \$1,922.85
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.119.	<b>Priority creditor's name and mailing address</b>  MCCLARIN III, RONALD P. Address Intentionally Omitted	<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>Total claim</b> \$608.92	<b>Priority amount</b> \$608.92
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.120.	<b>Priority creditor's name and mailing address</b>  MCCLENDON, KELVIN M. Address Intentionally Omitted	<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>Total claim</b> \$2,169.58	<b>Priority amount</b> \$692.19
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.121.	<b>Priority creditor's name and mailing address</b>  MCKENZIE, ERIN T. Address Intentionally Omitted	<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>Total claim</b> \$403.80	<b>Priority amount</b> \$403.80
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.122.	<b>Priority creditor's name and mailing address</b>  MCMULLIN, ALEX W. Address Intentionally Omitted	<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>Total claim</b> \$923.00	<b>Priority amount</b> \$923.00
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.123.	<b>Priority creditor's name and mailing address</b>  MELENDEZ, MISTI Address Intentionally Omitted	<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>Total claim</b> \$224.31	<b>Priority amount</b> \$224.31
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.124.	<b>Priority creditor's name and mailing address</b>  MELTON, VALERIE C. Address Intentionally Omitted	<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>Total claim</b> \$641.13	<b>Priority amount</b> \$641.13
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.125.	<b>Priority creditor's name and mailing address</b>  MEREDITH, APRIL M. Address Intentionally Omitted	<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>Total claim</b> \$36.00	<b>Priority amount</b> \$36.00
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.126.	<b>Priority creditor's name and mailing address</b>  MERRITT, JERRY L. Address Intentionally Omitted	<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>Total claim</b>  \$999.91	<b>Priority amount</b>  \$999.91
			<b>Nonpriority amount</b>  UNDETERMINED	
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.127.	<b>Priority creditor's name and mailing address</b>  MEYER, MATTHEW J. Address Intentionally Omitted	<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>Total claim</b>  \$12,389.53	<b>Priority amount</b>  \$2,939.72
			<b>Nonpriority amount</b>  UNDETERMINED	
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.128.	<b>Priority creditor's name and mailing address</b>  MONROE, BONNIE M. Address Intentionally Omitted	<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>Total claim</b>  \$3,724.38	<b>Priority amount</b>  \$1,753.51
			<b>Nonpriority amount</b>  UNDETERMINED	
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.129.	<b>Priority creditor's name and mailing address</b>  MONZON, MICHELLE E. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$4,072.73	<b>Priority amount</b>  \$1,009.46  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> UNDETERMINED
2.130.	<b>Priority creditor's name and mailing address</b>  MOORE, COREY A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$16,314.11	<b>Priority amount</b>  \$2,884.27  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> UNDETERMINED
2.131.	<b>Priority creditor's name and mailing address</b>  MOORE, KELLEY M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$7,547.10	<b>Priority amount</b>  \$576.67  <div style="background-color: #cccccc; padding: 2px;"><b>Nonpriority amount</b></div> UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.132.	<b>Priority creditor's name and mailing address</b>  MOORE, ROCHELLE L. Address Intentionally Omitted	<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>Total claim</b> \$460.27	<b>Priority amount</b> \$182.54
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.133.	<b>Priority creditor's name and mailing address</b>  MORA, MICHELLE R. Address Intentionally Omitted	<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>Total claim</b> \$10,285.81	<b>Priority amount</b> \$6,826.63
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.134.	<b>Priority creditor's name and mailing address</b>  MORIGI, JENNA Address Intentionally Omitted	<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>Total claim</b> \$358.95	<b>Priority amount</b> \$358.95
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.135.	<b>Priority creditor's name and mailing address</b>  MORSE, BRITTNEY Address Intentionally Omitted	<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>Total claim</b> \$336.39	<b>Priority amount</b> \$336.39
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.136.	<b>Priority creditor's name and mailing address</b>  MOURNING, MICHAEL J. Address Intentionally Omitted	<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>Total claim</b> \$143.97	<b>Priority amount</b> \$143.97
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.137.	<b>Priority creditor's name and mailing address</b>  NEAL, MICHELLE M. Address Intentionally Omitted	<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>Total claim</b> \$3,305.76	<b>Priority amount</b> \$785.33
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.138.	<b>Priority creditor's name and mailing address</b>  NEVADA DEPARTMENT OF TAXATION PO BOX 7165 SAN FRANCISCO CA 94120	<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>Total claim</b> \$75,130.78	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.139.	<b>Priority creditor's name and mailing address</b>  NEW JERSEY DIVISION OF TAXATION REVENUE PROCESSING CENTER PO BOX 248 TRENTON NJ '08646-0248	<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>Total claim</b> \$71.61	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.140.	<b>Priority creditor's name and mailing address</b>  NORTH, JEREMY Address Intentionally Omitted	<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>Total claim</b> \$2,595.94	<b>Priority amount</b> \$2,595.94
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.141.	<b>Priority creditor's name and mailing address</b>  O.A. PETERSON CONSTRUCTION CO INC 78 NORTH WILLOW ST MONTCLAIR NJ 07042	<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>Total claim</b> \$208,308.53	<b>Priority amount</b> \$13,650.00
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> CONSTRUCTION		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.142.	<b>Priority creditor's name and mailing address</b>  OAKES, SHAWNA D. Address Intentionally Omitted	<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>Total claim</b> \$797.99	<b>Priority amount</b> \$461.43
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.143.	<b>Priority creditor's name and mailing address</b>  ODUM, NICOLE R. Address Intentionally Omitted	<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>Total claim</b> \$3,508.77	<b>Priority amount</b> \$1,249.85
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.144.	<b>Priority creditor's name and mailing address</b>  ORANGE COUNTY TREASURER - TAX COLLECTOR PO BOX 1438 SANTA ANA CA 92702-1438	<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>Total claim</b> \$13,489.73	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.145.	<b>Priority creditor's name and mailing address</b>  ORTIZ, JEREMY Address Intentionally Omitted	<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>Total claim</b> \$15,124.32	<b>Priority amount</b> \$1,999.82
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.146.	<b>Priority creditor's name and mailing address</b>  PARISH SALES TAX FUND TERREBONNE PARISH SALES & USE TAX DEPT P.O. BOX 670 HOUMA LA 70361-0670	<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>Total claim</b> \$344.44	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.147.	<b>Priority creditor's name and mailing address</b>  PATE, MICHAEL W. Address Intentionally Omitted	<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>Total claim</b> \$460.46	<b>Priority amount</b> \$460.46
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.148.	<b>Priority creditor's name and mailing address</b>  PATTERSON, TARYN L. Address Intentionally Omitted	<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>Total claim</b> \$4,610.77	<b>Priority amount</b> \$528.76
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.149.	<b>Priority creditor's name and mailing address</b>  PAYNE, CALEB B. Address Intentionally Omitted	<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>Total claim</b> \$1,730.63	<b>Priority amount</b> \$1,730.63
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.150.	<b>Priority creditor's name and mailing address</b>  PERALTA, WILLY Address Intentionally Omitted	<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>Total claim</b> \$34,709.95	<b>Priority amount</b> \$5,191.88
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.151.	<b>Priority creditor's name and mailing address</b>  PHILLIPS, DEBRA M. Address Intentionally Omitted	<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>Total claim</b> \$2,543.93	<b>Priority amount</b> \$288.30
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.152.	<b>Priority creditor's name and mailing address</b>  POLANCO-MEDINA, JORGE L. Address Intentionally Omitted	<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>Total claim</b> \$6,120.01	<b>Priority amount</b> \$1,922.85
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.153.	<b>Priority creditor's name and mailing address</b>  PORTER, FRANKLIN Address Intentionally Omitted	<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>Total claim</b> \$961.46	<b>Priority amount</b> \$961.46
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.154.	<b>Priority creditor's name and mailing address</b>  POWELL, MEREDITH L. Address Intentionally Omitted	<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>Total claim</b> \$2,211.12	<b>Priority amount</b> \$1,009.49
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.155.	<b>Priority creditor's name and mailing address</b>  REED, KRISTIE L. Address Intentionally Omitted	<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>Total claim</b> \$922.95	<b>Priority amount</b> \$922.95
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.156.	<b>Priority creditor's name and mailing address</b>  REED, KYLE R. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$16,345.39	<b>Priority amount</b>  \$2,288.24   <b>Nonpriority amount</b>  UNDETERMINED
2.157.	<b>Priority creditor's name and mailing address</b>  REGOSCH, ANDREW T. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$958.38	<b>Priority amount</b>  \$958.38   <b>Nonpriority amount</b>  UNDETERMINED
2.158.	<b>Priority creditor's name and mailing address</b>  RIEDER, ANGELINE B. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$1,955.17	<b>Priority amount</b>  \$538.36   <b>Nonpriority amount</b>  UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.159.	<b>Priority creditor's name and mailing address</b>  ROBERTS, ANGELA M. Address Intentionally Omitted	<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>Total claim</b> \$1,269.01	<b>Priority amount</b> \$1,269.01
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.160.	<b>Priority creditor's name and mailing address</b>  ROBINSON, ROBERT T. Address Intentionally Omitted	<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>Total claim</b> \$6,464.99	<b>Priority amount</b> \$2,249.81
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.161.	<b>Priority creditor's name and mailing address</b>  RODRIGUEZ, MAZHAREL J. Address Intentionally Omitted	<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>Total claim</b> \$2,952.41	<b>Priority amount</b> \$1,442.19
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.162.	<b>Priority creditor's name and mailing address</b>  ROMANO, DANA M. Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$30,404.42	\$7,691.70
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.163.	<b>Priority creditor's name and mailing address</b>  RON WRIGHT TAX ASSESSOR 100 E. WEATHERFORD FT. WORTH TX 76196	<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>Total claim</b>	<b>Priority amount</b>
			\$75,210.09	UNDETERMINED
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN	<b>Basis for the claim:</b>  TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.164.	<b>Priority creditor's name and mailing address</b>  ROSE, ROBERT J. Address Intentionally Omitted	<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>Total claim</b>	<b>Priority amount</b>
			\$5,400.25	\$2,192.08
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20	<b>Basis for the claim:</b>  ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.165.	<b>Priority creditor's name and mailing address</b>  RUSSELL, MARK E. Address Intentionally Omitted	<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>Total claim</b> \$2,606.66	<b>Priority amount</b> \$865.24
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.166.	<b>Priority creditor's name and mailing address</b>  SAN DIEGO COUNTY TREASURER 1600 PACIFIC HIGHWAY ROOM 162 SAN DIEGO CA 92101	<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>Total claim</b> \$90,525.89	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.167.	<b>Priority creditor's name and mailing address</b>  SANDERSON, ADAM T. Address Intentionally Omitted	<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>Total claim</b> \$21,025.83	<b>Priority amount</b> \$3,076.65
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.168.	<b>Priority creditor's name and mailing address</b>  SELLERS, DEBORAH J. Address Intentionally Omitted	<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>Total claim</b> \$3,359.45	<b>Priority amount</b> \$45.53
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.169.	<b>Priority creditor's name and mailing address</b>  SENGDARA, PHETDAVONE Address Intentionally Omitted	<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>Total claim</b> \$440.20	<b>Priority amount</b> \$440.20
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.170.	<b>Priority creditor's name and mailing address</b>  SESSLER, ROBYN Address Intentionally Omitted	<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>Total claim</b> \$213.32	<b>Priority amount</b> \$213.32
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.171.	<b>Priority creditor's name and mailing address</b>  SHIPP HILL, JULIA M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,066.50</td> </tr> </table>	Total claim	\$1,066.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$430.64</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$430.64	Nonpriority amount	UNDETERMINED
Total claim										
\$1,066.50										
Priority amount										
\$430.64										
Nonpriority amount										
UNDETERMINED										
2.172.	<b>Priority creditor's name and mailing address</b>  SLACK, DAVID A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,805.18</td> </tr> </table>	Total claim	\$2,805.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,845.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,845.96	Nonpriority amount	UNDETERMINED
Total claim										
\$2,805.18										
Priority amount										
\$1,845.96										
Nonpriority amount										
UNDETERMINED										
2.173.	<b>Priority creditor's name and mailing address</b>  SMITH, DEBORAH C. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$6,853.19</td> </tr> </table>	Total claim	\$6,853.19	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,238.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$4,238.51	Nonpriority amount	UNDETERMINED
Total claim										
\$6,853.19										
Priority amount										
\$4,238.51										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.174.	<b>Priority creditor's name and mailing address</b>  SMITH, LEESA S. Address Intentionally Omitted	<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>Total claim</b> \$1,785.54	<b>Priority amount</b> \$1,057.57
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.175.	<b>Priority creditor's name and mailing address</b>  SMITH, QUIANA L. Address Intentionally Omitted	<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>Total claim</b> \$588.90	<b>Priority amount</b> \$288.34
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.176.	<b>Priority creditor's name and mailing address</b>  SMITH, RICHARD Address Intentionally Omitted	<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>Total claim</b> \$19,769.11	<b>Priority amount</b> \$3,011.29
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.177.	<b>Priority creditor's name and mailing address</b>  SODERQUIST, SHAUNA Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$13,652.76	<b>Priority amount</b>  \$2,307.42   <b>Nonpriority amount</b>  UNDETERMINED
2.178.	<b>Priority creditor's name and mailing address</b>  SOHAIL, AHMED Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$5,358.22	<b>Priority amount</b>  \$2,740.17   <b>Nonpriority amount</b>  UNDETERMINED
2.179.	<b>Priority creditor's name and mailing address</b>  SOLIMANDO, MICHAEL D. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$6,374.37	<b>Priority amount</b>  \$1,872.38   <b>Nonpriority amount</b>  UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.180.	<b>Priority creditor's name and mailing address</b>  STATE COMPTROLLER P.O. BOX 149359 AUSTIN TX 78714-9359  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$269,040.57	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.181.	<b>Priority creditor's name and mailing address</b>  STATE OF RHODE ISLAND DIVISION OF TAXATION ONE CAPITAL HILL PROVIDENCE MA 02908-5800  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$609.47	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.182.	<b>Priority creditor's name and mailing address</b>  STECK, ROSS A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$6,394.43	<b>Priority amount</b> \$1,461.34  <b>Nonpriority amount</b> UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.183.	<b>Priority creditor's name and mailing address</b>  STRUBLE, MICHAEL D. Address Intentionally Omitted	<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>Total claim</b> \$7,946.19	<b>Priority amount</b> \$1,555.48
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.184.	<b>Priority creditor's name and mailing address</b>  TARRANT COUNTY TAX OFFICE PO BOX 961018 FT. WORTH TX 76161	<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>Total claim</b> \$17,216.53	<b>Priority amount</b> UNDETERMINED
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.185.	<b>Priority creditor's name and mailing address</b>  TAX COLLECTOR-ST. TAMMANY PARISH P.O. BOX 608 COVINGTON TX 70434-0608	<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>Total claim</b> \$19,990.43	<b>Priority amount</b> UNDETERMINED
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.186.	<b>Priority creditor's name and mailing address</b>  TEGETHOFF, DAVID J. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$28.80</td> </tr> </table>	Total claim	\$28.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$28.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$28.80	Nonpriority amount	UNDETERMINED
Total claim										
\$28.80										
Priority amount										
\$28.80										
Nonpriority amount										
UNDETERMINED										
2.187.	<b>Priority creditor's name and mailing address</b>  TEITENBERG, JONATHAN F. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$608.93</td> </tr> </table>	Total claim	\$608.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$608.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$608.93	Nonpriority amount	UNDETERMINED
Total claim										
\$608.93										
Priority amount										
\$608.93										
Nonpriority amount										
UNDETERMINED										
2.188.	<b>Priority creditor's name and mailing address</b>  TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING 500 DEADRICK STREET NASHVILLE TN 37242  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$139,103.32</td> </tr> </table>	Total claim	\$139,103.32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$139,103.32										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.189.	<b>Priority creditor's name and mailing address</b>  THE COMMONWEALTH OF MASSACHUSETTS P.O. BOX 7089 BOSTON MA 02241-7089  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$371.35	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.190.	<b>Priority creditor's name and mailing address</b>  THISTLETHWAITE, JENNIE L. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$4,073.89	<b>Priority amount</b>  \$1,538.28  <b>Nonpriority amount</b>  UNDETERMINED
2.191.	<b>Priority creditor's name and mailing address</b>  THOMPSON, JACQUELINE J. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  \$5,025.13	<b>Priority amount</b>  \$623.79  <b>Nonpriority amount</b>  UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.192.	<b>Priority creditor's name and mailing address</b>  THOMPSON, KRISTEN Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,374.93</td> </tr> </table>	Total claim	\$1,374.93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,374.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,374.93	Nonpriority amount	UNDETERMINED
Total claim										
\$1,374.93										
Priority amount										
\$1,374.93										
Nonpriority amount										
UNDETERMINED										
2.193.	<b>Priority creditor's name and mailing address</b>  THRAEN, EMILY Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,076.83</td> </tr> </table>	Total claim	\$1,076.83	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,076.83</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,076.83	Nonpriority amount	UNDETERMINED
Total claim										
\$1,076.83										
Priority amount										
\$1,076.83										
Nonpriority amount										
UNDETERMINED										
2.194.	<b>Priority creditor's name and mailing address</b>  TORRES, SHIRLEY R. Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$548.46</td> </tr> </table>	Total claim	\$548.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$219.94</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	\$219.94	Nonpriority amount	UNDETERMINED
Total claim										
\$548.46										
Priority amount										
\$219.94										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.195.	<b>Priority creditor's name and mailing address</b>  TORREZ, KAYLYNN Address Intentionally Omitted	<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>Total claim</b> \$453.32	<b>Priority amount</b> \$453.32
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.196.	<b>Priority creditor's name and mailing address</b>  TOWNSHIP OF LAFAYETTE 33 MORRIS FARM ROAD LAFAYETTE NJ 07848	<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>Total claim</b> \$108,789.71	<b>Priority amount</b> UNDETERMINED
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.197.	<b>Priority creditor's name and mailing address</b>  TREASURY OGDEN UT 84201-0039	<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>Total claim</b> \$242,733.66	<b>Priority amount</b> UNDETERMINED
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.198.	<b>Priority creditor's name and mailing address</b>  TURNER, CHRISTOPHER R. Address Intentionally Omitted	<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>Total claim</b> \$5,068.68	<b>Priority amount</b> \$874.89
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.199.	<b>Priority creditor's name and mailing address</b>  UNITED STATES TREASURY OGDEN UT 84201	<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>Total claim</b> \$472,534.89	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> 2H 2020	<b>Basis for the claim:</b> PAYROLL TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.200.	<b>Priority creditor's name and mailing address</b>  VALDIVIESO, KEILA B. Address Intentionally Omitted	<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>Total claim</b> \$891.21	<b>Priority amount</b> \$665.96
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.201.	<b>Priority creditor's name and mailing address</b>  VANGUILDER, PHILLIP M. Address Intentionally Omitted	<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>Total claim</b> \$599.98	<b>Priority amount</b> \$599.98
			<b>Nonpriority amount</b> UNDETERMINED	
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.202.	<b>Priority creditor's name and mailing address</b>  VIOLA, JENNIFER Address Intentionally Omitted	<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>Total claim</b> \$23,623.16	<b>Priority amount</b> \$1,999.72
			<b>Nonpriority amount</b> UNDETERMINED	
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.203.	<b>Priority creditor's name and mailing address</b>  VITELA, JAMES Address Intentionally Omitted	<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>Total claim</b> \$653.79	<b>Priority amount</b> \$653.79
			<b>Nonpriority amount</b> UNDETERMINED	
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.204.	<b>Priority creditor's name and mailing address</b>  VYAS, REENA Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$1,826.78</td> </tr> </table>	Total claim	\$1,826.78	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$1,826.78</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">UNDETERMINED</td> </tr> </table>	Priority amount	\$1,826.78	Nonpriority amount	UNDETERMINED
Total claim										
\$1,826.78										
Priority amount										
\$1,826.78										
Nonpriority amount										
UNDETERMINED										
2.205.	<b>Priority creditor's name and mailing address</b>  WALLENHORST, KEVIN Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$384.59</td> </tr> </table>	Total claim	\$384.59	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$384.59</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">UNDETERMINED</td> </tr> </table>	Priority amount	\$384.59	Nonpriority amount	UNDETERMINED
Total claim										
\$384.59										
Priority amount										
\$384.59										
Nonpriority amount										
UNDETERMINED										
2.206.	<b>Priority creditor's name and mailing address</b>  WALTERS, NICOLLE Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <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="text-align: left;">Total claim</th> </tr> <tr> <td style="text-align: right;">\$897.39</td> </tr> </table>	Total claim	\$897.39	<table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Priority amount</th> </tr> <tr> <td style="text-align: right;">\$897.39</td> </tr> </table> <table border="1" style="width: 100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Nonpriority amount</th> </tr> <tr> <td style="text-align: right;">UNDETERMINED</td> </tr> </table>	Priority amount	\$897.39	Nonpriority amount	UNDETERMINED
Total claim										
\$897.39										
Priority amount										
\$897.39										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.207.	<b>Priority creditor's name and mailing address</b>  WENDY BURGESS TARRANT COUNTY PO BOX 961018 FT. WORTH TX 76161  <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<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>  TAXES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$587,167.68</td></tr></table>	Total claim	\$587,167.68	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$587,167.68										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.208.	<b>Priority creditor's name and mailing address</b>  WHISENANT, WILLIAM B. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$4,660.02</td></tr></table>	Total claim	\$4,660.02	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$4,038.36</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$4,038.36	Nonpriority amount	UNDETERMINED
Total claim										
\$4,660.02										
Priority amount										
\$4,038.36										
Nonpriority amount										
UNDETERMINED										
2.209.	<b>Priority creditor's name and mailing address</b>  WIERTZ, CHRISTOPHER R. Address Intentionally Omitted  <b>Date or dates debt was incurred</b>  12/21/19 - 6/20/20  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<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>  ACCRUED PTO  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$12,640.43</td></tr></table>	Total claim	\$12,640.43	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$922.92</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	\$922.92	Nonpriority amount	UNDETERMINED
Total claim										
\$12,640.43										
Priority amount										
\$922.92										
Nonpriority amount										
UNDETERMINED										

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.210.	<b>Priority creditor's name and mailing address</b>  WILCHER, KATHLEEN Address Intentionally Omitted	<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>Total claim</b> \$4,960.83	<b>Priority amount</b> \$2,538.23
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.211.	<b>Priority creditor's name and mailing address</b>  WILLIAMSON COUNTY TRUSTEE PO BOX 648 FRANKLIN TN 37065-0648	<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>Total claim</b> \$50,729.56	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TAXES		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.212.	<b>Priority creditor's name and mailing address</b>  WILLIS, COLEY B. Address Intentionally Omitted	<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>Total claim</b> \$9,785.22	<b>Priority amount</b> \$3,384.32
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****2.213. Priority creditor's name and mailing address**WILLOUGHBY, LESLIE F.  
Address Intentionally Omitted**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**

ACCRUED PTO

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

\$3,103.27

**Priority amount**

\$1,845.99

**Nonpriority amount**

UNDETERMINED

**2.214. Priority creditor's name and mailing address**WINCHESTER, CHRISTINA M.  
Address Intentionally Omitted**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**

ACCRUED PTO

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

\$4,095.66

**Priority amount**

\$3,288.20

**Nonpriority amount**

UNDETERMINED

**2.215. Priority creditor's name and mailing address**WISDOM, DAWN M.  
Address Intentionally Omitted**Date or dates debt was incurred**

12/21/19 - 6/20/20

**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**

ACCRUED PTO

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

\$256.39

**Priority amount**

\$256.39

**Nonpriority amount**

UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

2.216.	<b>Priority creditor's name and mailing address</b>  WOLF, NICOLE J. Address Intentionally Omitted	<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>Total claim</b> \$6,114.05	<b>Priority amount</b> \$2,019.04
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.217.	<b>Priority creditor's name and mailing address</b>  WOODARD, ALLISON Address Intentionally Omitted	<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>Total claim</b> \$876.83	<b>Priority amount</b> \$876.83
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.218.	<b>Priority creditor's name and mailing address</b>  ZIMMERLE, BAILEY Address Intentionally Omitted	<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>Total claim</b> \$3,020.98	<b>Priority amount</b> \$2,922.84
	<b>Date or dates debt was incurred</b> 12/21/19 - 6/20/20	<b>Basis for the claim:</b> ACCRUED PTO		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (4)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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.

<b>3.1. Nonpriority creditor's name and mailing address</b> 1ST SOLUTION COMMERCIAL SERVICES P.O. BOX 2183 LAGUNA HILLS CA 92654  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,000.00
<b>3.2. Nonpriority creditor's name and mailing address</b> 20TH STREET PROPERTY LLC 1235 BROADWAY 3RD FL. NEW YORK NY 10001  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,693.21
<b>3.3. Nonpriority creditor's name and mailing address</b> 3100 BUILDING LLC 3100 NE 47TH COURT #301 FT. LAUDERDALE FL 33308  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$116,958.94

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.4.	<b>Nonpriority creditor's name and mailing address</b> 3100 BUILDING LLC 3100 NE 47TH COURT #301 FT. LAUDERDALE FL 33308  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$53,178.08
3.5.	<b>Nonpriority creditor's name and mailing address</b> 32ND DIST AGRICULTURAL ASSOCIATION DBA OC FAIR & EVENT CENTER 88 FAIR DRIVE COSTA MESA CA 92626  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,000.00
3.6.	<b>Nonpriority creditor's name and mailing address</b> 3D INVESTMENT GROUP, LLC P.O. BOX 850 INDEPENDENCE LA 70443  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$76,700.64

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.7.	<b>Nonpriority creditor's name and mailing address</b> 3D INVESTMENT GROUP, LLC P.O. BOX 850 INDEPENDENCE LA 70443  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$63,917.20
3.8.	<b>Nonpriority creditor's name and mailing address</b> 4 SURE GATES LLC 4316 COCKRELL AVE FT. WORTH TX 76133  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$995.13
3.9.	<b>Nonpriority creditor's name and mailing address</b> 4IMPRINT INC 25303 NETWORK PLACE CHICAGO IL 60673-1253  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,143.07

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.10.	<b>Nonpriority creditor's name and mailing address</b> 4IMPRINT, INC (BD) 101 COMMERCE ST OSHKOSH WI 54901  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,972.12
3.11.	<b>Nonpriority creditor's name and mailing address</b> A NATIONWIDE MEDICAL WASTE MGT., INC. 1018 NW 132 AVE SUNRISE FL 33323  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$627.00
3.12.	<b>Nonpriority creditor's name and mailing address</b> A&I ENTERPRISES OF SOUTH FLORIDA, INC. 2113 LINCOLN STREET HOLLYWOOD FL 33020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,160.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.13.	<b>Nonpriority creditor's name and mailing address</b> AB TASTY INC C/O PRAMEX INTERNATIONAL 1251 AVE OF AMERICAS FL 3 NEW YORK NY 10020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$84,000.00
3.14.	<b>Nonpriority creditor's name and mailing address</b> AC & R INC 195 RICHARDS AVE DOVER NJ 07801  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,037.60
3.15.	<b>Nonpriority creditor's name and mailing address</b> ACCENT P.O. BOX 542007 OMAHA NE 68154-8007  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,901.72

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.16.	<b>Nonpriority creditor's name and mailing address</b> ACCO ENGINEERED SYSTEMS, INC. DBA ALL AREA PLUMBING P.O. BOX 847360 LOS ANGELES CA 90084-7360  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,163.32
3.17.	<b>Nonpriority creditor's name and mailing address</b> ACCOUNTING PRINCIPALS, INC. DBA AJILON DEPT CH 14031 PALATINE IL 60055  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,000.00
3.18.	<b>Nonpriority creditor's name and mailing address</b> ACE PARKING MANAGEMENT, INC. 645 ASH ST. SAN DIEGO CA 92101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,230.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.19.	<b>Nonpriority creditor's name and mailing address</b> ACEBAR, LLC DBA HIGH IMPACT SIGNS 1546 TAURUS CT LOVELAND CO 80537  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$448.14
3.20.	<b>Nonpriority creditor's name and mailing address</b> A-CENTRAL JANITORIAL, INC. PO BOX 61405 BOULDER NV 89006  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,278.75
3.21.	<b>Nonpriority creditor's name and mailing address</b> ACEPOOL LLC 2657 WINDMILL PKWY #383 HENDERSON NV 89074  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,079.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.22.	<b>Nonpriority creditor's name and mailing address</b> ACTIVE MINDS 2001 S ST NW STE 630 WASHINGTON DC 20009  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,470.00
3.23.	<b>Nonpriority creditor's name and mailing address</b> ADAPTAVIST INC 205 PARK CENTRAL E. STE 417 SPRINGFIELD MO 65806  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,112.50
3.24.	<b>Nonpriority creditor's name and mailing address</b> ADCARE HOLDING TRUST 100 FRONT STREET WORCESTER MA 01608  <b>Date or dates debt was incurred</b> PRE- 2020  <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> SELLER PROMISSORY NOTE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,133,567.34

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.25.	<b>Nonpriority creditor's name and mailing address</b> ADDICTION SERVICES COUNCIL KEVIN RICHARDSON 2828 VERNON PLACE CINCINNATI OH 45219  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,500.00
3.26.	<b>Nonpriority creditor's name and mailing address</b> ADDICTION TREATMENT ADVOCACY COALITION (ATAC). 4280 BAY CREST CIR SEASIDE CA 93955  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,000.00
3.27.	<b>Nonpriority creditor's name and mailing address</b> ADT SECURITY SERVICES 401401807 6931 VISTA PARKWAY N 16 WEST PALM BEACH FL 33411  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$271.22

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.28.	<b>Nonpriority creditor's name and mailing address</b> ADVANCED PHARMACEUTICAL CONSULTANTS, INC P.O. BOX 315 MIAMI SHORES FL 33153  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,825.00
3.29.	<b>Nonpriority creditor's name and mailing address</b> AETNA INC PO BOX 784836, PHILADELPHIA PA 19178  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> INSURANCE PAYOR REFUND  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$184,759.31
3.30.	<b>Nonpriority creditor's name and mailing address</b> AETNA INC PO BOX 784836, PHILADELPHIA PA 19178  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,217.44

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.31.	<b>Nonpriority creditor's name and mailing address</b> AETNA LIFE INSURANCE COMPANY P.O. BOX 14079 LEXINGTON KY 40512-4079  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,390.86
3.32.	<b>Nonpriority creditor's name and mailing address</b> AFFORDABLE TREE SERVICE, INC. 1955 MIMODS CIR LAS VEGAS NV 89123  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,005.00
3.33.	<b>Nonpriority creditor's name and mailing address</b> AGILITY DIGITAL INC 10421 S JORDAN GATEWAY STE 660 S JORDAN TX 84095  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,682.73

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.34.	<b>Nonpriority creditor's name and mailing address</b> ALCOHOLICS ANONYMOUS WORLD SERVICES, INC GRAND CENTRAL STATION P.O. BOX 459 NEW YORK NY 10163  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,953.80
3.35.	<b>Nonpriority creditor's name and mailing address</b> ALEJANDRO COMPIAN 1802 LUCILLE DR. MESQUITE TX 75149  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,024.27
3.36.	<b>Nonpriority creditor's name and mailing address</b> ALERE TOXICOLOGY PO BOX 536506 PITTSBURGH PA 15253-5907  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,157.21

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.37.	<b>Nonpriority creditor's name and mailing address</b> ALISO PARTNERS, LLC C/O RICHARD L. SEIDE, A.P.C. 901 DOVE STREET SUITE 1201 NEWPORT BEACH CA 92660  <b>Date or dates debt was incurred</b> <hr/> <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> \$18,039.50
3.38.	<b>Nonpriority creditor's name and mailing address</b> ALL AMERICAN ROOFING, INC. 944 WEST PROPSECT RD OAKLAND FL 33319  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,981.00
3.39.	<b>Nonpriority creditor's name and mailing address</b> ALL CITY LAWN & PEST CONTROL 1722 SHERIDAN ST #435 HOLLYWOOD FL 33020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$401.25

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.40.	<b>Nonpriority creditor's name and mailing address</b> ALL IN ONE NETWORKING, INC. 3184 S. SYDENHAM ST PHILADELPHIA PA 19148  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,000.00
3.41.	<b>Nonpriority creditor's name and mailing address</b> ALL QUALITY AIR, INC. 2000 S LAMB BLVD LAS VEGAS NV 89104  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,850.00
3.42.	<b>Nonpriority creditor's name and mailing address</b> ALL TEMP AIR CONDITIONING AND REFRIGERATION LLC 1998 SETTER AVE ST. CLOUD FL 34771  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,758.86



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.43.	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE PROTECTIVE SYSTEMS, INC. DBA ALLIANCE FIRE & SAFETY P.O. BOX 276 VENICE FL 34284  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$653.44
3.44.	<b>Nonpriority creditor's name and mailing address</b> ALSTON & BIRD LLP 1201 WEST PEACHTREE ST ATLANTA GA 30309-3424  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$129,851.66
3.45.	<b>Nonpriority creditor's name and mailing address</b> ALTERNATIVE BUSINESS EQUIPMENT DBA ALTERNATIVE OFFICE SYSTEMS 3930 W ALI BABA LANE LAS VEGAS NV 89118  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$94.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.46.	<b>Nonpriority creditor's name and mailing address</b> AMAZON WEB SERVICES, INC. P.O. BOX 84023 SEATTLE WA 98124-8423  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28,421.79
3.47.	<b>Nonpriority creditor's name and mailing address</b> AMERASSIST A/R SOLUTIONS, INC. 1105 SHROCK RD STE 502 COLUMBUS OH 43229  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,824.85
3.48.	<b>Nonpriority creditor's name and mailing address</b> AMERIBEN C/O AMERIBEN/IEC GROUP, P.O BOX 7186, BOISE ID 83707  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,420.25

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.49.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN ARBITRATION ASSOCIATION, INC 13727 NOEL RD STE 700 DALLAS TX 75240  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$325.00
3.50.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN ASSOCIATION FOR PHYSICIAN LEADERSHIP PO BOX 745725 ATLANTA GA 33037-745725  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$295.00
3.51.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN SECURITY SYSTEMS 629-2956 1314 E LAS OLAS BLVD UNIT 1006 FT. LAUDERDALE FL 33301  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$221.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.52.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN STOCK TRANSFERS & TRUST COMPANY LLC PO BOX 12893 PHILADELPHIA PA 19176-0893  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,292.75
3.53.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN TOXICOLOGY 3340 SUNRISE AVE STE 105 LAS VEGAS NV 89101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$25.00
3.54.	<b>Nonpriority creditor's name and mailing address</b> AMERICAN WATER TREATMENT 3855 RAYMERT DRIVE LAS VEGAS NV 89121  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$120.72

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.55.	<b>Nonpriority creditor's name and mailing address</b> AMERIGAS PROPANE LP PO BOX 660288 DALLAS TX 75266-0288  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$869.17
3.56.	<b>Nonpriority creditor's name and mailing address</b> ANGELUS CROCE 7 RYERSON AVE ROOM 227 CALDWELL NJ '07006  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$440.00
3.57.	<b>Nonpriority creditor's name and mailing address</b> ANTHEM BC OF OH P.O. BOX 73651 CLEVELAND OH 44193-1177  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,940.30

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.58.	<b>Nonpriority creditor's name and mailing address</b> ANTHEM BLUE CROSS BLUE SHIELD P.O. BOX 5281 CAROL STREAM IL 60197-5281  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,884.85
3.59.	<b>Nonpriority creditor's name and mailing address</b> APPLIANCE REPAIR EXPERTS 3231 N DECATUR BLVD #225 LAS VEGAS NV 89130  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$59.95
3.60.	<b>Nonpriority creditor's name and mailing address</b> ARAMARK 2807180 AUS CENTRAL LOCKBOX PO BOX 731676 DALLAS TX 75373-1676  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$829.30

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.61.	<b>Nonpriority creditor's name and mailing address</b> ARLINGTON POLICE DEPARTMENT P.O. BOX 1065 ARLINGTON TX 76004-1065  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$625.00
3.62.	<b>Nonpriority creditor's name and mailing address</b> ARMOR FIRE & SAFETY, INC. 277 HWY 315 E WATER VALLEY MS 38965  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,010.19
3.63.	<b>Nonpriority creditor's name and mailing address</b> ARNALL GOLDEN GREGORY, LLP 171 17TH ST N.W. STE 2100 STE 2100 ATLANTA GA 30363-1031  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,142.34

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.64.	<b>Nonpriority creditor's name and mailing address</b> ASHWORTH & BELCASTRO SYSTEMS, INC. DBA ABS 5665 S VALLEY VIEW BLVD STE 2 LAS VEGAS NV 89188  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,796.43
3.65.	<b>Nonpriority creditor's name and mailing address</b> ASSOCIATED PATHOLOGISTS LLC DBA PATHGROUP PO BOX 639259 CINCINNATI OH 45263-9259  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$34,783.95
3.66.	<b>Nonpriority creditor's name and mailing address</b> ASSOCIATED PRODUCTION MUSIC LLC DBA APM MUSIC 6255 W. SUNSET BLVD STE 900 HOLLYWOOD CA 90028  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$833.32



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.67.	<b>Nonpriority creditor's name and mailing address</b> AT&T 299772102 PO BOX 5014 CAROL STREAM IL 60197-5014  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$34.18
3.68.	<b>Nonpriority creditor's name and mailing address</b> AT&T 662 281-1530 433 0598 P.O. BOX 105262 ATLANTA GA 30348-5262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$336.00
3.69.	<b>Nonpriority creditor's name and mailing address</b> AT&T 831-000-8034-944 P.O. BOX 5019 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,169.23

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.70.	<b>Nonpriority creditor's name and mailing address</b> ATHOME MEDICAL INC 200 AMERICAN RD MORRIS PLAINS NJ 07950  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28.74
3.71.	<b>Nonpriority creditor's name and mailing address</b> ATLANTIC AMBULANCE CORPORATION PO BOX 35654 NEWARK NJ '07193-5654  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,170.00
3.72.	<b>Nonpriority creditor's name and mailing address</b> ATLANTIC HEALTH SYSTEM INC DBA NEWTON MEDICAL CENTER, AHS HOSPITAL CORP 100 AMERICAN ROAD STE 118 MORRIS PLAINS NJ '07950  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,307.63

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.73.	<b>Nonpriority creditor's name and mailing address</b> ATMOS ENERGY 3042909243 PO BOX 740353 CINCINNATI OH 45274-0353  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$841.02
3.74.	<b>Nonpriority creditor's name and mailing address</b> AVFUEL CORPORATION 47 W ELLSWORTH ANN ARBOR MI 48108  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,465.62
3.75.	<b>Nonpriority creditor's name and mailing address</b> BABENZIEN, BROOKE M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,761.01

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.76.	<b>Nonpriority creditor's name and mailing address</b> BACK'S CONSTRUCTION, INC. 1602 FRONT STREET SAN DIEGO CA 92101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,451.50
3.77.	<b>Nonpriority creditor's name and mailing address</b> BAKER COMMODITIES INC. P.O. BOX 6518 PHOENIX AZ 85005  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$985.00
3.78.	<b>Nonpriority creditor's name and mailing address</b> BALLARD SPAHR 100 CITY PARKWAY STE 1750 LAS VEGAS NV 89106  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,481.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.79.	<b>Nonpriority creditor's name and mailing address</b> BANK OF AMERICA 222 2ND AVE. S NASHVILLE TN 37201  <b>Date or dates debt was incurred</b> APRIL 2020  <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> PPP LOAN  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$10,000,000.00
3.80.	<b>Nonpriority creditor's name and mailing address</b> BANKDIRECT CAPITAL FINANCE PO BOX 660448 DALLAS TX 75266-0448  <b>Date or dates debt was incurred</b> AUG-19 TO APR-20  <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> INSURANCE FINANCING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,996,725.44
3.81.	<b>Nonpriority creditor's name and mailing address</b> BANKDIRECT CAPITAL FINANCE PO BOX 660448 DALLAS TX 75266-0448  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$266,318.17

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.82.	<b>Nonpriority creditor's name and mailing address</b> BARBARA A. RAHMAN DBA SOMERSET HEALTHCARE, LLC 5114 N SEMINOLE AVE TAMPA FL 33603  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,613.56
3.83.	<b>Nonpriority creditor's name and mailing address</b> BASS, BERRY, & SIMS PLC 150 THIRD AVE SOUTH STE 2800 NASHVILLE TN 37201  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32,756.00
3.84.	<b>Nonpriority creditor's name and mailing address</b> BAXTER BAILEY & ASSOCIATES, INC 1630 GOODMAN RD E. STE 1 SOUTHAVEN MS 38671  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$680.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.85.	<b>Nonpriority creditor's name and mailing address</b> BCBS OF TN FEDERAL EMPLOYEE PROGRAM 1 CAMERON HILL CIRCLE CHATTANOOGA TN 37402  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$80.57
3.86.	<b>Nonpriority creditor's name and mailing address</b> BCI COMMUNICATIONS INC 9322 E DR MARTIN LUTHER KING JR BLVD TAMPA FL 33610  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,062.50
3.87.	<b>Nonpriority creditor's name and mailing address</b> BDO PO BOX 642743 PITTSBURGH PA 15264-2743  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,013.95

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.88.	<b>Nonpriority creditor's name and mailing address</b> BEACH, COWDREY, JENKINS, LLP 500 E. ESPLANADE DR. STE 1400 OXNARD CA 93036  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,579.35
3.89.	<b>Nonpriority creditor's name and mailing address</b> BEACHLEY BUSINESS & MEDICAL FORMS, INC 6200 DAYS COVE RD STE 3 WHITE MARSH MD 21162  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,045.34
3.90.	<b>Nonpriority creditor's name and mailing address</b> BEASLEY MEDIA GROUP LLC DBA WQYK-FM, WLLD-FM, WPBB-FM, WYUU-FM, WHFS-AM, WHFS-HD2 9721 EXECUTIVE CTR DR N ST 200 ST. PETERSBURG FL 33702  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,225.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.91.	<b>Nonpriority creditor's name and mailing address</b> BEASLEY MEDIA GROUP LLC WBOS-FM, WBQT-FM, WBZ-FM, WKLB-FM, WROR-FM 55 WILLIAM T MORRISSEY BLVD BOSTON MA '02125  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175,800.00
3.92.	<b>Nonpriority creditor's name and mailing address</b> BEASLEY MEDIA GROUP, LLC DBA KCYE-FM, KDWN-AM,&FM, KKLZ-FM,KOAS-FM, KVGS-FM 2920 S DURANGO DR LAS VEGAS NV 89117  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$42,125.00
3.93.	<b>Nonpriority creditor's name and mailing address</b> BECKMAN COULTER INC DEPT CH 10164 PALATINE IL 60055-0164  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$545,403.04

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.94.	<b>Nonpriority creditor's name and mailing address</b> BELK BENEFITS CENTER 2801 W TYVOLA RD CHARLOTTE NC 28217  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$104.16
3.95.	<b>Nonpriority creditor's name and mailing address</b> BENNU ENTERPRISES, INC 111 FERN AVE NASHVILLE TN 37027  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,024.23
3.96.	<b>Nonpriority creditor's name and mailing address</b> BEST LAUNDRY EQUIPMENT INC PO BOX 496026 GARLAND TX 75049  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$162.38

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.97.	<b>Nonpriority creditor's name and mailing address</b> BETTER BUSINESS BUREAU OF MIDDLE TENNESSEE P.O. BOX 194436 NASHVILLE TN 37219-8436  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,450.00
3.98.	<b>Nonpriority creditor's name and mailing address</b> BILL HOWE PLUMBING, INC. 9085 AERO DR. STE B SAN DIEGO CA 92123  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$244.20
3.99.	<b>Nonpriority creditor's name and mailing address</b> BIOLOGIC ENVIRONMENTAL SERVICES & WASTE SOLUTIONS 23490 CONNECTICUT ST HAYWARD CA 94545  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$420.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.100.	<b>Nonpriority creditor's name and mailing address</b> BIRDEYE INC. 250 CAMBRIDGE AVE #103 PALO ALTO CA 94306  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,282.89
3.101.	<b>Nonpriority creditor's name and mailing address</b> BIVINS, BILLIE F. 5600 S.W. 76TH ST #3 MIAMI FL 33143  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$525.33
3.102.	<b>Nonpriority creditor's name and mailing address</b> BLUE CROSS BLUE SHIELD OF TN ATTN: W THORNBURY 1.2 ONE CAMERON HILL CIRCLE CHATTANOOGA TN 37402  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.54

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.103.	<b>Nonpriority creditor's name and mailing address</b> BOCC 4397975863 HILLBOROUGH CO PUBLIC UTILITIES 15610 PREMIER DR TAMPA FL 33624  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,424.62
3.104.	<b>Nonpriority creditor's name and mailing address</b> BONE MCALLESTER NORTON, PLLC 511 UNION ST., STE 1600 NASHVILLE CITY CENTER NASHVILLE TN 37219  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,157.94
3.105.	<b>Nonpriority creditor's name and mailing address</b> BOROUGH OF RINGWOOD 209529-1 60 MARGARET KING AVENUE RINGWOOD NJ 07456  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41.17

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.106.	<b>Nonpriority creditor's name and mailing address</b> BOROUGH OF RINGWOOD 209529-2 60 MARGARET KING AVENUE RINGWOOD NJ 07456  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41.17
3.107.	<b>Nonpriority creditor's name and mailing address</b> BOSS SYSTEMS-SERIES HOOD BOSS DBA HOOD BOSS 2511 MERELL RD DALLAS TX 75229  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$603.31
3.108.	<b>Nonpriority creditor's name and mailing address</b> BOSTELMAN, JERRY Address Intentionally Omitted  <b>Date or dates debt was incurred</b> Q2-20  <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> BOARD FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,666.67

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**3.109. **Nonpriority creditor's name and mailing address**

BOW & ARROW HOLDINGS, LLC, CONVERSION  
MEDIA, LLC, DRS. GIRISH AND PRAGATI PATEL  
TRUST, PATEL, ABHILASH , SMITH, JEFFREY ,  
THE ETERNAL BLISS, LP  
C/O HARRY SUSMAN  
SUSMAN GODFREY  
1000 LOUISIANA  
SUITE 5100  
HOUSTON TX 77002

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

LITIGATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$8,000,000.00

3.110. **Nonpriority creditor's name and mailing address**

BPL, LLC  
C/O JOSHUA S. PINSKY  
C/O ROSENBERG & PINSKY  
6499 NORTH POWERLINE ROAD  
SUITE 304  
FT. LAUDERDALE FL 33309

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

LITIGATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$1,304,436.00

3.111. **Nonpriority creditor's name and mailing address**

BRADY INDUSTRIES, LLC  
7055 LINDELL RD  
LAS VEGAS NV 89118

**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$797.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.112. Nonpriority creditor's name and mailing address</b> BRAFTON, INC. 2 OLIVER ST LOBBY 2 BOSTON MA 02109-4914  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,000.00
<b>3.113. Nonpriority creditor's name and mailing address</b> BREA/ORANGE COUNTY PLUMBING, HEATING & AIR CONDITIONING, INC. 420 W. LAMBERT RD STE A BREA CA 92821  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$906.53
<b>3.114. Nonpriority creditor's name and mailing address</b> BREAZEAL, SACHSE & WILSON, L.L.P. P.O. BOX 3197 BATON ROUGE LA 70821-3197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$126,311.88



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.115.	<b>Nonpriority creditor's name and mailing address</b> BRIGHT HOUSE NETWORKS ENTERPRISE SOLUTIONS P.O. BOX 790450 ST. LOUIS MO 63179-0450  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,820.52
3.116.	<b>Nonpriority creditor's name and mailing address</b> BRION RICHARDS DBA GLASS SHADES & GREENHOUSE SYSTEMS 34 NEWTON SPARTA RD NEWTON NJ '07860  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,134.00
3.117.	<b>Nonpriority creditor's name and mailing address</b> BRODIE GRESS 1032 COLLEGE STREET, APT 108 BOWLING GREEN KY 42101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.118.	<b>Nonpriority creditor's name and mailing address</b> BROWSERSTACK 4512 LEGACY DR STE 100 PLANO TX 75024  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$348.00
3.119.	<b>Nonpriority creditor's name and mailing address</b> BRUKER DALTONICS INC PO BOX 846041 BOSTON MA '02284-6041  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> MEDICAL SUPPLY VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$48,632.80
3.120.	<b>Nonpriority creditor's name and mailing address</b> BRUKER DALTONICS INC PO BOX 846041 BOSTON MA '02284-6041  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$46,769.12

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.121. Nonpriority creditor's name and mailing address</b> BUENOS AIRES AIR CONDITIONING & HEATING, INC. 5200 VEGAS DR LAS VEGAS NV 89108  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,399.86
<b>3.122. Nonpriority creditor's name and mailing address</b> BURCH, LUCIUS Address Intentionally Omitted  <b>Date or dates debt was incurred</b> Q2-20  <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> BOARD FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,666.67
<b>3.123. Nonpriority creditor's name and mailing address</b> BURNS & LEVINSON LLP ATTN: FINANCE DEPT ATTN: FINANCE DEPT 125 SUMMER ST BOSTON MA 02110  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,350.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.124.	<b>Nonpriority creditor's name and mailing address</b> BURRESS, LATASHA N. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,430.12
3.125.	<b>Nonpriority creditor's name and mailing address</b> BUTLER SNOW LLP P.O. BOX 6010 RIDGELAND MS 39158-6010  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> LEGAL WORK  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,456.50
3.126.	<b>Nonpriority creditor's name and mailing address</b> BUTLER SNOW LLP P.O. BOX 6010 RIDGELAND MS 39158-6010  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$126,833.40

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.127. Nonpriority creditor's name and mailing address</b> C R RECOVERY FOUNDATION, INC. DBA C 4 EAST COAST, LLC LEAH SMITH 1018 SWEET JULIET WAY GREER SC 29650  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,500.00
<b>3.128. Nonpriority creditor's name and mailing address</b> C SPIRE P.O. BOX 519 MEADVILLE MS 39653-0519  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.06
<b>3.129. Nonpriority creditor's name and mailing address</b> CAINE & WEINER P.O. BOX 5010 WOODLAND HILLS CA 91365  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,713.01

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.130.	<b>Nonpriority creditor's name and mailing address</b> CALIFORNIA CONSORTIUM OF ADDICTION PROGRAMS AND PROFESSIONAL 2400 MARCONI AVE STE C SACRAMENTO CA 95821  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,500.00
3.131.	<b>Nonpriority creditor's name and mailing address</b> CALLRAIL, INC. 100 PEACHTREE ST NW STE 2700 ATLANTA GA 30303  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$87,927.51
3.132.	<b>Nonpriority creditor's name and mailing address</b> CAPITOL DECISIONS, INC 800 MAINE SAVE SW 8TH FLOOR WASHINGTON DC 20024  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$33,333.32

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.133.	<b>Nonpriority creditor's name and mailing address</b> CARDINAL HEALTH INC DBA PARMED PHARMACEUTICALS 7000 CARDINAL PLACE DUBLIN OH 43017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,479.90
3.134.	<b>Nonpriority creditor's name and mailing address</b> CAREER BUILDER, LLC 13047 COLLECTION CENTER DR CHICAGO IL 60693-0130  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$63,000.00
3.135.	<b>Nonpriority creditor's name and mailing address</b> CAREFLITE 3110 S.GREAT SOUTHWEST PKWY GRAND PRAIRIE TX 75052  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,825.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.136.	<b>Nonpriority creditor's name and mailing address</b> CARTWRIGHT, MICHAEL Address Intentionally Omitted  <b>Date or dates debt was incurred</b> Q2-20  <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> BOARD FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41,666.67
3.137.	<b>Nonpriority creditor's name and mailing address</b> CARTY, CHRISTINA 4821 DEL MONTE AVE SAN DIEGO CA 92107  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$478.00
3.138.	<b>Nonpriority creditor's name and mailing address</b> CAUDLE, DAVID BROWN C/O J. ALEXANDER HOOD, II POMERANTZ LLP 600 THIRD AVENUE 20TH FLOOR NEW YORK NY 10016  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px 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> UNKNOWN



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.139.	<b>Nonpriority creditor's name and mailing address</b> CAYMAN CHEMICAL COMPANY 16875 COLLECTION CENTER DR CHICAGO IL 60693  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$408.00
3.140.	<b>Nonpriority creditor's name and mailing address</b> CCAPP EDUCATIONAL INSTITUTE 2400 MARCONI AVE STE C SACRAMENTO CA 95821  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,080.00
3.141.	<b>Nonpriority creditor's name and mailing address</b> CELAYIX SOFTWARE P.O. BOX 2849 BLAINE WA 98230-2849  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,890.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.142.	<b>Nonpriority creditor's name and mailing address</b> CELERITY LLC 1530 MILITARY RD 2ND FLOOR KENMORE NY 14217  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,000.00
3.143.	<b>Nonpriority creditor's name and mailing address</b> CENTERPOINT ENERGY 6401335742-7 P.O. BOX 4981 HOUSTON TX 77210-4981  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$33.22
3.144.	<b>Nonpriority creditor's name and mailing address</b> CENTERPOINT ENERGY 6401335745-0 P.O. BOX 4981 HOUSTON TX 77210-4981  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43.54

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.145. Nonpriority creditor's name and mailing address</b> CENTERPOINT ENERGY 6401335791-4 P.O. BOX 4981 HOUSTON TX 77210-4981  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$53.05
<b>3.146. Nonpriority creditor's name and mailing address</b> CENTERPOINT ENERGY 6401335799-7 P.O. BOX 4981 HOUSTON TX 77210-4981  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27.67
<b>3.147. Nonpriority creditor's name and mailing address</b> CENTERPOINT ENERGY 6401335831-8 P.O. BOX 4981 HOUSTON TX 77210-4981  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52.27

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.148.	<b>Nonpriority creditor's name and mailing address</b> CENTURYLINK 309797964 PO BOX 1319 CHARLOTTE NC 28201-1319  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$114.94
3.149.	<b>Nonpriority creditor's name and mailing address</b> CENTURYLINK 309971105 PO BOX 1319 CHARLOTTE NC 28201-1319  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,096.90
3.150.	<b>Nonpriority creditor's name and mailing address</b> CENTURYLINK 465281116 P.O. BOX 1319 CHARLOTTE NC 28201-1319  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6.16

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.151. Nonpriority creditor's name and mailing address</b> CENTURYLINK 87280491 PO BOX 52187 PHOENIX AZ 85072-2187  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,594.10
<b>3.152. Nonpriority creditor's name and mailing address</b> CERTIFIED COFFEE SERVICE, INC. P.O. BOX 23805 FT. LAUDERDALE FL 33307  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$262.25
<b>3.153. Nonpriority creditor's name and mailing address</b> CESAR O. AMARO DBA SAN DIEGO DIRECT INC. 1230 TOBIAS DR #3 CHULA VISTA CA 91911  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,380.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.154.	<b>Nonpriority creditor's name and mailing address</b> CHANG, MARK 5753 SANTA ANA CYN RD #G-388 ANAHEIM CA 92807  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,500.00
3.155.	<b>Nonpriority creditor's name and mailing address</b> CHANGE HEALTH CARE SOLUTIONS LLC PO BOX 572490 MURRAY TX 84157-2490  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,686.63
3.156.	<b>Nonpriority creditor's name and mailing address</b> CHATELAIN, VINCENT M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,594.58

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.157.	<b>Nonpriority creditor's name and mailing address</b> CHEFS TOYS LLC 18430 PACIFIC STREET FOUNTAIN VALLEY CA 92708  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,488.87
3.158.	<b>Nonpriority creditor's name and mailing address</b> CHLIC PO BOX 644546 PITTSBURGH PA 15264-4546  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,000.00
3.159.	<b>Nonpriority creditor's name and mailing address</b> CHRISTINA CARE HEALTH SERVICES, INC P.O. BOX 2653 WILMINGTON DE 19805-1013  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.160.	<b>Nonpriority creditor's name and mailing address</b> CIGNA HEALTHCARE PROCLAIM C/O ACCENT, PO BOX 952366, ST. LOUIS MO 63195-2366  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,712.68
3.161.	<b>Nonpriority creditor's name and mailing address</b> CINTAS 13209363 P.O.BOX 631025 CINCINNATI OH 45263-1025  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$390.15
3.162.	<b>Nonpriority creditor's name and mailing address</b> CINTAS 13230690 (SL-LV) P.O. BOX 29059 PHOENIX AZ 85038-9059  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,579.75



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.163.	<b>Nonpriority creditor's name and mailing address</b> CINTAS 13242658 (DHC) P.O. BOX 29059 PHOENIX AZ 85038-9059  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,928.07
3.164.	<b>Nonpriority creditor's name and mailing address</b> CINTAS 13936575 P.O. BOX 631025 CINCINNATI OH 45263-1025  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$873.24
3.165.	<b>Nonpriority creditor's name and mailing address</b> CINTAS CORPORATION 10242770 (RFC) PO BOX 631025 CINCINNATI OH 45263-1025  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$308.64

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.166.	<b>Nonpriority creditor's name and mailing address</b> CINTAS CORPORATION 13203181 P.O. BOX 631025 CINCINNATI OH 45263-1025  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97.54
3.167.	<b>Nonpriority creditor's name and mailing address</b> CINTAS CORPORATION 30013683-(RFC) PO BOX 631025 CINCINNATI OH 45263-1025  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$266.45
3.168.	<b>Nonpriority creditor's name and mailing address</b> CINTAS CORPORATION NO. 206 (OXF) P.O. BOX 630921 CINCINNATI OH 45262-5737  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,192.96

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.169.	<b>Nonpriority creditor's name and mailing address</b> CIT FINANCE LLC 21146 NETWORK PLACE CHICAGO IL 60673-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> FINANCE LEASE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$627.00
3.170.	<b>Nonpriority creditor's name and mailing address</b> CIT FINANCE LLC 21146 NETWORK PLACE CHICAGO IL 60673-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$116,448.88
3.171.	<b>Nonpriority creditor's name and mailing address</b> CITY OF ARLINGTON 58-0083.307 PO BOX 90020 ARLINGTON TX 76004-3020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,054.03

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.172. Nonpriority creditor's name and mailing address</b> CITY OF ARLINGTON 58-1545.304 P.O. BOX 90020 ARLINGTON TX 76004-3020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,335.05
<b>3.173. Nonpriority creditor's name and mailing address</b> CITY OF ARLINGTON 99-0736.302 PO BOX 90020 ARLINGTON TX 76004-3020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83.11
<b>3.174. Nonpriority creditor's name and mailing address</b> CITY OF FT LAUDERDALE MUNICIPAL SRVS 2132008 P.O. BOX 31687 TAMPA FL 33631-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$110.34

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.175. Nonpriority creditor's name and mailing address</b> CITY OF FT LAUDERDALE MUNICIPAL SRVS 2132017 P.O. BOX 31687 TAMPA FL 33631-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,913.35
<b>3.176. Nonpriority creditor's name and mailing address</b> CITY OF FT LAUDERDALE MUNICIPAL SRVS 2132018 P.O. BOX 31687 TAMPA FL 33631-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$346.93
<b>3.177. Nonpriority creditor's name and mailing address</b> CITY OF GRAND PRAIRIE 1930 P.O. BOX 660814 DALLAS TX 75266-0814  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.178. Nonpriority creditor's name and mailing address</b> CITY OF GRAND PRAIRIE 230232-053219 PO BOX 660814 DALLAS TX 75266-0814  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,884.91
<b>3.179. Nonpriority creditor's name and mailing address</b> CITY OF LAS VEGAS SEWER SERVICES 0787911111 DEPT OF FINANCE PO BOX 748022 LOS ANGELES CA 90074  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,988.34
<b>3.180. Nonpriority creditor's name and mailing address</b> CITY OF OXFORD ELECTRIC 004291-029391 P.O. BOX 827 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90.11

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.181.	<b>Nonpriority creditor's name and mailing address</b> CITY OF OXFORD ELECTRIC 004292-029391 P.O. BOX 827 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$45.67
3.182.	<b>Nonpriority creditor's name and mailing address</b> CITY OF OXFORD ELECTRIC 004293-029391 P.O. BOX 827 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$131.87
3.183.	<b>Nonpriority creditor's name and mailing address</b> CITY OF OXFORD ELECTRIC 004294-029391 P.O. BOX 827 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$122.11

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.184.	<b>Nonpriority creditor's name and mailing address</b> CITY OF OXFORD ELECTRIC 004295-029391 P.O. BOX 827 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17.89
3.185.	<b>Nonpriority creditor's name and mailing address</b> CLARITY LABORATORIES, INC 220 DAVIDSON AVE STE 104 SOMERSET NJ '08873  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,492.00
3.186.	<b>Nonpriority creditor's name and mailing address</b> CLARK COUNTY WATER RECLAMATION 5857 E. FLAMINGO RD LAS VEGAS NV 89122  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35,444.11



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.187. Nonpriority creditor's name and mailing address</b> CLARK COUNTY, NEVADA DBA CLARK COUNTY DEPARTMENT OF AVIATION-MCCARRAN INTERNATIONAL AIRPORT P.O. BOX 11005 LAS VEGAS NV 89111-1005  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$251.60
<b>3.188. Nonpriority creditor's name and mailing address</b> CLIFFORD, JULIE Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$480.00
<b>3.189. Nonpriority creditor's name and mailing address</b> CLINICAL PATHOLOGY LABS, INC. 79390 P.O. BOX 141669 AUSTIN TX 78714-1669  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,752.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.190.	<b>Nonpriority creditor's name and mailing address</b> CLOHESSY, KATHLEEN A. 557 KUPULAU DR KIHHEL HI 96753  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$60.00
3.191.	<b>Nonpriority creditor's name and mailing address</b> COLDEN HOT SERVICE LLC P.O. BOX 732951 DALLAS TX 75373-2951  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,497.38
3.192.	<b>Nonpriority creditor's name and mailing address</b> COLLEEN GRANDE DBA ALLURE CONTRACTING DBA ALLURE POOLS AND SPAS 5410 S. CAMERON STREET LAS VEGAS NV 89118  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.193.	<b>Nonpriority creditor's name and mailing address</b> COLLIER, CIARA G. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,673.45
3.194.	<b>Nonpriority creditor's name and mailing address</b> COMCAST 8396 51 085 0262364 P.O. BOX 71211 CHARLOTTE NC 28272-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28.28
3.195.	<b>Nonpriority creditor's name and mailing address</b> COMCAST 8396 510850139-79-4 P.O. BOX 71211 CHARLOTTE NC 28272-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$305.03

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.196.	<b>Nonpriority creditor's name and mailing address</b> COMCAST 8396 510850189-26-0 P.O. BOX 71211 CHARLOTTE NC 28272-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$465.88
3.197.	<b>Nonpriority creditor's name and mailing address</b> COMCAST 8495 75 271 0261083 PO BOX 71211 CHARLOTTE NC 28272-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27.08
3.198.	<b>Nonpriority creditor's name and mailing address</b> COMCAST 8495 75 310 4544001 P.O. BOX 71211 CHARLOTTE NC 28272-1211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,881.06

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.199.	<b>Nonpriority creditor's name and mailing address</b> COMCAST 908181011 PO BOX 37601 PHILADELPHIA PA 19101-0601  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,974.08
3.200.	<b>Nonpriority creditor's name and mailing address</b> COMCAST BUSINESS 906469821 PO BOX 37601 PHILADELPHIA PA 19101-0601  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$871.53
3.201.	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY CARE RX INC 86 FRONT ST HEMPSTEAD NEW YORK 11550-3617 HEMPSTEAD NY 11550  <b>Date or dates debt was incurred</b> APR-20 & JUN-20  <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> PHARMACY VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$51,585.47

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.202.	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY CARE RX INC 86 FRONT ST HEMPSTEAD NEW YORK 11550-3617 HEMPSTEAD NY 11550  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,199.79
3.203.	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY COFFEE COMPANY LLC 1139610 P.O. BOX 679510 DALLAS TX 75267-9510  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$194.85
3.204.	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY COFFEE COMPANY, LLC 1121420 P.O. BOX 679510 DALLAS TX 75267-9510  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$42.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.205.	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY COFFEE COMPANY, LLC 1123576 P.O. BOX 919149 DALLAS TX 75391-9149  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$580.00
3.206.	<b>Nonpriority creditor's name and mailing address</b> COMPERRY, AMANDA Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,195.12
3.207.	<b>Nonpriority creditor's name and mailing address</b> COMPLETE SECURITY SOLUTIONS OF MANATEE INC. DBA MANATEE LOCK & KEY INC. 718 7TH AVE W STE F BRADENTON FL 34205  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,662.78

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.208.	<b>Nonpriority creditor's name and mailing address</b> COMPSYCH EMPLOYEE ASSISTANCE PROGRAMS, INC DBA COMPSYCH CORPORATION 455 N. CITYFRONT PLAZA DR NBC TOWER 13TH FL CHICAGO IL 60611-5322  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,268.75
3.209.	<b>Nonpriority creditor's name and mailing address</b> CONCIERGE CLEANING SERVICES 237 A #45563 SAN DIEGO CA 92101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,703.67
3.210.	<b>Nonpriority creditor's name and mailing address</b> CONNECTICUT GENERAL LIFE INSURANCE CO. / CIGNA HEALTH AND LIFE INSURANCE CO. C/O CIGNA BEHAVIORAL HEALTH 900 COTTAGE GROVE RD. W3SIU BLOOMFIELD CT 06002  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> INSURANCE PAYOR REFUND  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$1,303,015.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.211. Nonpriority creditor's name and mailing address</b> CONSOLIDATED FIRE PROTECTION SYSTEMS, INC. 99 QUAKER CHURCH RD RANDOLPH NJ 07869  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.38
<b>3.212. Nonpriority creditor's name and mailing address</b> COOPER, BEN C/O PAUL KENT BRAMLETT BRAMLETT LAW OFFICES 40 BURTON HILLS BLVD. SUITE 2000 NASHVILLE TN 37215  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 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 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> UNKNOWN
<b>3.213. Nonpriority creditor's name and mailing address</b> CORESOURCE 400 FIELD DRIVE, LAKE FOREST IL 60045  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,818.88

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.214.	<b>Nonpriority creditor's name and mailing address</b> CORNERSTONE RESEARCH INC TWO EMBARCADERO CENTER 20TH FL. SAN FRANCISCO CA 94111  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$116,049.50
3.215.	<b>Nonpriority creditor's name and mailing address</b> CORPORATION SERVICE COMPANY DBA CSC P.O. BOX 13397 PHILADELPHIA PA 19101-3397  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$79,708.82
3.216.	<b>Nonpriority creditor's name and mailing address</b> COUNTYWIDE FIRE SERVICES, INC. 2375 E. TROPICANA AVE. #8-88 LAS VEGAS NV 89119  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,395.39

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.217. Nonpriority creditor's name and mailing address</b> COURIER PRINTING 7810 SOLUTION CENTER CHICAGO IL 60677-7008  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,941.07
<b>3.218. Nonpriority creditor's name and mailing address</b> COX BUSINESS 001 3110 116235501 (RSG) P.O. BOX 53214 PHOENIX AZ 85072-3214  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$819.58
<b>3.219. Nonpriority creditor's name and mailing address</b> COX BUSINESS 001 7601 059905401 P.O. BOX 53280 PHOENIX AZ 85072-3280  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$552.58

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.220.	<b>Nonpriority creditor's name and mailing address</b> COX BUSINESS 001 8610 030915705 PO BOX 53262 PHOENIX AZ 85072-3262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$982.61
3.221.	<b>Nonpriority creditor's name and mailing address</b> COX BUSINESS 001 8610 101927101 PO BOX 53262 PHOENIX AZ 85072-3262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,608.33
3.222.	<b>Nonpriority creditor's name and mailing address</b> COX BUSINESS 001 8610 125907702 P.O. BOX 53262 PHOENIX AZ 85072-3262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$344.48

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.223.	<b>Nonpriority creditor's name and mailing address</b> COX COMMUNICATIONS 001 7601 047402803 PO BOX 53280 PHOENIX AZ 85072-3280  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$324.46
3.224.	<b>Nonpriority creditor's name and mailing address</b> COX COMMUNICATIONS 001 8610 097485302 PO BOX 53262 PHOENIX AZ 85072-3262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,402.80
3.225.	<b>Nonpriority creditor's name and mailing address</b> COX COMMUNICATIONS 001 8610 121789101 PO BOX 53262 PHOENIX AZ 85072-3262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,993.86

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.226. Nonpriority creditor's name and mailing address</b> COX COMMUNICATIONS 001 8610 122567501 PO BOX 53262 PHOENIX AZ 85072-3262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$534.89
<b>3.227. Nonpriority creditor's name and mailing address</b> COX COMMUNICATIONS, INC. DBA COX MEDIA, L.L.C. P.O. BOX 50464 LOS ANGELES CA 90074  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,400.00
<b>3.228. Nonpriority creditor's name and mailing address</b> COX, ERIC L. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,352.86

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.229.	<b>Nonpriority creditor's name and mailing address</b> COZZINI BROS INC 350 HOWARD AVE DES PLAINES IL 60018  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91.14
3.230.	<b>Nonpriority creditor's name and mailing address</b> CR&R INCORPORATED 86-0036927 8 PO BOX 7183 PASADENA CA 91109-7183  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,533.47
3.231.	<b>Nonpriority creditor's name and mailing address</b> CRISIS PREVENTION INSTITUTE INC 10850 W. PARK PLACE STE 250 MILWAUKEE WI 53224  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,139.90

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.232.	<b>Nonpriority creditor's name and mailing address</b> CROSS COUNTRY STAFFING, INC. 6551 PARK OF COMMERCE BLVD BOCA RATON FL 33487  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$39,528.75
3.233.	<b>Nonpriority creditor's name and mailing address</b> CROSSFIT BREAUX BRIDGE 123 FRANCOIS DR LAFAYETTE LA 70507  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$750.00
3.234.	<b>Nonpriority creditor's name and mailing address</b> CROSSTOWN COURIER INC 1450 GOULD BLVD LAVERGNE TN 37086-3513  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$243.60



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.235.	<b>Nonpriority creditor's name and mailing address</b> CT CORPORATION SYSTEM DBA LIEN SOLUTIONS P.O. BOX 301133 DALLAS TX 75303-1133  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$618.00
3.236.	<b>Nonpriority creditor's name and mailing address</b> CUSIP GLOBAL SERVICES 2542 COLLECTION CENTER DR CHICAGO IL 60693  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91.00
3.237.	<b>Nonpriority creditor's name and mailing address</b> CV BRENTWOOD PROPERTIES, LLC 500 WILSON PIKE STE 228 BRENTWOOD TN 37027  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$102,808.06

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.238.	<b>Nonpriority creditor's name and mailing address</b> DADE PAPER & BAG LLC DBA IMPERIAL DADE 2675 DIRECTORS ROW ORLANDO FL 32809  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,977.83
3.239.	<b>Nonpriority creditor's name and mailing address</b> DATAPRISE, LLC P.O. BOX 62550 BALTIMORE MD 21264-2550  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,065.00
3.240.	<b>Nonpriority creditor's name and mailing address</b> DAVIS ENTERPRISES PO BOX 20823 PHOENIX AZ 85036  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,260.95

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.241. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC 25528061 (RSG) P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> MARKETING VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$471.65
<b>3.242. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC 25528061 (RSG) P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$532.26
<b>3.243. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. C/O JOSEPH P. RUSNAK, ESQ. TUNE, ENTREKIN & WHITE, P.C. 315 DEADERICK STREET NASHVILLE TN 37238  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 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 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>  \$19,215.75

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.244. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. 25464462 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> MARKETING VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,565.00
<b>3.245. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. 25464462 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,210.52
<b>3.246. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. 25470959 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$229.85

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.247. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. 25478722 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$2,715.88
<b>3.248. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. 25507330 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$222.45
<b>3.249. Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES, INC. 25536787 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$960.12

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.250.	<b>Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES. INC. 25548685 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$907.07
3.251.	<b>Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERVICES. INC. 25567381 P.O. BOX 41602 PHILADELPHIA PA 19101-1602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,405.11
3.252.	<b>Nonpriority creditor's name and mailing address</b> DEEPDYVE, INC. 2221 BROADWAY STREET REDWOOD CITY CA 94063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.253.	<b>Nonpriority creditor's name and mailing address</b> DELOITTE TAX LLP 1033 DEMONBREUN ST STE 400 NASHVILLE TN 37203  <b>Date or dates debt was incurred</b> DEC-19 TO JUN-20  <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> TAX WORK  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$322,000.00
3.254.	<b>Nonpriority creditor's name and mailing address</b> DEPARTMENT OF MOTOR VEHICLES-CA PO BOX 944231 SACRAMENTO CA 94244-2310  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50.00
3.255.	<b>Nonpriority creditor's name and mailing address</b> DESANTIS, JOEL R. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,001.70

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.256.	<b>Nonpriority creditor's name and mailing address</b> DESMOND EDWARDS DBA MORFYNN MEDICAL 2733 S. GAFFEY ST STE 7 SAN PEDRO CA 90731  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$861.25
3.257.	<b>Nonpriority creditor's name and mailing address</b> DEX MEDIA, INC. DBA DEX YP 2200 W. AIRFIELD DRIVE DFW AIRPORT TX 75261-9810  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$39,424.99
3.258.	<b>Nonpriority creditor's name and mailing address</b> DIGITAL ADDITIVE, INC. 3648 WINBROOKE LN TUCKER GA 30084  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24,210.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.259.	<b>Nonpriority creditor's name and mailing address</b> DIRECT ENERGY MARKETING, INC. DBA DIRECT ENERGY BUSINESS, LLC 1180393 P.O. BOX 660749 DALLAS TX 75266  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,823.34
3.260.	<b>Nonpriority creditor's name and mailing address</b> DIRECT ENERGY MARKETING, INC. DBA DIRECT ENERGY BUSINESS, LLC 1626018 PO BOX 660749 DALLAS TX 75266  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,664.51
3.261.	<b>Nonpriority creditor's name and mailing address</b> DIRECT ENERGY MARKETING, INC. DBA DIRECT ENERGY BUSINESS, LLC 1626019 P.O. BOX 660749 DALLAS TX 75266  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,688.09

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.262.	<b>Nonpriority creditor's name and mailing address</b> DIRECTV 025341481 P.O. BOX 105249 ATLANTA GA 30348-5249  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$104.24
3.263.	<b>Nonpriority creditor's name and mailing address</b> DIRECTV 057984313 P.O. BOX 105249 ATLANTA GA 30348-5249  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$411.11
3.264.	<b>Nonpriority creditor's name and mailing address</b> DIRECTV 069938248 PO BOX 105249 ATLANTA GA 30348-5249  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$39.04

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.265.	<b>Nonpriority creditor's name and mailing address</b> DISCOVERY BENEFITS, INC. P.O. BOX 2079 OMAHA NE 68103-2079  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,286.07
3.266.	<b>Nonpriority creditor's name and mailing address</b> DISH 8255 7070 8005 6745 PO BOX 94063 PALATINE IL 60094-4063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6.88
3.267.	<b>Nonpriority creditor's name and mailing address</b> DISH 8255 7070 8679 1311 PO BOX 94063 PALATINE IL 60094-4063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26.04

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.268.	<b>Nonpriority creditor's name and mailing address</b> DOBRIN, ADAM MARSHALL 3021 W. HORIZON RIDGE PARKWAY HENDERSON NV 89052  <b>Date or dates debt was incurred</b> <hr/> <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> UNKNOWN
3.269.	<b>Nonpriority creditor's name and mailing address</b> DOCUSIGN 1301 2ND AVENUE STE 2000 SEATTLE WA 98101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$166,167.00
3.270.	<b>Nonpriority creditor's name and mailing address</b> DONNELLEY FINANCIAL, LLC PO BOX 842282 BOSTON MA 02284-2282  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$95,502.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.271. Nonpriority creditor's name and mailing address</b> DOUGLAS KRUCKNER(CLOSED) C/O THE COLE GROUP P.O. BOX 16867 FT. WORTH TX 76162  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,400.00
<b>3.272. Nonpriority creditor's name and mailing address</b> DREAMSCAPE MARKETING LLC 6731 COLUMBIA GATEWAY DR STE 100 COLUMBIA MD 21046  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,000.00
<b>3.273. Nonpriority creditor's name and mailing address</b> DRUG EDUCATION COUNCIL, INC. 3000 TELEVISION AVENUE MOBILE AL 36606  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <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

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.274.	<b>Nonpriority creditor's name and mailing address</b> DSH, LTD CORNERSTONE REALTY 8233 GATOR LANE UNIT 18 WEST PALM BEACH FL 33411  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,038.10
3.275.	<b>Nonpriority creditor's name and mailing address</b> DSH, LTD CORNERSTONE REALTY 8233 GATOR LANE UNIT 18 WEST PALM BEACH FL 3341  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,182.34
3.276.	<b>Nonpriority creditor's name and mailing address</b> DYNAMIC AIR SERVICES 25652 COMMERCE CENTRE LAKE FOREST CA 92630  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,928.97

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.277. Nonpriority creditor's name and mailing address</b> E. ADAM WEBB, P.C. DBA WEBB, KLASE & LEMOND, LLC 1900 THE EXCHANGE SE STE 480 ATLANTA GA 30339  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,246.60
<b>3.278. Nonpriority creditor's name and mailing address</b> E.B.R. SHERIFF PARISH OF E BATON ROUGE P.O. BOX 70 BATON ROUGE LA 70821  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$432.98
<b>3.279. Nonpriority creditor's name and mailing address</b> EARLYSENSE INC. 135 BEAVER ST STE 307 WALTHAM MA '02452  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,561.05

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.280.	<b>Nonpriority creditor's name and mailing address</b> EATON CORPORATION 29085 NETWORK PLACE CHICAGO IL 60673-1290  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,940.57
3.281.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB 010215381-(GHC) PO BOX 70343 CHICAGO IL 60673-0343  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,911.61
3.282.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB 010482431-(ROC) PO BOX 32027 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$487.64



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.283.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB 010543310-(LTH) PO BOX 32027 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$119.21
3.284.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB 010673336-(OXF) P.O. BOX 32027 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$334.98
3.285.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB 010752928-(OOP-O) P.O. BOX 32027 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$325.86

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.286.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB 010782964-(SL-A) P.O. BOX 32027 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.77
3.287.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB FOOD SAFETY SPECIALTIES 24198 NETWORK PL CHICAGO IL 60673-1241  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$55.14
3.288.	<b>Nonpriority creditor's name and mailing address</b> ECOLAB LAGU0019-0001-01 26252 NETWORK PLACE CHICAGO IL 60673-1262  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$494.06

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.289.	<b>Nonpriority creditor's name and mailing address</b> EDCO DISPOSAL CORPORATION 16-AR 412891 6670 FEDERAL BLVD LEMON GROVE CA 91945  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$608.40
3.290.	<b>Nonpriority creditor's name and mailing address</b> EDG CONTRACTING, LLC 7 CAMDEN CT MANSFIELD TX 76063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,240.00
3.291.	<b>Nonpriority creditor's name and mailing address</b> EDS ELECTRONICS INC 2675 W CHEYENNE AVE NORTH LAS VEGAS NV 89032  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,899.28

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.292.	<b>Nonpriority creditor's name and mailing address</b> EEC ACQUISITION LLC DBA SMART CARE EQUIPMENT SOLUTIONS P.O. BOX 74008980 CHICAGO IL 60674-8980  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$359.20
3.293.	<b>Nonpriority creditor's name and mailing address</b> EFAX CORPORATE C/O J2 GLOBAL INC PO BOX 51873 LOS ANGELES CA 90051  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,601.60
3.294.	<b>Nonpriority creditor's name and mailing address</b> EKERN ENTERPRISES, INC. 11358 HIGHCREST CT REDMOND OR 97756  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,108.91

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.295.	<b>Nonpriority creditor's name and mailing address</b> ELDER, ASHLEY BLAIR Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$216.22
3.296.	<b>Nonpriority creditor's name and mailing address</b> ELEVATOR SAFETY INSPECTION SERVICES, INC. 415 N. MCKINLEY ST STE 685 LITTLE ROCK AR 72205  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$205.00
3.297.	<b>Nonpriority creditor's name and mailing address</b> ELSOHLY LABORATORIES, INC. 5 INDUSTRIAL PARK DRIVE OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$445.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.298.	<b>Nonpriority creditor's name and mailing address</b> EMPIRE ROOFING, INC 5301 SUN VALLEY DRIVE FT. WORTH TX 76119  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,125.33
3.299.	<b>Nonpriority creditor's name and mailing address</b> EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION, INC. 4350 N FAIRFAX DR. STE 740 ARLINGTON VA 22203  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,545.00
3.300.	<b>Nonpriority creditor's name and mailing address</b> EMPLOYMENT DEVELOPMENT - STATE OF CALIFORNIA PO BOX 826880 SACRAMENTO CA 94280-0001  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$321.52

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.301.	<b>Nonpriority creditor's name and mailing address</b> ENBIO, CORP 150 EAST OLIVE AVENUE STE 212 BURBANK CA 91502  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,525.00
3.302.	<b>Nonpriority creditor's name and mailing address</b> ENGLES, TERRENCE J. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,376.77
3.303.	<b>Nonpriority creditor's name and mailing address</b> ENTECH SALES & SERVICE 3404 GARDEN BROOK DRIVE DALLAS TX 75234  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$339.92

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.304.	<b>Nonpriority creditor's name and mailing address</b> ENTERCOM COMMUNICATIONS CORP DBA ENTERCOM TEXAS LLC, KRLD AM, TSN, KJJK FM, KLUV FM, KRLD FM, KMKV FM & DIG DALLAS P.O. BOX 74079 CLEVELAND OH 92656  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$62,672.00
3.305.	<b>Nonpriority creditor's name and mailing address</b> ENTERCOM NEW ORLEANS LLC. 400 POYDROS STE 800 NEW ORLEANS LA 70130  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,190.80
3.306.	<b>Nonpriority creditor's name and mailing address</b> ENTERGY 129585303 PO BOX 8106 BATON ROUGE LA 70891-8106  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.30



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.307. Nonpriority creditor's name and mailing address</b> ENTERPRISE FLEET MANAGEMENT 500826 PO BOX 800089 KANSAS CITY MO 64180  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,076.60
<b>3.308. Nonpriority creditor's name and mailing address</b> ENVIRONMENT CONTROL BUILDING SERVICES OF NASHVILLE P.O. BOX 2256 ANTIOCH TN 37011  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,117.99
<b>3.309. Nonpriority creditor's name and mailing address</b> ENVIRONMENT CONTROL OF SAN DIEGO, INC. 4025 CAMINO DE RIO S STE 330 SAN DIEGO CA 92108  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,165.03

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.310. Nonpriority creditor's name and mailing address</b> EN-VISION HEALTH SERVICES LLC DBA HEALTH PRO PHARMACY 11349 BIA BEND RD RIVERVIEW FL 33579  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$51,959.40
<b>3.311. Nonpriority creditor's name and mailing address</b> EQUAL PARTS CONSULTING LLC DBA EQUAL PARTS 125 S. HWY 101 SOLANA BEACH CA 92075  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,750.00
<b>3.312. Nonpriority creditor's name and mailing address</b> EQUIAN LLC BIN141989 1212 S NAPER BLVD, STE 119-262 NAPERVILLE IL 60540-8360  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,737.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.313. Nonpriority creditor's name and mailing address</b> EUROFINS QC INC DEPT#2598 PO BOX 11407 BIRMINGHAM AL 35246-2598  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$736.35
<b>3.314. Nonpriority creditor's name and mailing address</b> EWT HOLDINGS III CORP DBA EVOQUA WATER TECHNOLOGIES LLC 210 SIXTH AVE STE 3300 PITTSBURGH PA 15222  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,389.16
<b>3.315. Nonpriority creditor's name and mailing address</b> EX DALLAS LP DBA FOUR SEASONS RESORT AND CLUB DALLAS AT LAS COLINAS 4150 N. MCARTHUR BLVD IRVING TX 75038  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,229.98

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.316.	<b>Nonpriority creditor's name and mailing address</b> EXPENSIFY, INC LOCKBOX #912729 P.O. BOX 31001-2729 PASADENA CA 91110-2729  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,611.00
3.317.	<b>Nonpriority creditor's name and mailing address</b> EXTRA SPACE MANAGEMENT INC 9300 RESEARCH DR IRVINE CA 92618  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,462.40
3.318.	<b>Nonpriority creditor's name and mailing address</b> EXTREME ELECTRIC, INC. 3755 B DICKERSON RD NASHVILLE TN 37207  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,430.70

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.319.	<b>Nonpriority creditor's name and mailing address</b> FADNER MEDIA ENTERPRISES, LLC DBA MEDIAPOST COMMUNICATIONS 1460 BROADWAY NEW YORK NY 10036  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,500.00
3.320.	<b>Nonpriority creditor's name and mailing address</b> FAIR CLOUGH PROPANE LLC 91 HAMPTON HOUSE RD NEWTON NJ '07860  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,341.87
3.321.	<b>Nonpriority creditor's name and mailing address</b> FARONICS TECHNOLOGIES USA INC. 5506 SUNOL BLVD STE 202 PLEASANTON CA 94566  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,040.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.322.	<b>Nonpriority creditor's name and mailing address</b> FARRUKH IMTIAZ MD A PROFESSIONAL CORPORATION 3650 S. EASTERN AVE STE 120 LAS VEGAS NV 89169  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,103.40
3.323.	<b>Nonpriority creditor's name and mailing address</b> FEDERAL EMPLOYEE PROGRAM 500 EXCHANGE STREET, PROVIDENCE RI 02903-2699  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,275.00
3.324.	<b>Nonpriority creditor's name and mailing address</b> FEDEX 1186-1401-1 (SHC) P.O. BOX 660481 DALLAS TX 75266-0481  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$107.34

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.325. Nonpriority creditor's name and mailing address</b> FEDEX 2773-2735-0 (AAC/BD) P.O. BOX 660481 DALLAS TX 75266-0481  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$144.94
<b>3.326. Nonpriority creditor's name and mailing address</b> FEDEX 3886-3875-3 (LAB) P.O. BOX 660481 DALLAS TX 75266-0481  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,575.43
<b>3.327. Nonpriority creditor's name and mailing address</b> FEDEX 9039-3761-0 (GHC) P.O. BOX 660481 DALLAS TX 75266-0481  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$394.96

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.328.	<b>Nonpriority creditor's name and mailing address</b> FEDEX CUSTOM CRITICAL P.O. BOX 645123 PITTSBURGH PA 15264-5123  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$460.00
3.329.	<b>Nonpriority creditor's name and mailing address</b> FEDEX OFFICE 0359903871 PO BOX 672085 DALLAS TX 75267-2085  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$859.09
3.330.	<b>Nonpriority creditor's name and mailing address</b> FERRANTE, CHRISTOPHER J. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,355.69



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.331. Nonpriority creditor's name and mailing address</b> FINANCIAL ACCOUNTING FOUNDATION DBA FINANCIAL ACCNT STANDARDS BR P.O. BOX 418272 BOSTON MA '02241-8272  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$201.00
<b>3.332. Nonpriority creditor's name and mailing address</b> FINANCIALFORCE.COM LLC 595 MARKET STREET STE 2700 SAN FRANCISCO CA 94105  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,469.32
<b>3.333. Nonpriority creditor's name and mailing address</b> FIRST PAGE MANAGEMENT LLC DBA STATUSLABS.COM 151 S. 1ST STREET STE 100 AUSTIN TX 78704  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,488.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.334.	<b>Nonpriority creditor's name and mailing address</b> FISHER SCIENTIFIC PO BOX 404705 ATLANTA GA 30384-4705  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$119,228.27
3.335.	<b>Nonpriority creditor's name and mailing address</b> FIVE IRON, LLC 501 CORPORATE CENTRE DR STE 120 FRANKLIN TN 37067  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,821.64
3.336.	<b>Nonpriority creditor's name and mailing address</b> FIVE9 INC 4000 EXECUTIVE PARKWAY STE 400 SAN RAMON CA 94583  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$56,825.17

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.337.	<b>Nonpriority creditor's name and mailing address</b> FIVEHT MEDIA LTD 307-1625 OAK BAY AVENUE VICTORIA BC V8R 1B1 CANADA  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <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
3.338.	<b>Nonpriority creditor's name and mailing address</b> FLORA, EDEN WALKER 142 OXFORD CREEK DR OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,251.25
3.339.	<b>Nonpriority creditor's name and mailing address</b> FLORES & ASSOCIATES PO BOX 31397, CHARLOTTE NC 28231-1397  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$690.75

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.340.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA DEPARTMENT OF TRANSPORTATION P.O. BOX 71237 CHARLOTTE NC 28272-1237  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$89.92
3.341.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA NATURAL GAS 36097 P.O. BOX 934726 ATLANTA GA 31193-4726  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43.15
3.342.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA NATURAL GAS 36098 P.O. BOX 934726 ATLANTA GA 31193-4726  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$175.06

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.343.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA NATURAL GAS 36099 P.O. BOX 934726 ATLANTA GA 31193-4726  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$248.30
3.344.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA NATURAL GAS 36200 P.O. BOX 934726 ATLANTA GA 31193-4726  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$331.73
3.345.	<b>Nonpriority creditor's name and mailing address</b> FLORIDA NATURAL GAS 36205 P.O. BOX 934726 ATLANTA GA 31193-4726  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$155.87

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.346. Nonpriority creditor's name and mailing address</b> FLORIDA POWER AND LIGHT 97913-85363 P O BOX 524013 MIAMI FL 33152-4013  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,702.80
<b>3.347. Nonpriority creditor's name and mailing address</b> FOCUS LANGUAGE INTERNATIONAL DBA FOCUS INTERPRETING P.O. BOX 634 ORANGE CA 92856  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00
<b>3.348. Nonpriority creditor's name and mailing address</b> FOCUS MENTAL HEALTH SOLUTIONS BHUSHAN MANJOORAN WIRJO PLLC DBA FOCUS MENTAL HEALTH 3016 W CHARLESTON BLVD STE 150 LAS VEGAS NV 89102  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,210.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.349.	<b>Nonpriority creditor's name and mailing address</b> FONALITY 6900 DALLAS PKWY STE 250 PLANO TX 75024  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.01
3.350.	<b>Nonpriority creditor's name and mailing address</b> FONTAINE M.D., CATHERINE Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,816.25
3.351.	<b>Nonpriority creditor's name and mailing address</b> FOOD MANAGEMENT GROUP, INC. 70 JESSE DUPONT MEMORIAL HWY BURGESS VA 22432  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,692.30

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.352.	<b>Nonpriority creditor's name and mailing address</b> FOREVER PROPANE OF BOCA RATON INC 350 NE 44TH STREET OAKLAND PARK FL 33334  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7.81
3.353.	<b>Nonpriority creditor's name and mailing address</b> FRANKLIN BOARD OF PUBLIC WORKS 46 MAIN STREET FRANKLIN NJ 07416  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,458.84
3.354.	<b>Nonpriority creditor's name and mailing address</b> FREEDOM SOLUTIONS GROUP LLC DBA LITERA MICROSYSTEMS 300 S RIVERSIDE PLAZA STE 800 S. CHICAGO IL 60606  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$378.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.355. Nonpriority creditor's name and mailing address</b> FREEMAN JETTING SERVICE'S INC. 706 SAVANNAH DRIVE OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$642.00
<b>3.356. Nonpriority creditor's name and mailing address</b> FRENCH, MAGGIE R. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,893.73
<b>3.357. Nonpriority creditor's name and mailing address</b> FRONTIER 813-677-9088-030518-5 P.O. BOX 74047 CINCINNATI OH 45274-0407  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$156.82

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.358. Nonpriority creditor's name and mailing address</b> FRONTIER 813-741-3456-042419-5 P.O. BOX 74047 CINCINNATI OH 45274-0407  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$280.07
<b>3.359. Nonpriority creditor's name and mailing address</b> FTI TECHNOLOGY LLC P.O. BOX 418005 BOSTON MA 02241-8005  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$41,340.80
<b>3.360. Nonpriority creditor's name and mailing address</b> FULL FORCE PROTECTION INC DBA BRAVO THREE 8400 N. MAGNOLIA AVE STE N SANTEE CA 92071  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$13,986.87

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.361. Nonpriority creditor's name and mailing address</b> GALLERY REAL ESTATE SERVICES INC 23011 MOULTON PKWY STE F-2 LAGUNA HILLS CA 92653  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,645.00
<b>3.362. Nonpriority creditor's name and mailing address</b> GATEWAY SMP LLC 6950 AMBER LANE CARLSBAD CA 92009  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,600.00
<b>3.363. Nonpriority creditor's name and mailing address</b> GEHA P.O. BOX 410014 KANSAS CITY MO 64179-9775  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$647.10

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.364. Nonpriority creditor's name and mailing address</b> GENERAL INFORMATION SOLUTIONS LLC DBA GIS HIRERIGHT P.O. BOX 538450 ATLANTA GA 30353-8450  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$67,756.13
<b>3.365. Nonpriority creditor's name and mailing address</b> GEOCKO INC. DBA LIVESTORIES 1904 THIRD AVE STE 100 SEATTLE WA 98101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,500.00
<b>3.366. Nonpriority creditor's name and mailing address</b> GIGAVOICE, LLC ATL BANK BY MAIL PO BOX 105576 ATLANTA GA 30348-5576  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,730.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.367. Nonpriority creditor's name and mailing address</b> GLOBAL ANALYTICAL DEVELOPMENT LLC PO BOX 734509 CHICAGO IL 60695-1509  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$65,094.49
<b>3.368. Nonpriority creditor's name and mailing address</b> GMT CARE, LLC 3645 W. OQUENDO RD STE 400 LAS VEGAS NV 89118  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.50
<b>3.369. Nonpriority creditor's name and mailing address</b> GOTHREAU, LACEY 100 MORNINGSIDE DR DUSON LA 70529  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$715.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.370. Nonpriority creditor's name and mailing address</b> GRAINGER 802384412 DEPT 884138645 PO BOX 419267 PO BOX 419267 KANSAS CITY MO 64141-6267  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$586.37
<b>3.371. Nonpriority creditor's name and mailing address</b> GRAY, NICHOLAS S. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,488.67
<b>3.372. Nonpriority creditor's name and mailing address</b> GREATER RIVERVIEW CHAMBER OF COMMERCE 10101 BLOOMINGDALE AVE STE 102 RIVERVIEW FL 33578  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.373. Nonpriority creditor's name and mailing address</b> GREEN TECH PEST CONTROL 36 E HORIZON RIDGE PARKWAY STE 110-121 HENDERSON NV 89002  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$283.20
<b>3.374. Nonpriority creditor's name and mailing address</b> GREENE, ARTHUR D. 1526 FIREWHEEL DRIVE WESLEY CHAPEL FL 33543  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,028.60
<b>3.375. Nonpriority creditor's name and mailing address</b> GRIFFIN HAMERSKY LLP 420 LEXINGTON AVE STE STE 400 NEW YORK NY 10170  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,757.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.376. Nonpriority creditor's name and mailing address</b> GROWERS RANCH INC. DBA PENJOYAN PRODUCE 2016 NEWPORT BLVD COSTA MESA CA 92627  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,253.90
<b>3.377. Nonpriority creditor's name and mailing address</b> GUARNOTTA, EMILY 177 THELMA AVE MERRICK FL 11566  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$145.60
<b>3.378. Nonpriority creditor's name and mailing address</b> GULF COAST AIR SYSTEMS INC PO BOX 1070 VALRICO FL 33595  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,745.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.379.	<b>Nonpriority creditor's name and mailing address</b> HALL, TAMRA K. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,835.12
3.380.	<b>Nonpriority creditor's name and mailing address</b> HAMILTON ROBOTICS P.O. BOX 10030 RENO NV 89502  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,810.41
3.381.	<b>Nonpriority creditor's name and mailing address</b> HAMPTON INN OXFORD CONFERENCE CENTER 103 ED PERRY BLVD OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,408.99

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.382.	<b>Nonpriority creditor's name and mailing address</b> HAZELDEN PUBLISHING P.O. BOX 860337 MINNEAPOLIS MN 55486-0337  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,240.55
3.383.	<b>Nonpriority creditor's name and mailing address</b> HCI SYSTEMS, INC. 1354 S. PARKSIDE PL. ONTARIO CA 91761  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,160.00
3.384.	<b>Nonpriority creditor's name and mailing address</b> HCSC COOPERATIVE INC DBA HCSC AMBULATORY CARE K. SWANTEK 2171 28TH ST SW ALLENTOWN PA 18104  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,824.58

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.385.	<b>Nonpriority creditor's name and mailing address</b> HEALTH ADVOCATE PO BOX 561509 DENVER CO 80256-1509  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,727.35
3.386.	<b>Nonpriority creditor's name and mailing address</b> HEALTH CARE SYSTEMS, INC. 5755 CARMICHAEL PARKWAY MONTGOMERY AL 36117  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$314.36
3.387.	<b>Nonpriority creditor's name and mailing address</b> HEALTH COMMUNICATIONS, INC ENTERPRISE CENTER 3201 S.W. 15TH ST DEERFIELD BEACH FL 33442  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24,683.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.388.	<b>Nonpriority creditor's name and mailing address</b> HEALTHGRAM, INC. 8731 RED OAK BLVD CHARLOTTE NC 28217  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$258.00
3.389.	<b>Nonpriority creditor's name and mailing address</b> HEALTHSTREAM INC PO BOX 102817 ATLANTA GA 30368-2817  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,912.83
3.390.	<b>Nonpriority creditor's name and mailing address</b> HEARTLAND FOOD PRODUCTS, LLC DBA HEARTLAND WAFFLES NV89024 P.O. BOX 219081 DEPT 5087 KANSAS CITY MO 64121  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$373.49

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.391. Nonpriority creditor's name and mailing address</b> HEJMANOWSKI & MCCREA LLC 520 S FOURTH ST STE 320 LAS VEGAS NV 89101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$514.00
<b>3.392. Nonpriority creditor's name and mailing address</b> HELAINA HOVITZ DBA HOVITZ MEDIA ENTERPRISES LLC 77 FULTON ST APT 8K NEW YORK NY 10038  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$700.00
<b>3.393. Nonpriority creditor's name and mailing address</b> HELGET GAS PRODUCTS P.O. BOX 24246 OMAHA NE 68124  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$186.89

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.394. Nonpriority creditor's name and mailing address</b> HELPFUL GROUP LLC DBA SNEED'S ACE HARDWARE 1400 UNIVERSITY AVE OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,907.71
<b>3.395. Nonpriority creditor's name and mailing address</b> HITOUCH BUSINESS SERVICES LLC PO BOX 32192 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$76,679.70
<b>3.396. Nonpriority creditor's name and mailing address</b> HITOUCH BUSINESS SERVICES LLC DBA ITSIMPLIFY PO BOX 32192 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,276.37

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.397. Nonpriority creditor's name and mailing address</b> HITOUCH BUSINESS SERVICES LLC DBA MYOFFICEPRODUCTS LLC PO BOX 32192 NEW YORK NY 10087  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$33,032.11
<b>3.398. Nonpriority creditor's name and mailing address</b> HOBBIE HEAT & POWER INC 104 PARKER RD CHESTER NJ '07930  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,276.63
<b>3.399. Nonpriority creditor's name and mailing address</b> HOLOGIC (MA) LLC 24506 NETWORK PLACE CHICAGO IL 60673-1245  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,740.18

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.400.	<b>Nonpriority creditor's name and mailing address</b> HOMETOWN RESTORATION 2588 PROGRESS ST STE 7 VISTA CA 92081  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,000.00
3.401.	<b>Nonpriority creditor's name and mailing address</b> HOPKINS, EARL T. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$25,484.90
3.402.	<b>Nonpriority creditor's name and mailing address</b> HOPKINS, WHITNEY BLAIR 209 N OAKVISTA CT ALEDO LA 76008-2579  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$393.30



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.403. Nonpriority creditor's name and mailing address</b> HOWELL, D.O., LESLIE Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,531.60
<b>3.404. Nonpriority creditor's name and mailing address</b> HPAE 110 KINDERKAMACK RD EMERSON NJ 07630  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,449.76
<b>3.405. Nonpriority creditor's name and mailing address</b> HULU, LLC 2500 BROADWAY 2ND FLOOR SANTA MONICA CA 90404  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$46,589.04

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.406.	<b>Nonpriority creditor's name and mailing address</b> HUMANA HEALTH CARE PLANS P.O. BOX 931655 ATLANTA GA 31193-1655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,984.50
3.407.	<b>Nonpriority creditor's name and mailing address</b> HUTCHINSON, SHIRLEY 554 CLANCY CRESCENT PETERBOROUGH ON K9K 252 CANADA  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,410.00
3.408.	<b>Nonpriority creditor's name and mailing address</b> ICANOTES, LLC 1600 ST MARGARETS RD ANNAPOLIS MD 21409  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$360.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.409.	<b>Nonpriority creditor's name and mailing address</b> IMAGE TECH RESOURCES LLC PO BOX 660831 DALLAS TX 75266-0831  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,160.95
3.410.	<b>Nonpriority creditor's name and mailing address</b> IMAGEFIRST OF SOUTHEAST FLORIDA, LLC DBA IMAGEFIRST HEALTHCARE LAUNDRY SPECIALISTS P.O. BOX 61323 KING OF PRUSSIA PA 19406  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,706.08
3.411.	<b>Nonpriority creditor's name and mailing address</b> IMPERIAL BAG & PAPER CO., LLC DBA IMPERIAL DADE 255 ROUTE 1&9 J JERSEY CITY NJ 07306  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,970.18

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.412.	<b>Nonpriority creditor's name and mailing address</b> INDIANA PUBLIC RETIREMENT SYSTEM C/O CHRISTOPHER M. WOOD ROBBINS GELLER RUDMAN & DOWD LLP 414 UNION STREET SUITE 900 NASHVILLE TN 37219  <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 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>  UNKNOWN
3.413.	<b>Nonpriority creditor's name and mailing address</b> INFLUENCE CORP DBA INFLUENCE TECHNOLOGIES 1312 17TH STREET #746 #746 DENVER CO 80202  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$31,700.00
3.414.	<b>Nonpriority creditor's name and mailing address</b> INNOVATIVE DOCUMENT SOLUTIONS 26855 JEFFERSON AVE #F MURRIETA CA 92562  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$172.73

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.415.	<b>Nonpriority creditor's name and mailing address</b> INTEGRATED MICRO-CHROMATOGRAPHY SYSTEMS 110 CENTRUM DRIVE IRMO SC 29063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,636.00
3.416.	<b>Nonpriority creditor's name and mailing address</b> INTELLIGENT POWER SOLUTIONS 741 N. MAIN ST. ORANGE CA 92868  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,999.99
3.417.	<b>Nonpriority creditor's name and mailing address</b> INTERNATIONAL BUSINESS MACHINES CORPORATION DBA IBM CORPORATION P.O. BOX 534151 ATLANTA GA 30353-4151  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> DISPUTED CONTRACT WORK  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.418. Nonpriority creditor's name and mailing address</b> INTERNATIONAL BUSINESS MACHINES CORPORATION DBA IBM CORPORATION P.O. BOX 534151 ATLANTA GA 30353-4151  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,252.88
<b>3.419. Nonpriority creditor's name and mailing address</b> INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS, INC. P.O. BOX 68-9952 CHICAGO IL 60695-9954  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,050.00
<b>3.420. Nonpriority creditor's name and mailing address</b> IPREO DATA, INC. PO BOX 21865, NEW YORK NY 10087-1865  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,235.51

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.421. Nonpriority creditor's name and mailing address</b> IQ TALENT PARTNERS, LLC 171 MAIN ST #284 LOS ALTOS CA 94022  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,673.75
<b>3.422. Nonpriority creditor's name and mailing address</b> IQZ SYSTEMS LLC 1595 PEACHTREE PKWY CUMMING GA 30041  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,495.00
<b>3.423. Nonpriority creditor's name and mailing address</b> IRON MOUNTAIN PO BOX 601002 PASADENA CA 91189-1002  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,600.53

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.424.	<b>Nonpriority creditor's name and mailing address</b> IRON MOUNTAIN (LAB) P.O.BOX 915004 DALLAS TX 75391-5004  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,723.90
3.425.	<b>Nonpriority creditor's name and mailing address</b> IRON MOUNTAIN (RFC) P.O. BOX 27128 NEW YORK NY 10087-7128  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$782.36
3.426.	<b>Nonpriority creditor's name and mailing address</b> J&M KEYSTONE, INC. 2709 VIA ORANGE WAY STE A SPRING VALLEY CA 91978  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$450.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.427. Nonpriority creditor's name and mailing address</b> J.M. SMITH CORPORATION DBA QS/1 DATA SYSTEMS PO BOX 890898 CHARLOTTE NC 28289-0898  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,682.35
<b>3.428. Nonpriority creditor's name and mailing address</b> JACKSON LEWIS ATTORNEYS AT LAW PO BOX 416019 BOSTON MA 02241-6019  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,212.00
<b>3.429. Nonpriority creditor's name and mailing address</b> JACKSON, MARISA 3550 GROVE PARK DR COLLEGE GROVE FL 37046  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$875.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.430.	<b>Nonpriority creditor's name and mailing address</b> JACKSON, MICHAEL D. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,670.94
3.431.	<b>Nonpriority creditor's name and mailing address</b> JANSEN, ROBIN 7 SPRUIT CRESENT CAPE TOWN 7560 SOUTH AFRICA  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,650.00
3.432.	<b>Nonpriority creditor's name and mailing address</b> JASON D BRATLIEN DBA UND TECHNOLOGY& SERVICES 10215 ALLENWOOD DR RIVERVIEW FL 33569  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$574.32

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.433. Nonpriority creditor's name and mailing address</b> JASON DAMBRAUSKAS DBA RECOVERY WORLDWIDE, LLC 121 S. ORANGE AVE STE 1450 ORLANDO FL 32801  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,500.00
<b>3.434. Nonpriority creditor's name and mailing address</b> JAYS SHARPENING SERVICE 4310 W. TOMPKINS AVE LAS VEGAS NV 89103  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00
<b>3.435. Nonpriority creditor's name and mailing address</b> JENKINS, PERRY A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,369.17

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.436. Nonpriority creditor's name and mailing address</b> JENNI FRANK INC. DBA JENNI PLUMBER 5546 CAMINO AL NORTE #243 NORTH LAS VEGAS NV 89031  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,901.20
<b>3.437. Nonpriority creditor's name and mailing address</b> JERRY BOSTELMAN 1031 BATTERY LANE NASHVILLE TN 37220  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$109,375.00
<b>3.438. Nonpriority creditor's name and mailing address</b> JERSEY CENTRAL POWER & LIGHT 100 003 339 510 PO BOX 3687 AKRON OH 44309-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,024.25

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.439. Nonpriority creditor's name and mailing address</b> JERSEY CENTRAL POWER&LIGHT 100 120 186 075 PO BOX3687 AKRON OH 44309-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$58.12
<b>3.440. Nonpriority creditor's name and mailing address</b> JERSEY CENTRAL POWER&LIGHT 100 120 186 117 PO BOX 3687 AKRON OH 44309-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52.45
<b>3.441. Nonpriority creditor's name and mailing address</b> JERSEY CENTRAL POWER&LIGHT 100 120 187 107 PO BOX 3687 AKRON OH 44309-3687  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16.23

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**3.442. **Nonpriority creditor's name and mailing address**

JERSEY CENTRAL POWER&LIGHT 100 120 189  
020  
PO BOX 3687  
AKRON OH 44309-3687

**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$61.40

3.443. **Nonpriority creditor's name and mailing address**

JERSEY CENTRAL POWER&LIGHT 100 120 189  
939  
PO BOX 3687  
AKRON OH 44309-3687

**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$32.22

3.444. **Nonpriority creditor's name and mailing address**

JERSEY CENTRAL POWER&LIGHT 100 120 190  
887  
PO BOX 3687  
AKRON OH 44309-3687

**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$29.04

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.445. Nonpriority creditor's name and mailing address</b> JOHN GERBER 4322 HARDING PIKE STE 417 NASHVILLE TN 37205  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,000.00
<b>3.446. Nonpriority creditor's name and mailing address</b> JOHN HANCOCK SUNRISE HOUSE ESTATE PROTECTION UNIT PO BOX 192 BOSTON MA '02117-0192  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$69,310.00
<b>3.447. Nonpriority creditor's name and mailing address</b> JOHN T CHAPMAN DBA SHRED BULL, LLC 33232 MESA VISTA DR DANA POINT CA 92629  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.448. Nonpriority creditor's name and mailing address</b> JOUNI M.D., NABIL Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,000.00
<b>3.449. Nonpriority creditor's name and mailing address</b> KARMA OUTHUSE HUDSON, MD 1301 AUTUMN MIST WAY ARLINGTON TX 76005  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,000.00
<b>3.450. Nonpriority creditor's name and mailing address</b> KATSEL, DMITRIY DBA ADU NETWORK LLC DBA SPRING THEORY 18401 BURBANK BLVD STE 202 TARZANA CA 91356  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,000.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.451.	<b>Nonpriority creditor's name and mailing address</b> KENSHOO, INC. DEPT LA 23651 PASADENA CA 91185-3651  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,500.00
3.452.	<b>Nonpriority creditor's name and mailing address</b> KEY SURGICAL LLC P.O. BOX 74809 CHICAGO IL 60694  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,621.57
3.453.	<b>Nonpriority creditor's name and mailing address</b> KFORCE INC. 1001 E PALM AVE TAMPA FL 33605  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,304.22

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.454. Nonpriority creditor's name and mailing address</b> KHAMMOUANVICHIT, LINDA Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,894.24
<b>3.455. Nonpriority creditor's name and mailing address</b> KILPATRICK TOWNSEND AND STOCKTON, LLP P.O. BOX 945614 ATLANTA GA 30394  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90,000.00
<b>3.456. Nonpriority creditor's name and mailing address</b> KING & SPALDING LLP 1180 PEACHTREE ST NE 38TH FL ATLANTA GA 30309  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> LEGAL WORK  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,448.66

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.457. Nonpriority creditor's name and mailing address</b> KING & SPALDING LLP 1180 PEACHTREE ST NE 38TH FL ATLANTA GA 30309  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,566,878.58
<b>3.458. Nonpriority creditor's name and mailing address</b> KINGS III OF AMERICA LLC DBA KINGS III EMERGENCY COMMUNICATIONS 751 CANYON DR, STE 100 STE 100 COPPELL TX 75019  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$448.69
<b>3.459. Nonpriority creditor's name and mailing address</b> KIPU SYSTEMS LLC 55 ALHAMBRA PLAZA 6TH FL CORAL GABLES FL 33134  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$154.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.460.	<b>Nonpriority creditor's name and mailing address</b> KLOS RADIO, LLC 2600 W. OLIVE AVE STE 800 BURBANK CA 91505  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38,309.50
3.461.	<b>Nonpriority creditor's name and mailing address</b> KOBRICK, ROBERT D. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,920.87
3.462.	<b>Nonpriority creditor's name and mailing address</b> KOLMEDIA GROUP INC 12717 W SUNRISE BLVD STE 333 SUNRISE FL 33323  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$44,754.12

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.463.	<b>Nonpriority creditor's name and mailing address</b> KONE INC P.O. BOX 3491 CAROL STREAM IL 60132-3491  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,298.29
3.464.	<b>Nonpriority creditor's name and mailing address</b> KPMG LLP DEPT 0608 PO BOX 120608 DALLAS TX 75312-0608  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$99,193.76
3.465.	<b>Nonpriority creditor's name and mailing address</b> KRISTIN UFF 7882 SE PARADISE DRIVE STUART FL 34997  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.466.	<b>Nonpriority creditor's name and mailing address</b> KROKIDAS & BLUESTEIN LLP 600 ATLANTIC AVE STE 1900 BOSTON MA 02210  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,663.50
3.467.	<b>Nonpriority creditor's name and mailing address</b> LA CAVA & JACOBSON, PA DBA LA CAVA JACOBSON GOODIS 501 E. KENNEDY BLVD STE 1250 TAMPA FL 33602  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,276.00
3.468.	<b>Nonpriority creditor's name and mailing address</b> LABORATORY EXPRESS, INC 3211 CYPRESS RIDGE DR EADS TN 38028  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$57,924.15

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**3.469. **Nonpriority creditor's name and mailing address**LAFAYETTE COUNTY SOLID WASTE 03099097  
PO BOX 885  
OXFORD MS 38655**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Amount of claim**

\$1,064.40

3.470. **Nonpriority creditor's name and mailing address**LAMONT, HANLEY ASSOCIATES INC (ANTHEM  
BCBS)  
1138 ELM STREET  
MANCHESTER NH '03105**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Amount of claim**

\$63,510.09

3.471. **Nonpriority creditor's name and mailing address**LANE TERRALEVER, LLC  
645 R. MISSOURI AVE.,  
STE 400  
PHOENIX AZ 85012**Date or dates debt was incurred**

PERIOD UNCERTAIN

**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Basis for the claim:**

TRADE DEBT

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Amount of claim**

\$132,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.472.	<b>Nonpriority creditor's name and mailing address</b> LANGSTON, GREGORY W 762 CR 87 NEW ALBANY MS 38652  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$440.00
3.473.	<b>Nonpriority creditor's name and mailing address</b> LAS VEGAS VALLEY WATER DISTRICT 2040139543-7 P.O. BOX 2921 PHOENIX AZ 85062-2921  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,274.67
3.474.	<b>Nonpriority creditor's name and mailing address</b> LAS VEGAS VALLEY WATER DISTRICT 2946169370-6 P O BOX 2921 PHOENIX AZ 85062-2921  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$789.10



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.475. Nonpriority creditor's name and mailing address</b> LAS VEGAS VALLEY WATER DISTRICT 8391928453-5 PO BOX 2921 PHOENIX AZ 85062-2921  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,837.30
<b>3.476. Nonpriority creditor's name and mailing address</b> LAS VEGAS VALLEY WATER DISTRICT 9475172396-9 P.O. BOX 2921 PHOENIX AZ 85062-2921  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$409.58
<b>3.477. Nonpriority creditor's name and mailing address</b> LAS VEGAS VALLEY WATER DISTRICT 9478632178-9 PO BOX 2921 PHOENIX AZ 85062-2921  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,442.06

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.478. Nonpriority creditor's name and mailing address</b> LASALLE NETWORK TENNESSEE, LLC. 200 N LASALLE ST STE 2500 CHICAGO IL 60601  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66,240.00
<b>3.479. Nonpriority creditor's name and mailing address</b> LAWN GRAZERS LLC 1615 SAND HOLLOW LANE VALRICO FL 33594  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$550.00
<b>3.480. Nonpriority creditor's name and mailing address</b> LAZ KARP ASSOCIATES, LLC DBA LAZ PARKING CALIFORNIA, LLC P.O. BOX 847370 LOS ANGELES CA 90084  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,300.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.481. Nonpriority creditor's name and mailing address</b> LE ENTERPRISE LLC 5438 O'DONOVAN DR #200 BATON ROUGE LA 70808  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,895.83
<b>3.482. Nonpriority creditor's name and mailing address</b> LEADER WAY LIMITED (LOUDER ONLINE) 77 CONNAUGHT RD CENTRAL 26TH FLOOR BEAUTIFUL TOWER HONG KONG CENTRAL 1215 HONG KONG  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$60,000.00
<b>3.483. Nonpriority creditor's name and mailing address</b> LEAF - 100-2366168-001 PO BOX 5066 HARTFORD CT 06102-5066  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$312.59

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.484. Nonpriority creditor's name and mailing address</b> LEAF 100-3367987-001 P.O. BOX 5066 HARTFORD CT '06102-5066  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,900.74
<b>3.485. Nonpriority creditor's name and mailing address</b> LELLYETT & ROGERS COMPANY 1717 LEBANON ROAD NASHVILLE TN 37210  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,574.51
<b>3.486. Nonpriority creditor's name and mailing address</b> LEVEL 3 FINANCING INC DBA LEVEL 3 COMMUNICATIONS PO BOX 910182 DENVER CO 80291-0182  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,081.60

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.487.	<b>Nonpriority creditor's name and mailing address</b> LEVMOF INC. DBA ATLANTIC PARTNERS CORPORATION 6001 BROKEN SOUND PKWY STE 506 BOCA RATON FL 33487  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$42,750.00
3.488.	<b>Nonpriority creditor's name and mailing address</b> LEWIS BRISBOIS BISGAARD & SMITH LLP 633 WEST 5TH ST STE 4000 LOS ANGELES CA 90071  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,032.49
3.489.	<b>Nonpriority creditor's name and mailing address</b> LFDTP LLC DBA GOLD SPIKE PO BOX 7516 LAS VEGAS NV 89125  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,594.10

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.490.	<b>Nonpriority creditor's name and mailing address</b> LIAISON TECHNOLOGY, INC. DEPT AT 952956 ATLANTA GA 31192-2956  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.491.	<b>Nonpriority creditor's name and mailing address</b> LIFE TECHNOLOGIES CORPORATION 12088 COLLECTION CENTER DRIVE CHICAGO IL 60693  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$42,036.76
3.492.	<b>Nonpriority creditor's name and mailing address</b> LIFESIZE, INC. 1601 S MO PAC EXPY STE 100 AUSTIN TX 78746-7010  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$25,951.65

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.493. Nonpriority creditor's name and mailing address</b> LINKEDIN CORPORATION 62228 COLLECTIONS CENTER DR. CHICAGO IL 60693-0622  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,293.86
<b>3.494. Nonpriority creditor's name and mailing address</b> LONG, BRITTNEY B. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$73.78
<b>3.495. Nonpriority creditor's name and mailing address</b> LOPEZ-OLVERA, RAUL Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22.70

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.496.	<b>Nonpriority creditor's name and mailing address</b> LOUISIANA BOARD OF PHARMACY 3388 BRENTWOOD DR BATON ROUGE LA 70809-1700	<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>Amount of claim</b> \$50.00
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TRADE DEBT	
	<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	
3.497.	<b>Nonpriority creditor's name and mailing address</b> LOWE'S ACCOUNTS RECEIVABLE/SYNCB P.O BOX 530954, ATLANTA GA 30353-0954	<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>Amount of claim</b> \$51,921.52
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TRADE DEBT	
	<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	
3.498.	<b>Nonpriority creditor's name and mailing address</b> LVIT 2545 S TORREY PINES LAS VEGAS NV 89146	<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>Amount of claim</b> \$1,874.93
	<b>Date or dates debt was incurred</b> PERIOD UNCERTAIN	<b>Basis for the claim:</b> TRADE DEBT	
	<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	



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.499.	<b>Nonpriority creditor's name and mailing address</b> MAGDI MIKHAEL DBA MAGDI MIKHAEL, MD INC 43 MARSEILLE LAGUNA NIGUEL CA 92677  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,615.39
3.500.	<b>Nonpriority creditor's name and mailing address</b> MAGELLAN RECOVERIES LOCKBOX P.O. BOX 785346 PHILADELPHIA PA 19178-5346  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.00
3.501.	<b>Nonpriority creditor's name and mailing address</b> MANAGED MARKETS INSIGHT & TECHNOLOGY LLC 1040 STONY HILL RD STE 300 YARDLEY PA 19067  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,850.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.502.	<b>Nonpriority creditor's name and mailing address</b> MANSOOR SHOUKAT DBA QSW WELLNESS LLC 13345 SW 47TH ST MIRAMAR FL 33027  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250.00
3.503.	<b>Nonpriority creditor's name and mailing address</b> MAX BUSSEL AND COMPANY 285 DURHAM AVE. STE 2D SOUTH PLAINFIELD NJ '07080  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,485.00
3.504.	<b>Nonpriority creditor's name and mailing address</b> MAXXSOUTH BROADBAND 8282 40 021 0538603 P.O. BOX 10027 TOLEDO OH 43699-0027  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$635.67

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.505.	<b>Nonpriority creditor's name and mailing address</b> MCCARTER & ENGLISH LLC FOUR GATEWAY CENTER, 100 MULBERRY ST NEWARK NJ 07102  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.70
3.506.	<b>Nonpriority creditor's name and mailing address</b> MCDONALD, SHELIA M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,632.44
3.507.	<b>Nonpriority creditor's name and mailing address</b> MCGOWAN WELL WATER COMPLIANCE MANAGEMENT LLC 213 LAKEVIEW AVE RINGWOOD NJ '07456  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$465.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.508.	<b>Nonpriority creditor's name and mailing address</b> MCKESSON MEDICAL-SURGICAL PO BOX 51020 LOS ANGELES CA 90051  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$54,327.37
3.509.	<b>Nonpriority creditor's name and mailing address</b> MEDEQUITIES REALTY TRUST, INC C/O OMEGA HEALTHCARE INVESTORS INC 3100 WEST END AVE STE 1000 NASHVILLE TN 37203  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,314,610.08
3.510.	<b>Nonpriority creditor's name and mailing address</b> MEDICAL DISPOSABLES CORP 4854 DISTRIBUTION CT. STE 8 ORLANDO FL 32822  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,817.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.511. Nonpriority creditor's name and mailing address</b> MEDICAL REPAIR SERVICES, INC. 8935 CARROLLWOOD LANE E CORDOVA TN 38016  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
<b>3.512. Nonpriority creditor's name and mailing address</b> MEDIGREEN WASTE SERVICES LLC PO BOX 403 GOLDENROD FL 32733  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$110.00
<b>3.513. Nonpriority creditor's name and mailing address</b> MEDINA, RAQUEL Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,808.23

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.514. Nonpriority creditor's name and mailing address</b> MELANCON CONSULTING, INC 550 CATHOLIQUE ROAD CARENCRO LA 70520  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
<b>3.515. Nonpriority creditor's name and mailing address</b> MELLON OVERPAYMENT RECOVERY RECEIPTS DEPT 1213 P.O. BOX 121213 DALLAS TX 75312-1213  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,190.46
<b>3.516. Nonpriority creditor's name and mailing address</b> MELTWATER NEWS US INC. DEPT LA 23721 PASADENA CA 91185-3721  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.517. Nonpriority creditor's name and mailing address</b> MERCER (US) INC. P.O. BOX 730182 DALLAS TX 75373-0182  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,736.00
<b>3.518. Nonpriority creditor's name and mailing address</b> MERKABA MEDICINE 511 E. SAN YSIDRO BLVD #1303 SAN YSIDRO CA 92173  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,817.50
<b>3.519. Nonpriority creditor's name and mailing address</b> MERRITT HAWKINS & ASSOCIATES LLC P.O. BOX 281943 ATLANTA GA 30384-1943  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.520.	<b>Nonpriority creditor's name and mailing address</b> MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY 2 CROMWELL IRVINE CA 92618  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,723.82
3.521.	<b>Nonpriority creditor's name and mailing address</b> MHBP PO BOX 981106, EL PASO TX 79998-1106  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$201.57
3.522.	<b>Nonpriority creditor's name and mailing address</b> MID-SOUTH SEPTIC TANK SERVICE LLC P.O.BOX 390 OXFORD MS 38655-9593  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$642.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.523.	<b>Nonpriority creditor's name and mailing address</b> MIDTOWN COLLISION, LLC 241 SPRING ST NEWTON NJ 07860  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <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
3.524.	<b>Nonpriority creditor's name and mailing address</b> MILBANK LLP 55 HUDSON YARDS NEW YORK NY 10001  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,545.53
3.525.	<b>Nonpriority creditor's name and mailing address</b> MISSION LINEN SUPPLY 5400 ALTON ST CHINO CA 91710  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,713.95

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.526.	<b>Nonpriority creditor's name and mailing address</b> MISSISSIPPI ASSOCIATION OF ADDICTION PROFESSIONALS 4785 OLD CANTON ROAD JACKSON MS 39211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,375.00
3.527.	<b>Nonpriority creditor's name and mailing address</b> MOBILE FUSED, LLC 60 E RIO SALADO PARKWAY STE 900 TEMPE AZ 85281  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,000.00
3.528.	<b>Nonpriority creditor's name and mailing address</b> MOBILE PHLEBOTOMY SERVICES, INC 757 CABOT CT UPLAND CA 91784  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$33,960.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.529.	<b>Nonpriority creditor's name and mailing address</b> MOODY'S INVESTORS SERVICE P.O. BOX 102597 ATLANTA GA 30368-0597  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$167,853.80
3.530.	<b>Nonpriority creditor's name and mailing address</b> MOONEY PLUMBING LLC P.O. BOX 216 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$395.90
3.531.	<b>Nonpriority creditor's name and mailing address</b> MOORE & VAN ALLEN PLLC 100 NORTH TRYON STREET STE 4700 CHARLOTTE NC 28202  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,711.15

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.532.	<b>Nonpriority creditor's name and mailing address</b> MORGAN J CEPERO 3880 MURRAY HILL RD LA MESA CA 91941  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$960.00
3.533.	<b>Nonpriority creditor's name and mailing address</b> MORRIS ELEVATOR INSPECTIONS, INC. 2116 APPLE VALLEY RD. PLANO TX 75023  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$550.00
3.534.	<b>Nonpriority creditor's name and mailing address</b> MORRIS, JAMILA A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,538.45

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.535.	<b>Nonpriority creditor's name and mailing address</b> MORSE, MICHAEL W 424 ALGONQUIN DRIVE WARWICK WA '02888  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00
3.536.	<b>Nonpriority creditor's name and mailing address</b> MOSAIC CONSULTING GROUP, LLC PO BOX 306138 NASHVILLE TN 37230-6138  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,428.75
3.537.	<b>Nonpriority creditor's name and mailing address</b> MOULTON NIGUEL 169922 P.O. BOX 30203 LAGUNA NIGUEL CA 92607-0203  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$160.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.538.	<b>Nonpriority creditor's name and mailing address</b> MOULTON NIGUEL WATER 70744 P.O. BOX 30204 LAGUNA NIGUEL CA 92607  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,671.70
3.539.	<b>Nonpriority creditor's name and mailing address</b> MOULTON NIGUEL WATER 70746 P.O. BOX 30204 LAGUNA NIGUEL CA 92607-0204  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$379.64
3.540.	<b>Nonpriority creditor's name and mailing address</b> MTW BIO INC. DBA ENVIRONMENTAL PLUMBING SOLUTIONS 1320 FORD STREET IRVING TX 75061  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,260.33

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.541. Nonpriority creditor's name and mailing address</b> MULTIVIEW, INC DEPT 3806 P.O. BOX 123806 DALLAS TX 75312-3806  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,450.00
<b>3.542. Nonpriority creditor's name and mailing address</b> NADEAU, ASHLEY E. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,228.31
<b>3.543. Nonpriority creditor's name and mailing address</b> NASH, BOB Address Intentionally Omitted  <b>Date or dates debt was incurred</b> Q2-20  <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> BOARD FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,666.67

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.544. Nonpriority creditor's name and mailing address</b> NASHVILLE ELECTRIC SERVICE 1186887-0403997 PO. BOX 305099 NASHVILLE TN 37230-5099  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$780.83
<b>3.545. Nonpriority creditor's name and mailing address</b> NASHVILLE ELECTRIC SERVICE 1186887-0413180 P O BOX 305099 NASHVILLE TN 37230-5099  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,083.33
<b>3.546. Nonpriority creditor's name and mailing address</b> NASHVILLE ELECTRIC SERVICE-1186887-0397748 PO BOX 305099 NASHVILLE TN 37230-5099  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,207.12



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.547. Nonpriority creditor's name and mailing address</b> NATH HOLDINGS LLC 600 JEFFERSON ST STE 301 LAFAYETTE LA 70501-6987  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,829.08
<b>3.548. Nonpriority creditor's name and mailing address</b> NATIONAL ARBITRATION & MEDIATION, LLC 990 STEWART AVE 1ST FL GARDEN CITY NY 11530  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,032.02
<b>3.549. Nonpriority creditor's name and mailing address</b> NATIONAL ASSOCIATION FOR BEHAVIORAL HEALTHCARE 900 17TH ST NW STE 420 WASHINGTON DC 20006  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$72,500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.550.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS 1120 LINCOLN ST STE 1303 DENVER CO 80203  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,500.00
3.551.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL BUSINESS & PROFESSIONAL ASSOCIATION DBA NATIONAL ASSOCIATION OF BUSINESS RESOURCES 27700 HOOVER RD WARREN MI 48093  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$850.00
3.552.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL CABLE COMMUNICATIONS LLC DBA NCC MEDIA P.O. BOX 3350 BOSTON MA '02241  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35,285.20

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.553.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL CINEMEDIA LLC P.O. BOX 17491 DENVER CO 80217-0491  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,101.99
3.554.	<b>Nonpriority creditor's name and mailing address</b> NATIONAL HOSPITALITY SUPPLY, INC 10660 N EXECUTIVE COURT MEQUON WI 53092  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,896.08
3.555.	<b>Nonpriority creditor's name and mailing address</b> NEC FINANCIAL SERVICES 24189 NETWORK PLACE CHICAGO IL 60673-1241  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$412.60

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.556. Nonpriority creditor's name and mailing address</b> NEIGHBORS, KATHERINE S. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,690.48
<b>3.557. Nonpriority creditor's name and mailing address</b> NEOPOST 7900 0440 4622 1531 (AAC/CRMS) P.O. BOX 6813 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$49,595.00
<b>3.558. Nonpriority creditor's name and mailing address</b> NEOPOST 7900 0440 6282 7690 (AAC/ACCT) DEPT 3689 P.O. BOX 123689 DALLAS TX 75312-3689  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$621.35

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.559.	<b>Nonpriority creditor's name and mailing address</b> NEOPOST 7900 0440 8049 1388 (OXF) PO BOX 30193 TAMPA FL 33630-3193  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,186.80
3.560.	<b>Nonpriority creditor's name and mailing address</b> NEOPOST USA INC DEPT 3689 P.O. BOX 123689 DALLAS TX 75312-3689  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$414.46
3.561.	<b>Nonpriority creditor's name and mailing address</b> NESTLE WATERS NORTH AMERICA DBA READYREFRESH BY NESTLE P.O. BOX 856158 LOUISVILLE KY 40285-6158  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,227.98

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.562.	<b>Nonpriority creditor's name and mailing address</b> NEW ALBANY ANIMAL CLINIC 918 HWY 30 WEST NEW ALBANY MS 38652  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,106.00
3.563.	<b>Nonpriority creditor's name and mailing address</b> NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION NJ DEPT OF TREASURER P.O. BOX 417 TRENTON NJ 08646-0417  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,630.00
3.564.	<b>Nonpriority creditor's name and mailing address</b> NEW JERSEY DEPARTMENT OF HEALTH (NJDOH) P.O. BOX 361 TRENTON NJ '08625-0361  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.565.	<b>Nonpriority creditor's name and mailing address</b> NEW JERSEY STATE COUNCIL OF MACHINISTS 154 RIDGE ROAD LYNDHURST NJ '07071  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.566.	<b>Nonpriority creditor's name and mailing address</b> NEWELL BRANDS C/O AMERIBEN/IEC GROUP, P.O BOX 7186, BOISE ID 83707  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,520.15
3.567.	<b>Nonpriority creditor's name and mailing address</b> NEXAIR LLC 18561 PO BOX 125 MEMPHIS TN 38101-0125  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,090.40

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.568.	<b>Nonpriority creditor's name and mailing address</b> NEXT LEVEL ELEVATOR INC 2199 N BATAVIA ST UNIT S ORANGE CA 92865  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$367.33
3.569.	<b>Nonpriority creditor's name and mailing address</b> NGUYEN, LEWIS Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,939.97
3.570.	<b>Nonpriority creditor's name and mailing address</b> NICOLOSI, ESTATE OF JOSEPH S. C/O PAUL S. PADDA PAUL PADDA LAW, PLLC 4560 SOUTH DECATUR BLVD. SUITE 300 LAS VEGAS NV 89103  <b>Date or dates debt was incurred</b> <hr style="width: 300px; 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 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> UNKNOWN



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.571. Nonpriority creditor's name and mailing address</b> NJ PREVENTION NETWORK, INC. DBA NJPN ATTN: LAURA BORRELLI 30 PARK RD STE 2 TRINTON FALLS NJ 07724  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,000.00
<b>3.572. Nonpriority creditor's name and mailing address</b> NORTH EAST MS 107724-007/011 PO BOX 1037 OXFORD MS 38655-1037  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,433.27
<b>3.573. Nonpriority creditor's name and mailing address</b> NORTH TEXAS MOUNTAIN VALLEY WATER CORP DBA WATER EVENT 2109 LUNA RD STE 100 CARROLLTON TX 75006  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,783.60

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.574.	<b>Nonpriority creditor's name and mailing address</b> NORTHCUTT CONSULTING GROUP, LLC P.O. BOX 775309 CHICAGO IL 60677-5309  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,266.66
3.575.	<b>Nonpriority creditor's name and mailing address</b> NUDRAT AYUB DBA NUDRAT F. AYUB MD, LLC 8 COVENTRY RD MENDHAM NJ '07945  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,450.00
3.576.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003611196105 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90.33

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.577. Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003611888743 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,706.64
<b>3.578. Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342603 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$146.09
<b>3.579. Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342660 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$180.19

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.580.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342678 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$134.18
3.581.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342686 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$977.62
3.582.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342694 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$332.11

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.583.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342702 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$439.42
3.584.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342710 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$197.08
3.585.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618342728 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$34.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.586.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000291003618395833 PO BOX 30086 RENO NV 89520-3086  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$181.88
3.587.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000331212310395221 PO BOX 30150 RENO NV 89520-3150  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$202.68
3.588.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000331212313483396 PO BOX 30150 RENO NV 89520-3150  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,175.83

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.589.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000331212313483404 PO BOX 30150 RENO NV 89520-3150  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,319.92
3.590.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000331212317020244 PO BOX 30150 RENO NV 89520-3150  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$447.99
3.591.	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY 3000331212317036190 PO BOX 30150 RENO NV 89520-3150  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$666.40

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.592.	<b>Nonpriority creditor's name and mailing address</b> OBL ENTERPRISES CORP 11045 SW 51ST TER MIAMI FL 33165  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,101.40
3.593.	<b>Nonpriority creditor's name and mailing address</b> OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST PA PO BOX 82730 HAPEVILLE GA 30354-0730  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$364.50
3.594.	<b>Nonpriority creditor's name and mailing address</b> OCP COMMERCIAL AND RESIDENTIAL, INC. 371 OAK PL STE D BREA CA 92821  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$770.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.595.	<b>Nonpriority creditor's name and mailing address</b> OCTAVIO VILLA ORTIZ 4153 IDAHO ST APT 1 SAN DIEGO CA 92104  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$928.00
3.596.	<b>Nonpriority creditor's name and mailing address</b> OFFICE OF STATEWIDE HEALTH PLANNING & DEV ATTN: ACCOUNTING 2020 WEST EL CAMINO AVE STE 1000 STE 1000 SACRAMENTO CA 95833  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,400.00
3.597.	<b>Nonpriority creditor's name and mailing address</b> OFFICE TEAM 12400 COLLECTIONS CENTER DRIVE CHICAGO IL 60693  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,069.39

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.598.	<b>Nonpriority creditor's name and mailing address</b> OGLETREE, DEAKINS, NASH, SMOAK & STEWART P.C. PO BOX 89 COLUMBIA SC 29202  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$133,927.81
3.599.	<b>Nonpriority creditor's name and mailing address</b> OMAR MENDOZA DBA LEILAS EARTH LANDSCAPE P O BOX 11154 COSTA MESA CA 92627  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,450.00
3.600.	<b>Nonpriority creditor's name and mailing address</b> OMNICARE OF CERRITOS DEPT 781668 P.O. BOX 78000 DETROIT MI 48278-1668  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,173.90

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.601.	<b>Nonpriority creditor's name and mailing address</b> ONG, GERALD J. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,344.76
3.602.	<b>Nonpriority creditor's name and mailing address</b> OPEN TEXT INC P.O. BOX 15075 STATION A TORONTO ON M5W 1C1 CANADA  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,127.78
3.603.	<b>Nonpriority creditor's name and mailing address</b> OPTIMIZEZLY INC P.O. BOX 748762 LOS ANGELES CA 90074  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28,545.98

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.604.	<b>Nonpriority creditor's name and mailing address</b> OPTIV SECURITY INC. P.O. BOX 844324 DALLAS TX 75284-4324  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,324.05
3.605.	<b>Nonpriority creditor's name and mailing address</b> OPTUM PO BOX 101760, ATLANTA GA 30392-1760  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,125.00
3.606.	<b>Nonpriority creditor's name and mailing address</b> ORANGE COUNTY FIRE AUTHORITY PO BOX 51985 IRVINE CA 92619-1985  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.607. Nonpriority creditor's name and mailing address</b> ORCHARD SOFTWARE CORPORATION 701 CONGRESSIONAL BLVD. STE 360 CARMEL IN 46032  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,965.43
<b>3.608. Nonpriority creditor's name and mailing address</b> OTIS ELEVATOR COMPANY PO BOX 13716 NEWARK NJ 07188  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,107.47
<b>3.609. Nonpriority creditor's name and mailing address</b> OUTFRONT MEDIA INC. DBA OUTFRONT MEDIA LLC P.O. BOX 33074 NEWARK NJ 07188  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$67,682.75

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.610.	<b>Nonpriority creditor's name and mailing address</b> OVERLUND, BRADLEY Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,562.75
3.611.	<b>Nonpriority creditor's name and mailing address</b> OVERPAYMENT RECOVERY ANTHEM BLUE CROSS PO BOX 73651 CLEVELAND OH 44193-1177  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,970.00
3.612.	<b>Nonpriority creditor's name and mailing address</b> OXFORD FARM & RANCH 95 HWY 30 E OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,392.22

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.613.	<b>Nonpriority creditor's name and mailing address</b> OXFORD PAINT SUPPLY 1116 N LAMAR BLVD OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,200.30
3.614.	<b>Nonpriority creditor's name and mailing address</b> OXFORD SAND COMPANY, INC. 107 CEDAR HILL DRIVE OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$185.11
3.615.	<b>Nonpriority creditor's name and mailing address</b> PACIFIC PARK VIEJO PARTNERS LLC DBA PACIFIC PARK MEDICAL DENTAL 41 CORPORATE PARK STE 230 IRVINE CA 92606  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,200.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.616.	<b>Nonpriority creditor's name and mailing address</b> PALM BEACH BEHAVIORAL HEALTH AND WELLNESS 345 JUPITER LAKES BLVD STE 302A JUPITER FL 33458  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.617.	<b>Nonpriority creditor's name and mailing address</b> PALM BEACH BUSINESS SYSTEMS INC DBA SOURCE ONE SOLUTIONS 990 OLD DIXIE HWY STE 2 LAKE PARK FL 33408  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,371.25
3.618.	<b>Nonpriority creditor's name and mailing address</b> PARC SIXTY FOUR PLAZA, INC 303 JIM MORAN BLVD DEERFIELD BEACH FL 33442  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,307.85



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.619.	<b>Nonpriority creditor's name and mailing address</b> PATHGROUP LABS LLC PO BOX 639259 CINCINNATI OH 45263-9259  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,919.14
3.620.	<b>Nonpriority creditor's name and mailing address</b> PAYFLEX SYSTEMS USA INC PO BOX 953374, ST. LOUIS MO 63195-3374  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,085.06
3.621.	<b>Nonpriority creditor's name and mailing address</b> PAYMENT RESOLUTION SERVICES, LLC ATTN: MSC 410836 P.O. BOX 415000 NASHVILLE TN 37241-0836  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$24,340.73

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.622. Nonpriority creditor's name and mailing address</b> PAYSCALE, INC. 75 REMITTANCE DR. DEPT 1343 CHICAGO IL 60675-1343  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,265.50
<b>3.623. Nonpriority creditor's name and mailing address</b> PEAK 10 INC, DBA PEAK 10 RENTECH, LLC. PO BOX 536933 ATLANTA GA 30353-6933  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,619.81
<b>3.624. Nonpriority creditor's name and mailing address</b> PEDERNERA, THERESA C/O PAUL KENT BRAMLETT BRAMLETT LAW OFFICES 40 BURTON HILLS BLVD. SUITE 2000 NASHVILLE TN 37215  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; width: 300px; margin: 5px 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 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> UNKNOWN

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.625.	<b>Nonpriority creditor's name and mailing address</b> PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC PO BOX 1137 KENNER LA 70063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,859.16
3.626.	<b>Nonpriority creditor's name and mailing address</b> PENNEL, MELISSA C/O CONNOR W. OLSON, ESQ. LAW OFFICES OF CONNOR W. OLSON 520 CAPITOL MALL SUITE 150 SACRAMENTO CA 98514  <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 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> UNKNOWN
3.627.	<b>Nonpriority creditor's name and mailing address</b> PHARM-CARE INC 3449 COBBLESTONE BLVD SOUTH SOUTHAVEN MS 38672  <b>Date or dates debt was incurred</b> MAY TO JUN 2020  <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> PHARMACY VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43,333.33

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.628.	<b>Nonpriority creditor's name and mailing address</b> PHARM-CARE INC 3449 COBBLESTONE BLVD SOUTH SOUTHAVEN MS 38672  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,903.61
3.629.	<b>Nonpriority creditor's name and mailing address</b> PINNACLE ACTUARIAL RESOURCES PO BOX 6139 BLOOMINGTON IL 61702-6139  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,150.00
3.630.	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES 0011950540 (SH) P.O. BOX 37186 PITTSBURGH PA 15250-7896  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$561.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.631. Nonpriority creditor's name and mailing address</b> PITNEY BOWES 0017438085 (GHC) P.O. BOX 371896 PITTSBURGH PA 15250-7896  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$206.05
<b>3.632. Nonpriority creditor's name and mailing address</b> PITTALUGA, GAVIN L. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,742.47
<b>3.633. Nonpriority creditor's name and mailing address</b> PITTMAN LAW GROUP 1028 E PARK AVENUE TALLAHASSEE FL 32301  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.634.	<b>Nonpriority creditor's name and mailing address</b> PLANTKEEPER, INC PO BOX 226142 DALLAS TX 75222-6142  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,670.88
3.635.	<b>Nonpriority creditor's name and mailing address</b> PLUMBERS & PIPE FITTERS L 525 PO BOX 1618 SAN RAMON CA 94583  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,800.00
3.636.	<b>Nonpriority creditor's name and mailing address</b> POLITICO, LLC P.O. BOX 419342 BOSTON MA 02241-9342  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.637. Nonpriority creditor's name and mailing address</b> PORTASOFT OF MORRIS COUNTY 578 US HWY 46 EAST KENVIL NJ 07847  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,203.37
<b>3.638. Nonpriority creditor's name and mailing address</b> PORTER, RHIANNA B. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,259.46
<b>3.639. Nonpriority creditor's name and mailing address</b> PRAXAIR DISTRIBUTION, INC. DEPT LA 21511 PASADENA CA 91185-1511  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,547.27

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.640.	<b>Nonpriority creditor's name and mailing address</b> PRECISION DYNAMICS CORPORATION 277770 N. ENTERTAINMENT DRIVE VALENCIA CA 91355  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$296.64
3.641.	<b>Nonpriority creditor's name and mailing address</b> PREFERRED MEDICAL CLAIM SOLUTIONS 16767 N PERIMETER DR #130 SCOTTSDALE AZ 85260  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$577.70
3.642.	<b>Nonpriority creditor's name and mailing address</b> PREMIERA BLUE CROSS ATT MS 229, CALYPSO, PO BOX 327, SEATTLE WA 98111-0327  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,904.31



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.643.	<b>Nonpriority creditor's name and mailing address</b> PROGRESSIVE ELEVATOR PO BOX 12929 LAS VEGAS NV 89112  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$605.00
3.644.	<b>Nonpriority creditor's name and mailing address</b> PROLYTICS INTERNATIONAL LLC 3175 E WARM SPRINGS RD STE 130 LAS VEGAS NV 89120  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,680.35
3.645.	<b>Nonpriority creditor's name and mailing address</b> PROSKAUER ROSE LLP ELEVEN TIMES SQ NEW YORK NY 10036  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$192,711.41

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.646.	<b>Nonpriority creditor's name and mailing address</b> PROTECTION ONE ALARM MONITORING INC PO BOX 219044 KANSAS CITY MO 64121  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,641.72
3.647.	<b>Nonpriority creditor's name and mailing address</b> PROTEK INTEGRATION, INC. 9601 IRVINE CENTER DR IRVINE CA 92618  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,198.96
3.648.	<b>Nonpriority creditor's name and mailing address</b> PROVIDERTRUST, INC. P.O. BOX 306121 NASHVILLE TN 37230-6121  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,860.90

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.649.	<b>Nonpriority creditor's name and mailing address</b> PROVIDET SERVICE ASSOCIATES, INC. DBA CLEAN AS A WHISTLE P.O. BOX 251 MILLINGTON NJ '07946  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,306.16
3.650.	<b>Nonpriority creditor's name and mailing address</b> PROVISIONS GROUP LLC DBA PROVISION TECHNOLOGY SOLUTIONS 604 W MAIN ST STE 108 FRANKLIN TN 37064  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$89,499.41
3.651.	<b>Nonpriority creditor's name and mailing address</b> PSE&G 71 953 807 18 PO BOX 14444 NEW BRUNSWICK NJ 08906  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$264.63

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.652.	<b>Nonpriority creditor's name and mailing address</b> PSE&G 71 954 180 06 PO BOX 14444 NEW BRUNSWICK NJ '08906-4444  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$29.70
3.653.	<b>Nonpriority creditor's name and mailing address</b> PSYCHIATRIC AFFILIATES P.A. 2300 MAITLAND CENTER PKWY STE 211 MAITLAND FL 32714  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$5,520.00
3.654.	<b>Nonpriority creditor's name and mailing address</b> PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD P.O. BOX 418631 BOSTON MA 02241-8631  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,306.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.655.	<b>Nonpriority creditor's name and mailing address</b> PURCHASE POWER 8000-9000-0300-7907 (SH) PO BOX 371874 PITTSBURGH PA 15250-7874  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$200.00
3.656.	<b>Nonpriority creditor's name and mailing address</b> PURCHASE POWER 8000-9090-0907-7780 (GH) PO BOX 371874 PITTSBURGH PA 15250  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$457.28
3.657.	<b>Nonpriority creditor's name and mailing address</b> PURCHASE POWER 8000-9090-0943-3967 (RO) PO BOX 371874 PITTSBURGH PA 15250-7874  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,000.13

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.658.	<b>Nonpriority creditor's name and mailing address</b> PYRO COMBUSTION AND CONTROLS, INC 2969 S HIGHLAND DR LAS VEGAS NV 89109  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,248.28
3.659.	<b>Nonpriority creditor's name and mailing address</b> QUADIENT LEASING USA, INC. DEPT 3682 P.O. BOX 123682 DALLAS TX 75312-3682  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,365.50
3.660.	<b>Nonpriority creditor's name and mailing address</b> QUALITY ASSURANCE SERVICE CORP. 310 COMMERCE DR. AUGUSTA GA 30917  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$786.11

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.661.	<b>Nonpriority creditor's name and mailing address</b> QUALTRICS, LLC DEPT#880102 P.O. BOX 29650 PHOENIX AZ 85038-9650  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,600.00
3.662.	<b>Nonpriority creditor's name and mailing address</b> QUENCH USA INC PO BOX 781393 PHILADELPHIA PA 19178-1393  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,297.42
3.663.	<b>Nonpriority creditor's name and mailing address</b> QUEST BEHAVIORAL HEALTH PO BOX 1032, YORK PA 17405  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,370.60

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.664.	<b>Nonpriority creditor's name and mailing address</b> QUEST DIAGNOSTICS 88841373 (DHC) P.O. BOX 912383 PASADENA CA 91110-2383  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$27,480.68
3.665.	<b>Nonpriority creditor's name and mailing address</b> QUEST DIAGNOSTICS INC - LOS ANGELES PO BOX 912411 PASADENA CA 91110-2411  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$70,275.94
3.666.	<b>Nonpriority creditor's name and mailing address</b> QUEST DIAGNOSTICS -RECOVERY FIRST PO BOX 530440 ATLANTA GA 30353-0440  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,319.87



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.667.	<b>Nonpriority creditor's name and mailing address</b> QUORUM HEALTH CARE SERVICES, LLC DBA AMEDCO, LLC 90 W COUNTY ROAD C STE 300 ST. PAUL MN 55117  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$400.00
3.668.	<b>Nonpriority creditor's name and mailing address</b> QUSHANIA MONIA NESBITT 10059 CELTIC ASH DR RUSKIN FL 33573  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,162.50
3.669.	<b>Nonpriority creditor's name and mailing address</b> RAJA, MOHAMMED 102 CHARMEUSE COURT 7 SILK WEAVER WAY, LONDON LONDON E2 9BS UNITED KINGDOM  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,200.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.670.	<b>Nonpriority creditor's name and mailing address</b> RAY A MORGAN COMPANY, INC 3131 ESPLANADE CHICO CA 95973  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$502.90
3.671.	<b>Nonpriority creditor's name and mailing address</b> RAYMOND JAMES AND ASSOCIATES 1550 W MCEWEN DR STE 450 FRANKLIN TN 37067  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,622.66
3.672.	<b>Nonpriority creditor's name and mailing address</b> RDA LABS 3 TIVERTON CT FREEHOLD NJ '07728  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32,424.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.673.	<b>Nonpriority creditor's name and mailing address</b> READYREFRESH BY NESTLE 0010238244 P.O. BOX 856680 LOUISVILLE KY 40285-6680  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$99.71
3.674.	<b>Nonpriority creditor's name and mailing address</b> REBOOT RECOVERY P.O. BOX 381 PLEASANT VIEW TN 37146  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,000.00
3.675.	<b>Nonpriority creditor's name and mailing address</b> REED BUSINESS INFORMATION, INC. DBA FLIGHTSTATS, INC. - CLOSED 522 SW 5TH AVE STE 200 PORTLAND OR 97204  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.676.	<b>Nonpriority creditor's name and mailing address</b> REGISTERED AGENT SOLUTIONS, INC 1701 DIRECTORS BLVD STE 300 AUSTIN TX 78744  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,133.00
3.677.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0620-0182845 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$192.85
3.678.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0620-0289959 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$700.26

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.679.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0620-8006765 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$155.11
3.680.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0620-8008205 P.O. BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3.46
3.681.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0620-8008574 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$150.10

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.682.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0794-0016889 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$713.18
3.683.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0794-0044260 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,059.18
3.684.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0794-0052164 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$133.73

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.685.	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 3-0794-0072444 PO BOX 78829 PHOENIX AZ 85062-8829  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$517.55
3.686.	<b>Nonpriority creditor's name and mailing address</b> RESIDUALS MANAGEMENT SERVICES LLC DBA EARTHCARE 99 MAPLE GRANGE RD VERNON NJ '07462  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,759.03
3.687.	<b>Nonpriority creditor's name and mailing address</b> RICHARD B. SEELY, M.D 2645 EXECUTIVE PARK DR #147 WESTON FL 33331  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,833.33

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.688.	<b>Nonpriority creditor's name and mailing address</b> RICHARDS & RICHARDS OFFICE RECORDS MANAGEMENT, INC DBA RICHARDS & RICHARDS PO BOX 17070 NASHVILLE TN 37217  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,500.00
3.689.	<b>Nonpriority creditor's name and mailing address</b> RINGWOOD FIRE PREVENTION BUREAU 60 MARGARET KING AVE RINGWOOD NJ '07456  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00
3.690.	<b>Nonpriority creditor's name and mailing address</b> RIVER ROAD MANAGEMENT PO BOX 1955 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> RENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$55,000.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.691. Nonpriority creditor's name and mailing address</b> RIVERSIDE MEDICAL CENTER C/O CLAIMS RECOVERY DEPT PO BOX 998, COVINGTON LA 70434  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,460.00
<b>3.692. Nonpriority creditor's name and mailing address</b> ROBERT HALF INTERNATIONAL, INC. P.O. BOX 743295 LOS ANGELES CA 90074  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$65,099.25
<b>3.693. Nonpriority creditor's name and mailing address</b> ROBERT POWELL DBA MTT COMMUNICATIONS P.O. BOX 450005 GARLAND TX 75048  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$190.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.694.	<b>Nonpriority creditor's name and mailing address</b> ROBINSON, ASHLEY N. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$42.54
3.695.	<b>Nonpriority creditor's name and mailing address</b> ROCKLAND ELECTRIC COMPANY 58840-17015 P.O. BOX 1009 SPRING VALLEY NY 10977  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$295.60
3.696.	<b>Nonpriority creditor's name and mailing address</b> ROCKLAND ELECTRIC COMPANY 59050-17017 P.O. BOX 1009 SPRING VALLEY NY 10977  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21.25

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.697.	<b>Nonpriority creditor's name and mailing address</b> ROGERS FURNITURE INC 7540 VETERANS HWY W PONTOTOC MS 38863-9017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,299.50
3.698.	<b>Nonpriority creditor's name and mailing address</b> ROLAND LOPEZ DBA ELITE COMMERCIAL CLEANING LLC 1040 LAS LOMAS DR UNIT A LA HABRA CA 90631  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,264.00
3.699.	<b>Nonpriority creditor's name and mailing address</b> RP BAKING LLC 840 JERSEY STREET HARRISON NJ 07029  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,290.85

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.700.	<b>Nonpriority creditor's name and mailing address</b> RS CAPITAL LLC 792 SOUTH COOPER STREET MEMPHIS TN 38104  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$760.04
3.701.	<b>Nonpriority creditor's name and mailing address</b> RUGGED PIONEERS DBA CHRISTIAN BROTHERS AUTOMOTIVE 10010 MCMULLEN RD RIVERVIEW FL 33569  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,391.16
3.702.	<b>Nonpriority creditor's name and mailing address</b> RUPRECHT HART 53 CARDINAL DR. STE 1 WESTFIELD NJ 07090  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,470.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.703.	<b>Nonpriority creditor's name and mailing address</b> RUSSELL, JAMES V. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.07
3.704.	<b>Nonpriority creditor's name and mailing address</b> S&P GLOBAL RATINGS 2542 COLLECTION CENTER DRIVE CHICAGO IL 60693  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$99,373.50
3.705.	<b>Nonpriority creditor's name and mailing address</b> SALESFORCE.COM INC PO BOX 203141 DALLAS TX 75320-3141  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$182,474.38

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.706. Nonpriority creditor's name and mailing address</b> SAN DIEGO GAS & ELECTRIC 5781 164 444 8 P.O. BOX 25111 SANTA ANA CA 92799-5111  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,437.97
<b>3.707. Nonpriority creditor's name and mailing address</b> SAN DIEGO GAS & ELECTRIC 8273 754 384 7 (RSG) P.O. BOX 25111 SANTA ANA CA 92799  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,863.29
<b>3.708. Nonpriority creditor's name and mailing address</b> SAN DIEGO K4 LLC 831 S LAKE STREET LOS ANGELES CA 90057  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$255,089.89

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.709.	<b>Nonpriority creditor's name and mailing address</b> SAND TRAP SERVICE CO., INC P.O. BOX 1823 FT. WORTH TX 76101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$317.24
3.710.	<b>Nonpriority creditor's name and mailing address</b> SANDERS WATER ASSOCIATION 17900 PO BOX 8 ETTA MS 38627  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$731.78
3.711.	<b>Nonpriority creditor's name and mailing address</b> SANI-SERVANT LLC 3040 EAST MEADOWS BLVD MESQUITE TX 75150  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$516.24

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.712.	<b>Nonpriority creditor's name and mailing address</b> SASH HEALTHCARE SERVICES 5930 ROYAL LN STE E-119 DALLAS TX 75230  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,042.84
3.713.	<b>Nonpriority creditor's name and mailing address</b> SAYERS TECHNOLOGY, LLC DBA SAYERS 9233 PAYSPHERE CIRCLE CHICAGO IL 60674  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$165,067.13
3.714.	<b>Nonpriority creditor's name and mailing address</b> SCARBELLY INTERIOR PLANTS, INC. DBA GROWING ROOTS LA JOLLA P.O. BOX 722456 SAN DIEGO CA 92172  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$291.60



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.715.	<b>Nonpriority creditor's name and mailing address</b> SCENTAIR TECHNOLOGIES, INC P O BOX 978754 DALLAS TX 75397-8754  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$910.44
3.716.	<b>Nonpriority creditor's name and mailing address</b> SCGT INC. DBA ARCHITECTURAL FILM DESIGN 1405 N CUYAMACA ST EL CAJON CA 92020  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,298.00
3.717.	<b>Nonpriority creditor's name and mailing address</b> SCHINDLER ELEVATOR CORPORATION P O BOX 93050 CHICAGO IL 60673-3050  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,706.52

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.718.	<b>Nonpriority creditor's name and mailing address</b> SCHUON, JACLYN 962 HUNTING VALLEY PL DECATUR FL 30033  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$417.30
3.719.	<b>Nonpriority creditor's name and mailing address</b> SCOTT & WHITE MEMORIAL HOSPITAL P.O. BOX 849947 DALLAS TX 75284-9947  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,500.00
3.720.	<b>Nonpriority creditor's name and mailing address</b> SECURITIES AND EXCHANGE COMMISSION 100 F STREET NE WASHINGTON DC 20549  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 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 checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING ACTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.721. Nonpriority creditor's name and mailing address</b> SEGAL, DENISE C/O JERRAD OHR, ESQ. ROSEN & OHR, P.A. 1930 HARRISON STREET #307 HOLLYWOOD FL 33020  <b>Date or dates debt was incurred</b> <hr/> <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> UNKNOWN
<b>3.722. Nonpriority creditor's name and mailing address</b> SEQUEL ELECTRICAL SUPPLY, LLC P.O. BOX 3579 MERIDIAN MS 39303  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$88.10
<b>3.723. Nonpriority creditor's name and mailing address</b> SERACARE LIFE SCIENCES, INC. DEPT CH 16362 PALATINE IL '60055  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,511.28

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.724. Nonpriority creditor's name and mailing address</b> SHAH, AMISHA P. DBA AMISHA P. SHAH LLC 7002 GUNN HWY STE 102 TAMPA FL 33625  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,470.00
<b>3.725. Nonpriority creditor's name and mailing address</b> SHARPS COMPLIANCE, INC. P.O. BOX 679502 DALLAS TX 75267-9502  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$78.76
<b>3.726. Nonpriority creditor's name and mailing address</b> SHERWIN-WILLIAMS CO 6689-1010-2 15 US HWY 206 NEWTON NJ '07860-1408  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$194.43

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.727. 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> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,353.34
<b>3.728. Nonpriority creditor's name and mailing address</b> SHIMADZU SCIENTIFIC INSTRUMENTS INC DEPT 0219 PO BOX 120219 DALLAS TX 75312-0219  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,178.80
<b>3.729. Nonpriority creditor's name and mailing address</b> SHREDCO INC 7835 S RAINBOW BLVD 4-45 LAS VEGAS NV 89139  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$370.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.730.	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA INC DBA SHRED-IT 12435330 28883 NETWORK PLACE CHICAGO IL 60673-1288  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,849.09
3.731.	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA LLC 16219570 28883 NETWORK PLACE CHICAGO IL 60673-1288  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,898.74
3.732.	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA TOWNSEND PO BOX 13574 NEWARK NJ 07188  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,033.11

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.733. Nonpriority creditor's name and mailing address</b> SHUTTS AND BOWEN, LLP 201 S BISCAYNE BLVD STE 4100 MIAMI FL 33131-2362  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$49,500.00
<b>3.734. Nonpriority creditor's name and mailing address</b> SIEMENS HEALTHCARE DIAGNOSTICS INC PO BOX 121102 DALLAS TX 75312-1102  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$88,368.92
<b>3.735. Nonpriority creditor's name and mailing address</b> SIGMUND SOFTWARE LLC LEE FARM CORPORATE PARK 83 WOOSTER HEIGHTS RD DANBURY CT 06810  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$94,012.80

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.736.	<b>Nonpriority creditor's name and mailing address</b> SIMON & SCHUSTER, INC. P.O. BOX 70660 CHICAGO IL 60673-0660  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$21,153.76
3.737.	<b>Nonpriority creditor's name and mailing address</b> SK PAPER SHRED PO BOX 201 BRANCHVILLE NJ 07826  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$600.00
3.738.	<b>Nonpriority creditor's name and mailing address</b> SLACK TECHNOLOGIES, INC. 500 HOWARD STREET SAN FRANCISCO CA 94105  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,145.23



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.739.	<b>Nonpriority creditor's name and mailing address</b> SLEMCO 3064264407 PO BOX 98055 LAFAYETTE LA 70509-8055  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$120.00
3.740.	<b>Nonpriority creditor's name and mailing address</b> SLEMCO 3064264507 PO BOX 98055 LAFAYETTE LA 70509-8055  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$393.00
3.741.	<b>Nonpriority creditor's name and mailing address</b> SMITH, MARY Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,143.65

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.742. Nonpriority creditor's name and mailing address</b> SOBER LIVING SERVICES OF TENNESSEE INC PO BOX 751 SMITHVILLE TN 37166  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,500.00
<b>3.743. Nonpriority creditor's name and mailing address</b> SOBRIETYSOFT, INC. 236 FROST ST, 1R BROOKLYN NY 11211  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$720.00
<b>3.744. Nonpriority creditor's name and mailing address</b> SOFKO LLC DBA TOTAL CARE PHARMACY 4900 LINTON BLVD #24 DELRAY BEACH FL 33445  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,314.20

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.745.	<b>Nonpriority creditor's name and mailing address</b> SOROKAC LAW OFFICE, PLLC DBA REISMAN SOROKAC 8965 S. EASTERN AVE. SUITE 382 LAS VEGAS NV 89123  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> LEGAL WORK  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,585.25
3.746.	<b>Nonpriority creditor's name and mailing address</b> SOURCE GROUP LLC 6979 E. BROADWAY BLVD STE 109 TUCSON AZ 85710  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$727.51
3.747.	<b>Nonpriority creditor's name and mailing address</b> SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT 21865 COPLEY DRIVE DIAMOND BAR CA 91765  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$731.15

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.748.	<b>Nonpriority creditor's name and mailing address</b> SOUTHEASTERN LAUNDRY EQUIPMENT SALES 1105 SHANA CT STE I MARIETTA GA 30066  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,979.82
3.749.	<b>Nonpriority creditor's name and mailing address</b> SOUTHERN NEVADA OXYGEN, INC 2233 E MAIN ST MONTROSE CO 81401-3831  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$195.40
3.750.	<b>Nonpriority creditor's name and mailing address</b> SOUTHTEL COMMUNICATIONS DBA REALMCONNECT SOLUTIONS LLC P.O. BOX 1149 CALHOUN GA 30703  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,717.98

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.751. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0105867-024 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$164.01
<b>3.752. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0105871-024 PO BOX 98890 LAS VEGAS NV 89193  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97.93
<b>3.753. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0105886-024 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$335.96

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.754. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0551026-028 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.74
<b>3.755. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0870424-033 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$182.95
<b>3.756. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0881503-028 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$121.90

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.757. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-0903853-027 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$187.08
<b>3.758. Nonpriority creditor's name and mailing address</b> SOUTHWEST GAS CORPORATION 211-4433117-007 PO BOX 98890 LAS VEGAS NV 89193-8890  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,086.65
<b>3.759. Nonpriority creditor's name and mailing address</b> SOUTHWEST PATROL INC 838 N DIAMOND BAR BLVD DIAMOND BAR CA 91765  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,292.50

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.760.	<b>Nonpriority creditor's name and mailing address</b> SPACH & ASSOCIATES PC DBA SPACH, CAPALDI & WAGGAMAN 4675 MACARTHUR CT STE 550 NEWPORT BEACH CA 92660  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,796.25
3.761.	<b>Nonpriority creditor's name and mailing address</b> SPARKLETTS 524399818372740 RSG P.O. BOX 660579 DALLAS TX 75266-0579  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$75.96
3.762.	<b>Nonpriority creditor's name and mailing address</b> SPARKLETTS 691436316143476 P.O. BOX 660579 DALLAS TX 75266-0579  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$516.00



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.763. Nonpriority creditor's name and mailing address</b> SPECIAL "T" WATER SYSTEMS INC 11934 WASHINGTON BLVD WHITTIER CA 90606  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$597.00
<b>3.764. Nonpriority creditor's name and mailing address</b> SPENCE MARTIN PARTNERS LLC DBA FOSTER BECK ASSOCIATES 146 ROUTE 31 N STE 203 FLEMINGTON NJ '08822  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,000.00
<b>3.765. Nonpriority creditor's name and mailing address</b> SPORE, ALICIA C. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,293.58

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.766.	<b>Nonpriority creditor's name and mailing address</b> SSPR, LLC. 105 E MORENO STE STE 101 COLORADO SPRINGS CO 80903  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,000.00
3.767.	<b>Nonpriority creditor's name and mailing address</b> ST. LUKE PHARMACY INC 3408 OAK LAWN AVE DALLAS TX 75219  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,940.38
3.768.	<b>Nonpriority creditor's name and mailing address</b> STAPLES BUSINESS ADVANTAGE DEPT ATL P.O. BOX 405386 ATLANTA GA 30384-5386  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,733.49

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.769. Nonpriority creditor's name and mailing address</b> STAPLES, INC. DBA HTBS CREDIT 1852990ATL (CRMS) P.O. BOX 930257 ATLANTA GA 31193-0257  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,161.87
<b>3.770. Nonpriority creditor's name and mailing address</b> STATE OF CALIFORNIA DEPT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH P.O. BOX 511232 LOS ANGELES CA 90051  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,150.00
<b>3.771. Nonpriority creditor's name and mailing address</b> STATE OF NEW JERSEY BUREAU OF FIRE CODE ENFORCEMENT DCA BFCE - DORES PO BOX 663 TRENTON NJ '08646-0663  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,406.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.772. Nonpriority creditor's name and mailing address</b> STATE OF NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT P.O. BOX 059 TRENTON NJ '08646-0059  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$528.27
<b>3.773. Nonpriority creditor's name and mailing address</b> STEIN, JOSHUA M. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,040.52
<b>3.774. Nonpriority creditor's name and mailing address</b> STERICYCLE 2064079 PO BOX 6582 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,569.04

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.775. Nonpriority creditor's name and mailing address</b> STERICYCLE E000098001 2850 100TH COURT NE BLAINE MN 55449  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,400.00
<b>3.776. Nonpriority creditor's name and mailing address</b> STERICYCLE INC 2091763 PO BOX 6575 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$25,703.73
<b>3.777. Nonpriority creditor's name and mailing address</b> STERICYCLE, INC 2107379 P.O. BOX 6575 CAROL STREAM IL 60197-6575  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,167.92

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.778. Nonpriority creditor's name and mailing address</b> STERICYCLE, INC. 8290728 P.O. BOX 6582 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$113.78
<b>3.779. Nonpriority creditor's name and mailing address</b> STRATEGIC MANAGEMENT SERVICES, INC. DBA COMPLIANCE RESOURCE CNT 5911 KINGSTOWNE VILLAGE PKWY STE 300 ALEXANDRIA VA 22315  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,000.00
<b>3.780. Nonpriority creditor's name and mailing address</b> STUTZMAN, BROMBERG, ESSERMAN & PLIFKA 2323 BRYAN STREET STE 2200 DALLAS TX 75201  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,800.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.781. Nonpriority creditor's name and mailing address</b> SUPER LAUNDRY EQUIPMENT CORP 35 CORPORATE DRIVE STE 220 BURLINGTON MA '01803  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,797.33
<b>3.782. Nonpriority creditor's name and mailing address</b> SUPERCO SPECIALITY PRODUCTS P.O. BOX 19569 ATLANTA GA 30325-0569  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,752.50
<b>3.783. Nonpriority creditor's name and mailing address</b> SUSMAN GODFREY 1000 LOUISIANA ST. SUITE 5100 HOUSTON TX 77002  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> LAWSUIT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,716,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.784. Nonpriority creditor's name and mailing address</b> SUSSEX COUNTY CHAMBER OF COMMERCE 120 HAMPTON HOUSE RD NEWTON NJ '07860  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$689.00
<b>3.785. Nonpriority creditor's name and mailing address</b> SUSSEX PUBLISHERS LLC DBA PSYCHOLOGY TODAY 115 E 23RD ST 9TH FLOOR NEW YORK NY 10010  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100,000.00
<b>3.786. Nonpriority creditor's name and mailing address</b> SUTTON, DEIRDRIAH J. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,724.91



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.787. Nonpriority creditor's name and mailing address</b> SYMETRA LIFE INSURANCE COMPANY 777 108TH AVE NE STE 1200 BELLEVUE WA 98004-5135  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66.20
<b>3.788. Nonpriority creditor's name and mailing address</b> SYMONDS FLAGS & POLES, INC. 7503 FLAGSTONE DR. BLDG 30 FT. WORTH TX 76118  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$345.60
<b>3.789. Nonpriority creditor's name and mailing address</b> SYMPHONY DIAGNOSTICS SERVICES NO 1 LLC DBA MOBILEXUSA P.O. BOX 17462 BALTIMORE MD 21297-0518  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,560.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.790.	<b>Nonpriority creditor's name and mailing address</b> SYSCO DESERT HOPE 058701 6201 E. CENTENNIAL PKWY LAS VEGAS NV 89115  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,587.86
3.791.	<b>Nonpriority creditor's name and mailing address</b> SYSCO GREEN HOUSE 163238 P.O. BOX 561000 LEWISVILLE TX 75056  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$72,194.35
3.792.	<b>Nonpriority creditor's name and mailing address</b> SYSCO LAGUNA RIVERSIDE 117648 15750 MERIDIAN PARKWAY RIVERSIDE CA 92518  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$74,977.69

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.793.	<b>Nonpriority creditor's name and mailing address</b> SYSCO RESOLUTIONS ARLINGTON 242065 P.O. BOX 560700 LEWISVILLE TX 75056  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$34,120.75
3.794.	<b>Nonpriority creditor's name and mailing address</b> SYSMEX AMERICA INC 28241 NETWORK PL CHICAGO IL 60673-1282  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32,894.24
3.795.	<b>Nonpriority creditor's name and mailing address</b> TALENTFOOT, INC. 30 S. WACKER DR STE 1260 CHICAGO IL 60606  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$120,137.65

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.796.	<b>Nonpriority creditor's name and mailing address</b> TALX CORPORATION 4076 PAYSHERE CIRCLE CHICAGO IL 60674-4076  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,068.07
3.797.	<b>Nonpriority creditor's name and mailing address</b> TAMMANY UTILITIES EAST 139802 350 N MILITARY SLIDELL LA 70461  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$142.78
3.798.	<b>Nonpriority creditor's name and mailing address</b> TASHJIAN, MELISSA R Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$62,138.97

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.799.	<b>Nonpriority creditor's name and mailing address</b> TCF NATIONAL BANK 755464 P.O. BOX 77077 MINNEAPOLIS MN 55480-7777  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,168.25
3.800.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013005445 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,645.54
3.801.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013005668 P.O. BOX 31017 TAMPA FL 33631-3017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$64.59

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.802.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013005924 P.O. BOX 31017 TAMPA FL 33631-3017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$155.44
3.803.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013006138 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$586.51
3.804.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013006336 P.O. BOX 31017 TAMPA FL 33631-3017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$112.86

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.805.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013006559 P.O. BOX 31017 TAMPA FL 33631-3017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$199.51
3.806.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013006773 P.O. BOX 31017 TAMPA FL 33631-3017  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$117.58
3.807.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013007011 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$668.48

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.808.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013007250 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$481.01
3.809.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013007441 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20.27
3.810.	<b>Nonpriority creditor's name and mailing address</b> TECO 211013007656 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$412.55



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.811. Nonpriority creditor's name and mailing address</b> TECO 211013007888 PO BOX 31318 TAMPA FL 33631-3318  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,374.25
<b>3.812. Nonpriority creditor's name and mailing address</b> TELEPHONE AND DATA SYSTEMS, INC. PO BOX 0805, CAROL STREAM IL 60132-0805  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$524.07
<b>3.813. Nonpriority creditor's name and mailing address</b> TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT 220 FRENCH LANDING DRIVE NASHVILLE TN 37243-1002  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$120.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.814. Nonpriority creditor's name and mailing address</b> TERMINIX INTERNATIONAL COMPANY LIMITED PARTNERSHIP P.O. BOX 802155 CHICAGO IL 60680-2131  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$2,889.00
<b>3.815. Nonpriority creditor's name and mailing address</b> THAT'S A WRAP SANDWICH CO 110 SE 6TH ST STE STE 120 FT. LAUDERDALE FL 33301  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$9,518.72
<b>3.816. Nonpriority creditor's name and mailing address</b> THE CITY OF HACKENSACK 65 CENTRAL AVENUE, ROOM 201, HACKENSACK NJ 07601  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$1,883.57

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.817. Nonpriority creditor's name and mailing address</b> THE FLIPPEN GROUP, L.L.C. 1199 HAYWOOD DRIVE COLLEGE STATON TX 77845  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$61,750.00
<b>3.818. Nonpriority creditor's name and mailing address</b> THE GAS COMPANY 135 774 2744 9 PO BOX C MONTEREY PARK CA 91756  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,632.93
<b>3.819. Nonpriority creditor's name and mailing address</b> THE HOME DEPOT PRO P.O. BOX 404284 ATLANTA GA 30384-4284  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,365.75

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.820.	<b>Nonpriority creditor's name and mailing address</b> THE JOINT COMMISSION P.O. BOX 734505 CHICAGO IL 60673-4505  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,845.00
3.821.	<b>Nonpriority creditor's name and mailing address</b> THE MCSHIN FOUNDATION C/O HONESTY LILLER 2300 DUNSBARTON RD. RICHMOND VA 23228  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,500.00
3.822.	<b>Nonpriority creditor's name and mailing address</b> THE MURKIN GROUP, LLC 360 CENTRAL AVE STE STE 800 ST. PETERSBURG FL 33701  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,438.30

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.823.	<b>Nonpriority creditor's name and mailing address</b> THE NIELSEN NORMAN GROUP 48105 WARM SPRINGS BLVD FREMONT CA 94539  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,100.00
3.824.	<b>Nonpriority creditor's name and mailing address</b> THE SUMMERLIN COUNCIL 1910 SPRING GATE LN LAS VEGAS NV 89134  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,248.00
3.825.	<b>Nonpriority creditor's name and mailing address</b> THE ULTIMATE SOFTWARE GROUP, INC P.O. BOX 930953 ATLANTA GA 31193-0953  <b>Date or dates debt was incurred</b> JUN-20  <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> PAYROLL PROCESSING VENDOR  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.826. Nonpriority creditor's name and mailing address</b> THE ULTIMATE SOFTWARE GROUP, INC P.O. BOX 930953 ATLANTA GA 31193-0953  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$191,128.18
<b>3.827. Nonpriority creditor's name and mailing address</b> THOMSON REUTERS PO BOX 6292 CAROL STREAM IL 60197-6292  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,367.81
<b>3.828. Nonpriority creditor's name and mailing address</b> THYSSENKRUPP ELEVATOR CORPORATION P.O. BOX 3796 CAROL STREAM IL 60132-3796  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,372.01

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.829. Nonpriority creditor's name and mailing address</b> THYSSENKRUPP ELEVATOR CORPORATION 5572669 P.O. BOX 3796 CAROL STREAM IL 60132  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,549.31
<b>3.830. Nonpriority creditor's name and mailing address</b> TIAA COMMERCIAL FINANCE, INC. 20129081 PO BOX 911608 DENVER CO 80291-1608  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$226.26
<b>3.831. Nonpriority creditor's name and mailing address</b> TIAA COMMERCIAL FINANCE, INC. 40940170 PO BOX 911608 DENVER CO 80291-1608  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$479.70

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<p>3.832. <b>Nonpriority creditor's name and mailing address</b></p> <p>TIAA COMMERCIAL FINANCE, INC. 40940172 PO BOX 911608 DENVER CO 80291-1608</p> <p><b>Date or dates debt was incurred</b></p> <p>PERIOD UNCERTAIN</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>TRADE DEBT</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>\$412.10</p>
<p>3.833. <b>Nonpriority creditor's name and mailing address</b></p> <p>TIME WARNER CABLE 8150 20 007 1089764 (RSG) P.O. BOX 11820 NEWARK NJ 07101</p> <p><b>Date or dates debt was incurred</b></p> <p>PERIOD UNCERTAIN</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>TRADE DEBT</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>\$155.59</p>
<p>3.834. <b>Nonpriority creditor's name and mailing address</b></p> <p>TML CORPORATE STRATEGIES, LLC 55 UNION PLACE SUITE 180 SUMMIT NJ 07901</p> <p><b>Date or dates debt was incurred</b></p> <p>Q2-20</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>BOARD FEES</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>\$16,666.67</p>



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.835.	<b>Nonpriority creditor's name and mailing address</b> TOTAL LIFE CHANGE P.O. BOX 28522 FRESNO CA 93729  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <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
3.836.	<b>Nonpriority creditor's name and mailing address</b> TOTAL PRINT LLC 50 RACHEL DR NASHVILLE TN 37214  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$346.00
3.837.	<b>Nonpriority creditor's name and mailing address</b> TPSC 1101 PACIFIC AVE STE 300 TACOMA WA 98402  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$654.38

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.838. Nonpriority creditor's name and mailing address</b> TRACTMANAGER INC. DBA MEDITRACT 736 MARKET ST STE 100 CHATTANOOGA TN 37402  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83,245.66
<b>3.839. Nonpriority creditor's name and mailing address</b> TRADE SHOW SERVICES, LTD DBA PRO-TECT SECURITY 3511 S EASTERN AVE LAS VEGAS NV 89169  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,631.00
<b>3.840. Nonpriority creditor's name and mailing address</b> TRANSLATIONAL SOFTWARE INCORPORATED 12410 SE 32ND ST STE 250 BELLEVUE WA 98005  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,867.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.841. Nonpriority creditor's name and mailing address</b> TREASURER STATE OF NEW JERSEY DCA ELSA P.O. BOX 804 TRENTON NJ '08625-0804  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,256.00
<b>3.842. Nonpriority creditor's name and mailing address</b> TREASURER, STATE OF NJ DCA BFCE-DORES P.O. BOX 358 TRENTON NJ 08625  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,574.00
<b>3.843. Nonpriority creditor's name and mailing address</b> TREASURER-STATE OF NEW JERSEY 026941 P.O. BOX 804 TRENTON NJ '08625-0804  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$400.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.844.	<b>Nonpriority creditor's name and mailing address</b> TRIKOS INTERNATIONAL 330 COUNTY RD 4620 COOPER TX 75432  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$850.00
3.845.	<b>Nonpriority creditor's name and mailing address</b> TRINTECH INC P.O. BOX 205367 DALLAS TX 75320-5367  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,556.76
3.846.	<b>Nonpriority creditor's name and mailing address</b> TRITON ELEVATOR, LLC 815 MERCURY AVE DUNCANVILLE TX 75137  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,000.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.847. Nonpriority creditor's name and mailing address</b> TROY LEAGUE DBA LEAGUE CONSTRUCTION 6141 MEISENHEIMER AVE LAS VEGAS NV 89131  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,200.00
<b>3.848. Nonpriority creditor's name and mailing address</b> TRULY TECHNOLOGIES, INC. 604 MISSION ST STE 200 SAN FRANCISCO CA 94105  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,250.00
<b>3.849. Nonpriority creditor's name and mailing address</b> TUCKER, LEIGH Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,427.24

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.850.	<b>Nonpriority creditor's name and mailing address</b> TUPELO WATER & LIGHT 207717-107746 P.O. BOX 588 TUPELO MS 38802-0588  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$142.08
3.851.	<b>Nonpriority creditor's name and mailing address</b> TURNER PEST CONTROL LLC 8400 BAYMEADOWS WAY STE 12 JACKSONVILLE FL 32256  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$752.21
3.852.	<b>Nonpriority creditor's name and mailing address</b> U.S. DEPT OF LABOR- OSHA 6 UPPER POND RD 2ND FLOOR PARSIPPANY NJ '07054  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,661.56

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.853.	<b>Nonpriority creditor's name and mailing address</b> UCT LLC 2731 BARTRAM RD. BRISTOL PA 19007  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$198.33
3.854.	<b>Nonpriority creditor's name and mailing address</b> UMR PO BOX 8033, WAUSAU WI 54402-8033  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$178.33
3.855.	<b>Nonpriority creditor's name and mailing address</b> UNIFIRST CORPORATION 500 SW 13TH TERRACE POMPANO BEACH FL 33069  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,651.46

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.856. Nonpriority creditor's name and mailing address</b> UNITED AMERICAN SECURITY P.O. BOX 843886 KANSAS CITY MO 843886  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$90,345.27
<b>3.857. Nonpriority creditor's name and mailing address</b> UNITED HEALTHCARE LIFE INSURANCE COMPANY PO BOX 30755 SALT LAKE CITY UT 84130  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,683.70
<b>3.858. Nonpriority creditor's name and mailing address</b> UNITED HEALTHCARE: ATTN RECOVERY SERVICES P.O. BOX 101760 ATLANTA GA 30392-1760  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,892.44



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.859.	<b>Nonpriority creditor's name and mailing address</b> UNITED LOCK AND SECURITY, INC. 3401 SIRIUS AVE STE 900 LAS VEGAS NV 89102  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,422.52
3.860.	<b>Nonpriority creditor's name and mailing address</b> UNIVERSAL FITNESS CLUB FLAMINGO LLC 3075 E FLAMINGO RD #102 LAS VEGAS NV 89121  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$430.00
3.861.	<b>Nonpriority creditor's name and mailing address</b> UNIVERSAL FUELS INC P.O. BOX 301164 DALLAS TX 75303-1164  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,452.38

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.862.	<b>Nonpriority creditor's name and mailing address</b> UNIVERSAL WEATHER AND AVIATION, INC PO BOX 301164 DALLAS TX 75303  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,377.51
3.863.	<b>Nonpriority creditor's name and mailing address</b> URBAN CORPS OF SAN DIEGO COUNTY P.O. BOX 80156 SAN DIEGO CA 92138-0156  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$265.00
3.864.	<b>Nonpriority creditor's name and mailing address</b> US DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346  <b>Date or dates debt was incurred</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 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 checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING ACTION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.865.	<b>Nonpriority creditor's name and mailing address</b> US FOOD 91403360- RFC P.O. BOX 281838 ATLANTA GA 30384-1838  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,619.40
3.866.	<b>Nonpriority creditor's name and mailing address</b> US FOODS 11222221-OXF PO BOX 281834 ATLANTA GA 30384-1834  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$59,719.21
3.867.	<b>Nonpriority creditor's name and mailing address</b> US FOODS 21164348-SHC PO BOX 7780-4038 PHILADELPHIA PA 19182-4038  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,530.86

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.868.	<b>Nonpriority creditor's name and mailing address</b> US FOODS 41152935-ROC PO BOX 281841 ATLANTA GA 30384-1841  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$52,925.35
3.869.	<b>Nonpriority creditor's name and mailing address</b> US PEST PROTECTION INC MSC 410922 P.O. BOX 415000 NASHVILLE TN 37241-0922  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100.00
3.870.	<b>Nonpriority creditor's name and mailing address</b> UTAK LABORATORIES INC 25020 AVENUE TIBBITTS VALENCIA CA 91355  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$224.98

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.871.	<b>Nonpriority creditor's name and mailing address</b> VACO NASHVILLE LLC 5501 VIRGINIA WAY STE 120 BRENTWOOD TN 37027  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$91,237.50
3.872.	<b>Nonpriority creditor's name and mailing address</b> VALLEY SHEET METAL WORKS 109 MARTIN STREET WATER VALLEY MS 38965  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,197.80
3.873.	<b>Nonpriority creditor's name and mailing address</b> VENUS TELEPHONE SALES & SERVICE CO.,INC DBA TELECO 17 JOHN PLACE CEDAR GROVE NJ 07009  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$125.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.874. Nonpriority creditor's name and mailing address</b> VERITY, INC., A HEALTHSTREAM COMPANY 209 10TH AVE S. STE 450 NASHVILLE TN 37203  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,480.49
<b>3.875. Nonpriority creditor's name and mailing address</b> VERIZON 272126676-00001 AAC P.O. BOX 660108 DALLAS TX 75266-0108  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,558.62
<b>3.876. Nonpriority creditor's name and mailing address</b> VERSACOR P.O. BOX 93809 SOUTHLAKE TX 76092  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$685.23

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.877. Nonpriority creditor's name and mailing address</b> VILLANUEVA, MICHELLE B. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,226.04
<b>3.878. Nonpriority creditor's name and mailing address</b> VISTA RESEARCH GROUP, INC. 1332 CAPE ST. CLAIRE RD #656 ANNAPOLIS MD 21409  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,000.00
<b>3.879. Nonpriority creditor's name and mailing address</b> VISTAR CORPORATION DBA PERFORMANCE FOODSERVICE-BATESVILLE 506 HWY 35 N BATESVILLE MS 38606  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,536.08

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.880.	<b>Nonpriority creditor's name and mailing address</b> VITAL RECORDS CONTROL DEPT 5874 PO BOX 11407 BIRMINGHAM AL 35246-5874  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,193.70
3.881.	<b>Nonpriority creditor's name and mailing address</b> VOGEL, SCOTT DAVID Address Intentionally Omitted  <b>Date or dates debt was incurred</b> Q2-20  <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> BOARD FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,666.67
3.882.	<b>Nonpriority creditor's name and mailing address</b> VOLD, ROXANNE L. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,503.34



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.883.	<b>Nonpriority creditor's name and mailing address</b> WADE INC 2298 HWY 15 NORTH PONTOTOC MS 38863  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$654.57
3.884.	<b>Nonpriority creditor's name and mailing address</b> WAIT MECHANICAL, INC PO BOX 150778 ARLINGTON TX 76015-6778  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$47,921.12
3.885.	<b>Nonpriority creditor's name and mailing address</b> WALKER INFORMATION, INC. 8940 RIVER CROSSING BLVD STE 100 INDIANAPOLIS IN 46240  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,500.00

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.886.	<b>Nonpriority creditor's name and mailing address</b> WALKME, INC. 71 STEVENSON ST FL 20 SAN FRANCISCO CA 94105  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,095.50
3.887.	<b>Nonpriority creditor's name and mailing address</b> WALLER LANSDEN DORTCH & DAVIS, LLP 511 UNION STREET STE 2700 NASHVILLE TN 37219  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$319,857.58
3.888.	<b>Nonpriority creditor's name and mailing address</b> WASHINGTON-ST. TAMMANY ELECTRIC 0531202303 P.O. BOX 697 FRANKLINTON LA 70438-0697  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20.20

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.889. Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT 13-56325-13001 P.O. BOX 4648 CAROL STREAM IL 60197-4648  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$657.27
<b>3.890. Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT 15-15849-03001 PO BOX 4648 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,396.05
<b>3.891. Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT 15-19853-53005 PO BOX 4648 CAROL STREAM IL 60197-4648  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$928.27

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.892.	<b>Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT 22-15143-53009 PO BOX 4648 CAROL STREAM IL 60197  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$132.38
3.893.	<b>Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT 7-25249-72008 PO BOX 13648 PHILADELPHIA PA 19101-3648  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$221.39
3.894.	<b>Nonpriority creditor's name and mailing address</b> WASTE MANAGEMENT 7-25296-32009 PO BOX 13648 PHILADELPHIA PA 19101-3648  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$989.01

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.895.	<b>Nonpriority creditor's name and mailing address</b> WATER CONDITIONING OF MISSISSIPPI, LLC DBA CULLIGAN WATER CONDITIONING OF MS 1205 NELLE ST TUPELO MS 38801-3415  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,285.28
3.896.	<b>Nonpriority creditor's name and mailing address</b> WATER CONSULTANTS OF NEVADA DBA HAGUE QUALITY WATER 8700 CASTLE HILL AVE LAS VEGAS NV 89129  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$300.00
3.897.	<b>Nonpriority creditor's name and mailing address</b> WEBER, CYNTHIA A. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.21

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.898.	<b>Nonpriority creditor's name and mailing address</b> WEBMD HEALTH CORP 12186 COLLECTIONS CENTER DR CHICAGO IL 60693  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$106,208.95
3.899.	<b>Nonpriority creditor's name and mailing address</b> WELLCARE PHARMACY 4101 WAGON TRAIL AVE LAS VEGAS NV 89118  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,741.85
3.900.	<b>Nonpriority creditor's name and mailing address</b> WEST CLAIMS RECOVERY SERVICES LLC DBA ACCENT PO BOX 952366 ST. LOUIS MO 63195-2366  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$93,461.36

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.901.	<b>Nonpriority creditor's name and mailing address</b> WESTBROOK KAPLAN, M.D. 3553 SAGITTARIUS DRIVE LAS VEGAS NV 89135  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,537.60
3.902.	<b>Nonpriority creditor's name and mailing address</b> WESTERN NRG INC 4034 ADOLFO RD CAMARILLO CA 93012  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$135.00
3.903.	<b>Nonpriority creditor's name and mailing address</b> WESTERN STATES FIRE PROTECTION CO. PO BOX 412007 BOSTON MA 02241-2007  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,207.68

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.904.	<b>Nonpriority creditor's name and mailing address</b> WEX BANK DBA WRIGHT EXPRESS FSC P.O. BOX 6293 CAROL STREAM IL 60197-6293  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$9,871.97
3.905.	<b>Nonpriority creditor's name and mailing address</b> WHIPPERMAN, ZACHARY E. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$10,265.02
3.906.	<b>Nonpriority creditor's name and mailing address</b> WILFRED MACDONALD INC 10 NEW MAPLE AVE STE 303 PINE BROOK NJ 07058  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$367.77



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.907.	<b>Nonpriority creditor's name and mailing address</b> WILLIAM C BAUER MD 755 DESCARTES AVE HENDERSON NV 89002  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$35,371.20
3.908.	<b>Nonpriority creditor's name and mailing address</b> WILLIAMS ENGINEERING CONSULTANTS INC PO BOX 1197 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,565.00
3.909.	<b>Nonpriority creditor's name and mailing address</b> WILLIS OF TENNESSEE INC 29982 NETWORK PLACE CHICAGO IL 60673-1299  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,909.43

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.910.	<b>Nonpriority creditor's name and mailing address</b> WILSON SONSINI GOODRICH & ROSATI P.O. BOX 742866 LOS ANGELES CA 90074-2866  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,043.50
3.911.	<b>Nonpriority creditor's name and mailing address</b> WIZARD ENTERPRISES 17200 GULF BLVD #203 NORTH REDINGTON BEACH FL 33708  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,100.00
3.912.	<b>Nonpriority creditor's name and mailing address</b> WOLF TELECOM LLC 12 HEMINOVER STREET STANHOPE NJ '07874  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,961.90

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

<b>3.913. Nonpriority creditor's name and mailing address</b> WOOD SECURITY LLC P.O. BOX 1413 OXFORD MS 38655  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,480.00
<b>3.914. Nonpriority creditor's name and mailing address</b> WORTH FIRE & SECURITY A GO ELECTRONICS, INC COMPANY P O BOX 2095 MANSFIELD TX 76063  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$350.00
<b>3.915. Nonpriority creditor's name and mailing address</b> WWS P.O. BOX 669300 POMPANO BEACH FL 33066  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,996.45

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.916.	<b>Nonpriority creditor's name and mailing address</b> XANDER LLC 121 BROADWAY #333 SAN DIEGO CA 92101  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,908.80
3.917.	<b>Nonpriority creditor's name and mailing address</b> XMC SALES, LLC 7585 AE BEATY DRIVE STE 101 BARTLETT TN 38133  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$438.69
3.918.	<b>Nonpriority creditor's name and mailing address</b> XTREME SERENITY LLC DBA BIOSOUND TECHNOLOGIES 276 PLYMOUTH ST SAFETY HARBOR FL 34695  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$226.20

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.919.	<b>Nonpriority creditor's name and mailing address</b> YELP INC 140 NEW MONTGOMERY ST 9TH FL. SAN FRANCISCO CA 94105  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$57,690.62
3.920.	<b>Nonpriority creditor's name and mailing address</b> YOUNG CONAWAY STARGATT & TAYLOR, LLP P.O. BOX 391 WILMINGTON DE 19899-0391  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,800.00
3.921.	<b>Nonpriority creditor's name and mailing address</b> YOUNG, CHARLES Z. Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PRE 12/21/19  <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> PTO ACCRUAL  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,586.26

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.922.	<b>Nonpriority creditor's name and mailing address</b> ZEN DEN WEB SERVICES INC DBA ACHILLES COFFEE ROASTERS Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$737.00
3.923.	<b>Nonpriority creditor's name and mailing address</b> ZENCHARTS, LLC Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,800.00
3.924.	<b>Nonpriority creditor's name and mailing address</b> ZIRMED, INC Address Intentionally Omitted  <b>Date or dates debt was incurred</b> PERIOD UNCERTAIN  <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> TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,171.20

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

3.925. <b>Nonpriority creditor's name and mailing address</b>  ZURICH AMERICAN INSURANCE COMPANY Address Intentionally Omitted   <b>Date or dates debt was incurred</b>  PERIOD UNCERTAIN  <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>  TRADE DEBT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  \$29,827.62
--	--	---

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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
BERNSTEIN- BURKLEY PC KIRK B BURKLEY,ESQ 707 GRANT ST.,STE 2200 GULF TOWER PITTSBURGH PA 15219-1900	Part 2 line 3.93	
DOUG BELDEN, HILLSBOROUGH COUNTY TAX COLLECTOR BRIAN T FITZGERALD, ESQ SENIOR ASST COUNTY ATTORNEY POST OFFICE BOX 1110 TAMPA FL 33601-1110		
DOUG BELDEN, HILLSBOROUGH COUNTY TAX COLLECTOR BRIAN T FITZGERALD, ESQ SENIOR ASST COUNTY ATTORNEY POST OFFICE BOX 1110 TAMPA FL 33601-1110	Part 1 line 2.60	
FLORIDA ATTORNEY GENERAL ASHLEY MOODY THE CAPITOL PL-01 TALLAHASSEE FL 32399-1050	Part 1 line 2.71	
FRANCHISE TAX BOARD BANKRUPTCY SECTION MS A-340 PO BOX 2952 SACRAMENTO CA 95812-2952	Part 1 line 2.73	
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION P.O. BOX 7346 PHILADELPHIA PA 19101-7346	Part 1 line 2.197	
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET STREET MAIL STOP 5 Q30 133 PHILADELPHIA PA 19104-5016	Part 1 line 2.197	
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION P.O. BOX 7346 PHILADELPHIA PA 19101-7346	Part 1 line 2.199	
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET STREET MAIL STOP 5 Q30 133 PHILADELPHIA PA 19104-5016	Part 1 line 2.199	
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION P.O. BOX 7346 PHILADELPHIA PA 19101-7346	Part 2 line 3.864	



Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

INTERNAL REVENUE SVC  
CENTRALIZED INSOLVENCY OPERATION  
2970 MARKET STREET  
MAIL STOP 5 Q30 133  
PHILADELPHIA PA 19104-5016

Part 2 line 3.864

LAFAYETTE COUNTY TAX COLLECTOR  
SYLVIA BAKER  
300 N LAMAR  
STE 103  
OXFORD MS 38655

Part 1 line 2.105

LINEBARGER GOGGAN BLAIR & SAMPSON LLP  
ELIZABETH WELLER  
2777 N STEMMONS FREEWAY STE 1000  
DALLAS TX 75207

Part 1 line 2.184

LINEBARGER GOGGAN BLAIR & SAMPSON LLP  
ELIZABETH WELLER  
2777 N STEMMONS FREEWAY STE 1000  
DALLAS TX 75207

LINEBARGER GOGGAN BLAIR & SAMPSON LLP  
ELIZABETH WELLER  
2777 N STEMMONS FREEWAY STE 1000  
DALLAS TX 75207

Part 1 line 2.207

MASSACHUSETTS ATTORNEY GENERAL  
MAURA HEALY  
ONE ASHBURTON PL  
BOSTON MA 02108-1698

Part 1 line 2.189

MASSACHUSETTS ATTORNEY GENERAL  
MAURA HEALY  
ONE ASHBURTON PL  
BOSTON MA 02108-1698

Part 1 line 2.117

MCANDREW VUOTTO LLC  
JONATHAN P VUOTTO,ESQ  
13 MT KEMBLE AVE.  
MORRISTOWN NJ 07960

Part 1 line 2.141

MCELROY DEUTSCH MULVANEY & CARPENTER  
LLP  
GARY D BRESSLER,ESQ  
300 DELAWARE AVE.,STE 770  
WILMINGTON DE 19801

Part 1 line 2.141

MCELROY DEUTSCH MULVANEY & CARPENTER  
LLP  
SCOTT A LEVIN,ESQ  
1 PENN CNTR-SUBURBAN STATION  
1617 JFK BLVD.,STE 1500  
PHILADELPHIA PA 19103-1815

Part 1 line 2.141

NEVADA ATTORNEY GENERAL  
AARON FORD  
OLD SUPREME CT BLDG  
100 N CARSON ST  
CARSON CITY NV 89701

Part 1 line 2.138

NEW JERSEY ATTORNEY GENERAL  
GURBIR S GREWAL  
RICHARD J HUGHES JUSTICE COMPLEX  
25 MARKET ST 8TH FL WEST WING  
TRENTON NJ 08625

Part 1 line 2.139

POMERANTZ LLP  
JEREMY A LEIBERMAN AND JONATHAN  
LINDERFELD  
600 THIRD AVENUE  
20TH FLOOR  
NEW YORK NY 10016

Part 2 line 3.138

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

POMERANTZ LLP  
 PATRICK DAHLSTROM  
 10 S LA SALE ST  
 SUITE 3505  
 CHICAGO IL 60603

Part 2 line 3.138

RHODE ISLAND ATTORNEY GENERAL  
 PETER F NERONHA  
 150 S MAIN ST  
 PROVIDENCE RI 02903

Part 1 line 2.181

SECURITIES AND EXCHANGE COMMISSION  
 NY REG OFFICE BANKRUPTCY DEPT  
 ANDREW CALAMARI, REGIONAL DIRECTOR  
 BROOKFIELD PL  
 200 VESEY ST STE 400  
 NEW YORK NY 10281-1022

Part 2 line 3.720

SECURITIES AND EXCHANGE COMMISSION  
 PHIL OFC BANKRUPTCY DEPT  
 ONE PENN CENTER  
 1617 JFK BLVD STE 520  
 PHILADELPHIA PA 19103

Part 2 line 3.720

SECURITIES AND EXCHANGE COMMISSION  
 SEC OF THE TREASURY OFFICE OF GEN  
 COUNSEL  
 100 F ST NE  
 WASHINGTON DC 20549

Part 2 line 3.720

SOCIAL SECURITY ADMINISTRATION  
 OFFICE OF THE GEN COUNSEL REGION 3  
 300 SPRING GARDEN ST  
 PHILADELPHIA PA 19123

Part 2 line 3.720

TARRANT COUNTY TAX ASSESSOR-COLLECTOR  
 WENDY BURGESS  
 100 E WEATHERFORD  
 FORT WORTH TX 76196

Part 1 line 2.184

TENNESSEE ATTORNEY GENERAL  
 HERBERT H SLATERY III  
 PO BOX 20207  
 NASHVILLE TN 37202-0207

TENNESSEE ATTORNEY GENERAL  
 HERBERT H SLATERY III  
 PO BOX 20207  
 NASHVILLE TN 37202-0207

Part 1 line 2.188

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
 GLENN HEGAR  
 PO BOX 149359  
 AUSTIN TX 78714-9359

Part 1 line 2.180

THE BRAMLETT LAW FIRM  
 PAUL KENT BRAMLETT AND ROBERT P  
 BRAMLETT  
 40 BURTON HILLS BLVD  
 STE 200  
 NASHVILLE TN 37215

Part 2 line 3.138

THE BRAMLETT LAW FIRM  
 ROBERT P BRAMLETT  
 40 BURTON HILLS BLVD  
 STE 200  
 NASHVILLE TN 37215

Part 2 line 3.212

THE BROWN LAW FIRM  
 TIMONY W BROWN  
 240 TOWNSEND SQ  
 OYSTER BAY NY 11771

Part 2 line 3.212

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648**

THE ROSEN LAW FIRM  
 PHILLIP KIM  
 275 MADISON AVE  
 34TH FLR  
 NEW YORK NY 10006

Part 2 line 3.212

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.241

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.244

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.251

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.245

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.247

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.249

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.250

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.242

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.246

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.248

TUNE ENTREKIN & WHITE PC  
 JOSEPH P RUSNAK  
 UBS TOWER STE 1700  
 315 DEADERICK ST  
 NASHVILLE TN 37238

Part 2 line 3.243

Debtor **AAC Holdings, Inc.**Case number (if known) **20-11648****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.	\$4,862,607.33
<b>5b. Total claims from Part 2</b>	5b. +	\$49,006,629.33
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.	\$53,869,236.66

**Fill in this information to identify the case:****Debtor name:** AAC Holdings, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11648Official 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 A/B, E/F, and Summary of Assets and Liabilities*
- ☐ *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 8/30/2020  
MM/DD/YYYY

x

/s/ Andrew McWilliams

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

Andrew McWilliams  
Printed name

Chief Executive Officer  
Position or relationship to debtor

**EXHIBIT B**

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

Debtor 1 \_\_\_\_\_

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

**Official Form 410****Proof of Claim**

04/19

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim****1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim) \_\_\_\_\_

Other names the creditor used with the debtor \_\_\_\_\_

**2. Has this claim been acquired from someone else?**☐ No☐ Yes. From whom? \_\_\_\_\_**3. Where should notices and payments to the creditor be sent?****Where should notices to the creditor be sent?****Where should payments to the creditor be sent? (if different)**Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Name \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_**4. Does this claim amend one already filed?**☐ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_Filed on \_\_\_\_\_  
MM / DD / YYYY**5. Do you know if anyone else has filed a proof of claim for this claim?**☐ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_

7. How much is the claim? \$ \_\_\_\_ Does this amount include interest or other charges?  
☐ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosing information that is entitled to privacy, such as health care information.

9. Is all or part of the claim secured? ☐ No  
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_
- Basis for perfection:** \_\_\_\_\_  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_
- Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☐ No  
☐ Yes. Identify the property: \_\_\_\_\_



**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_