UNITED STATES BANKRUPTCY COURT

DISTRICT OF Delaware

In re: Vyaire Medical 211, Inc. §
§
§
Debtor(s) §

Case No. 24-11234

Lead Case No. 24-11217

☒ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 01/24/2025

Petition Date: 06/09/2024

Plan Confirmed Date: 11/14/2024

Plan Effective Date: 11/27/2024

This Post-confirmation Report relates to: ◉ Reorganized Debtor

○ Other Authorized Party or Entity: _____
Name of Authorized Party or Entity

/s/ PATRICK REILLEY
Signature of Responsible Party

PATRICK REILLEY
Printed Name of Responsible Party

03/07/2025
Date

500 Delaware Avenue, Suite 200
Wilmington, DE 19801
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name Vyaire Medical 211, Inc. Case No. 24-11234

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	$265,299	$650,456
b. Non-cash securities transferred	$0	$0
c. Other non-cash property transferred	$0	$0
d. Total transferred (a+b+c)	$265,299	$650,456

Part 2: Preconfirmation Professional Fees and Expenses

				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor		*Aggregate Total*				
	Itemized Breakdown by Firm						
		Firm Name	Role				
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Debtor's Name Vyaire Medical 211, Inc. Case No. 24-11234

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b.				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor *Aggregate Total*						
	Itemized Breakdown by Firm						
		Firm Name	Role				
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Debtor's Name Vyaire Medical 211, Inc. Case No. 24-11234

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c.	All professional fees and expenses (debtor & committees)			$0	$0	$0	$0

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	$0	$219,372	$604,529	$604,529	100%
b. Secured claims	$0	$0	$0	$0	0%
c. Priority claims	$0	$45,926	$45,926	$45,926	100%
d. General unsecured claims	$0	$0	$0	$0	0%
e. Equity interests	$0	$0	$0		

Part 4: Questionnaire

a. Is this a final report? Yes (●) No ( )

If yes, give date Final Decree was entered: 01/24/2025

If no, give date when the application for Final Decree is anticipated: _____

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes (●) No ( )

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Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

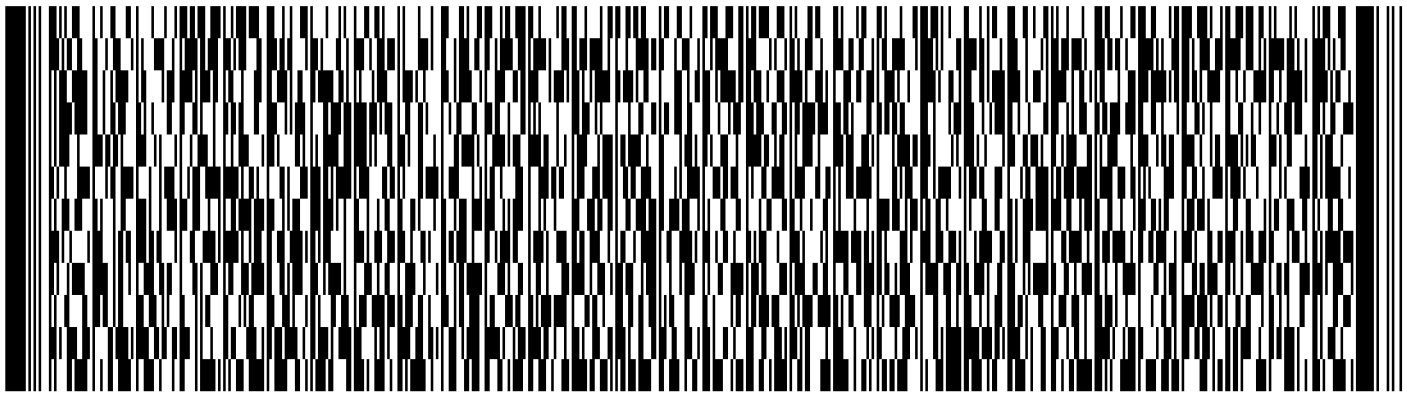
/s/ DAVID BARSE
Signature of Responsible Party

DAVID BARSE
Printed Name of Responsible Party

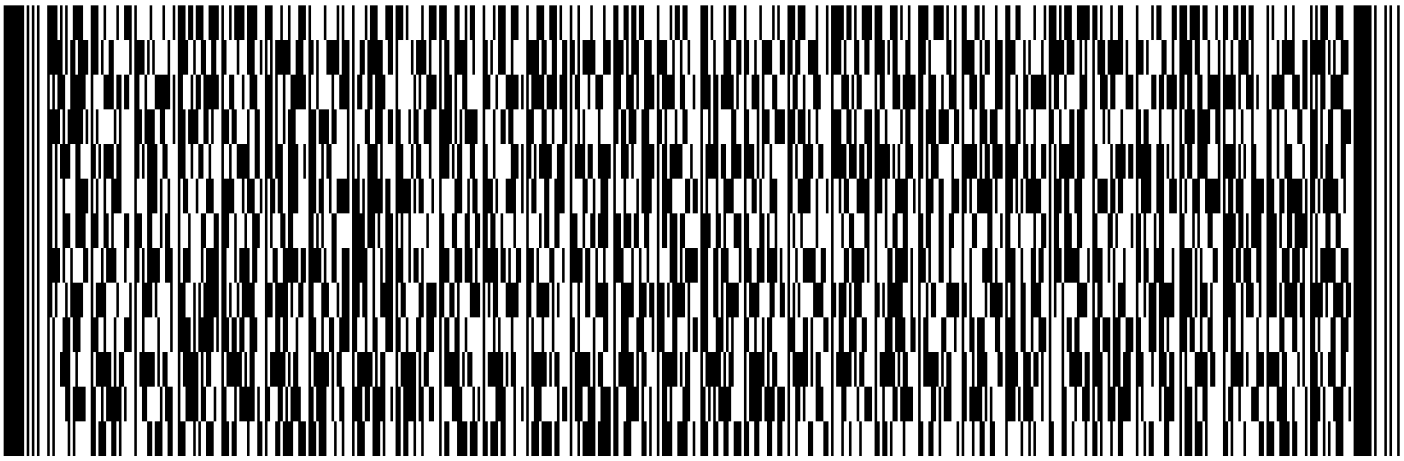
PLAN ADMINISTRATOR
Title

03/07/2025
Date

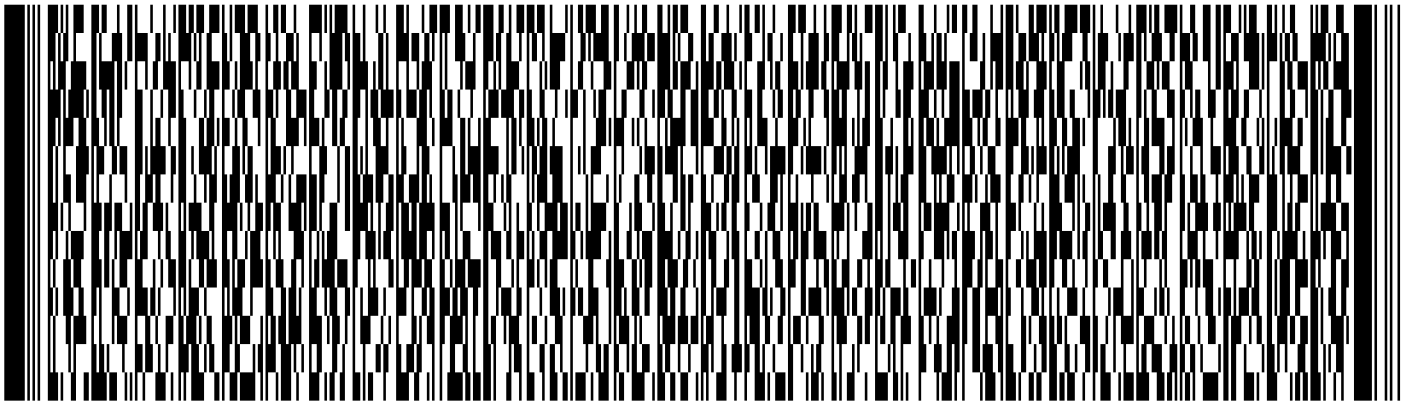
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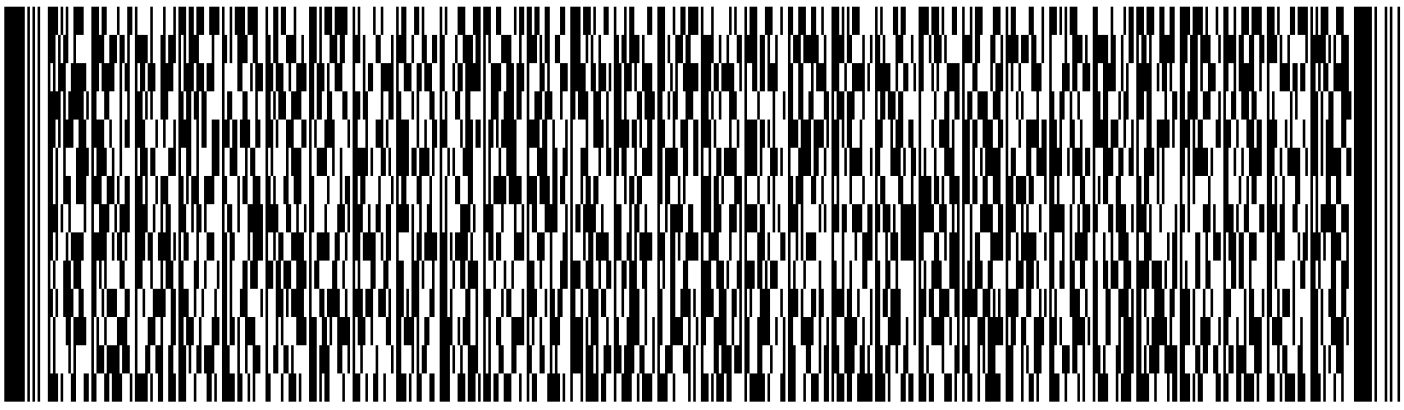
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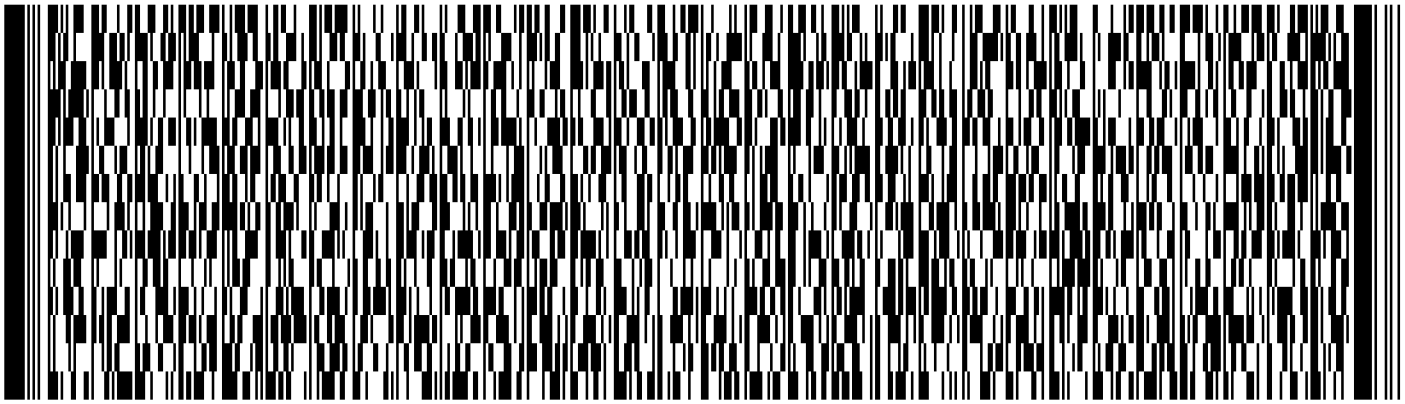


Page 2 Minus Tables

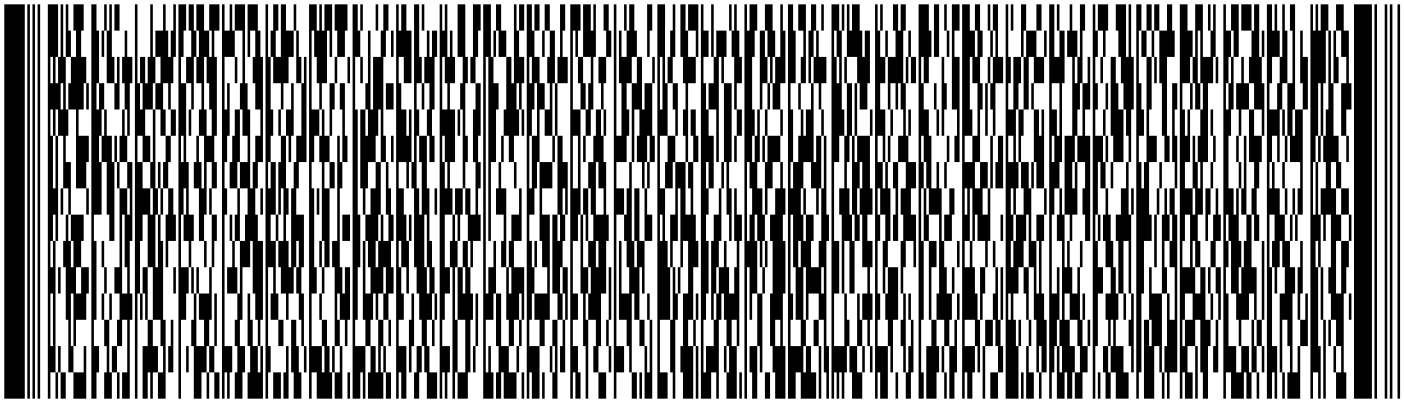


Bankruptcy Table 1-50

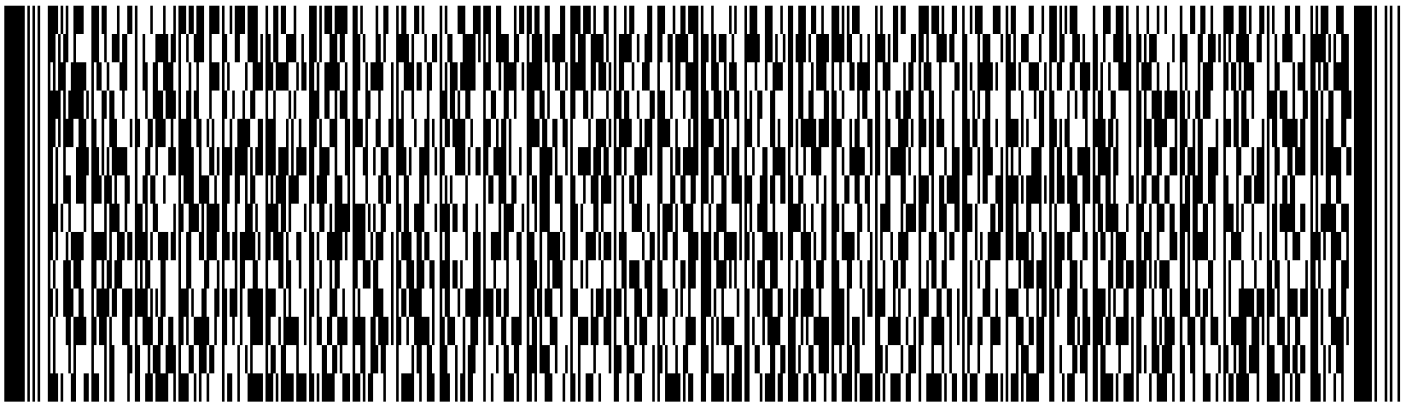
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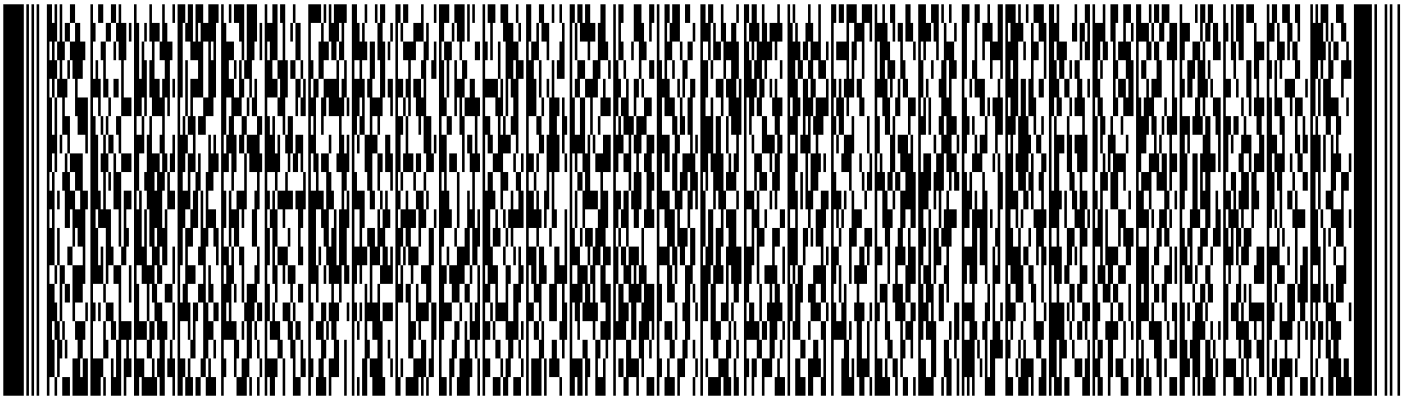
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



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