

Fill in this information to identify the case:

Debtor 1 <u>Curae Health Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05665

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 8/28/2018
 MATTHEW T. LOUGHNEY, Clerk

**Official Form 410
 Proof of Claim**

04/16

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?	Teleflex Medical Incorporated <hr/> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <hr/>														
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? <hr/>														
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>Teleflex Medical Incorporated</td> <td>PO Box 601608</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>3015 Carrington Mill Boulevard, Suite 3 Morrisville, NC 27560-8871</td> <td>Charlotte, NC 28260-1608</td> </tr> <tr> <td>Contact phone <u>919-361-4135</u></td> <td>Contact phone <u>919-361-4135</u></td> </tr> <tr> <td>Contact email <u>christopher.lynch@teleflex.com</u></td> <td>Contact email <u>christopher.lynch@teleflex.com</u></td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): <hr/></td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Teleflex Medical Incorporated	PO Box 601608	Name	Name	3015 Carrington Mill Boulevard, Suite 3 Morrisville, NC 27560-8871	Charlotte, NC 28260-1608	Contact phone <u>919-361-4135</u>	Contact phone <u>919-361-4135</u>	Contact email <u>christopher.lynch@teleflex.com</u>	Contact email <u>christopher.lynch@teleflex.com</u>	Uniform claim identifier for electronic payments in chapter 13 (if you use one): <hr/>	
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4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>														
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? <hr/>														

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0543</u>
7. How much is the claim?	\$ <u>172.55</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 healthcare information. <u>GOODS SOLD</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 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 8/28/2018
MM / DD / YYYY

/s/ CHRISTOPHER L LYNCH

Signature

Print the name of the person who is completing and signing this claim:

Name CHRISTOPHER L LYNCH

First name Middle name Last name

Title Sr. Lead Credit and Collections Specialist

Company TELEFLEX MEDICAL
INCORPORATED

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 3015 Carrington Mill Blvd., #300

Number Street

Morrisville, NC 27560-8871

City State ZIP Code

Contact phone 919-361-4135 Email christopher.lynych@teleflex.com

MIDDLE DISTRICT OF TENNESSEE Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (6720140)	Claim No: 1	<i>Status:</i>
Teleflex Medical Incorporated	<i>Original Filed</i>	<i>Filed by:</i> CR
3015 Carrington Mill Boulevard,	<i>Date:</i> 08/28/2018	<i>Entered by:</i> admin
Suite 3	<i>Original Entered</i>	<i>Modified:</i>
Morrisville, NC 27560-8871	<i>Date:</i> 08/28/2018	

Amount claimed: \$172.55

History:

[Details](#) [1-1](#) 08/28/2018 Claim #1 filed by Teleflex Medical Incorporated, Amount claimed: \$172.55 (admin)

Description:

Remarks: (1-1) Account Number (last 4 digits):0543

Claims Register Summary

Case Name: Curae Health Inc.
Case Number: 3:18-bk-05665
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$172.55
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		