

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.
 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?	<u>TELEFLEX MEDICAL INC.</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>TELEFLEX MEDICAL INC.</u> Name 3015 Carrington Mill Boulevard, Suite 3 Morrisville, NC 27560-8871 Contact phone <u>919-361-4135</u> Contact email <u>christopher.lynch@teleflex.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Teleflex Medical Inc.</u> Name PO Box 601608 Charlotte, NC 28260-1608 Contact phone <u>919-361-4135</u> Contact email <u>christopher.lynch@teleflex.com</u>
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? _____	

Official Form 410

Proof of Claim

page 1

Account Statement/ Open Item Listing

Account #		Statement Date
122207		08/28/2018
Page	Currency	Terms of Payment
1 of 1	USD	Cash in advance-

Gilmore Memorial Hospital
1105 Earl Frye Boulevard
AMORY MS 38821-5500
USA

Contact Information for questions on Statement

Name Erin Burcher
Telephone
Fax
E-mail: Erin.Burcher@teleflex.com

Remittance Information

By Regular Mail

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

By Wire

Bank: Wells Fargo Bank, N.A.
Address: San Francisco, CA
Acct #: 2000003325667
Routing/ABA #: 121000248
SWIFT Code: WFBUS6S

By Overnight

Teleflex Funding Corporation
Lockbox # 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Document #	PO #/Check	Reference	Item Date	Due Date	Docum. Type	Reason Code	Amount
95409959	754-6627711		01/05/2018	02/04/2018	RV		23.05
95451943	754-6650204		01/24/2018	02/23/2018	RV		431.00
9500234447	01031		06/05/2018	07/05/2018	RV		92.28
9500292874	01218		06/23/2018	07/23/2018	RV		325.00
9500449191	01879		08/16/2018	09/15/2018	RV		214.00

CURRENT	OVERDUE 1-30	OVERDUE 31-60	OVERDUE 61-90	OVERDUE 91+	ACCT BALANCE
214.00	0.00	417.28	0.00	454.05	\$1,085.33

**Invoice**

No.	Date	Page	Due Date
95409959	01/05/2018	1 of 1	02/04/2018
Payer Account No. 122207			

Bill To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Ship To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo Bank,
NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
754-6627711	3867866	DEBBY CAMPBELL	8001959844	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085062790	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	1171	CATH-GUIDE AIRWAY,55MM	CS	1	0	23.05	23.05
Brand:		Hudson RCI					
		Batch No. 74M1700787					

Comments:

Sub-Total	23.05
Tax	0.00
Total USD	23.05

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated EIN: 95-1867330

3015 Carrington Mill Blvd Morrisville, NC 27560 USA

Tel 866-246-6990 International +19193613964 Fax

Email cs@teleflex.com **Case 3:18-bk-05665**

Claim 3-1 Part 2

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of 16

Desc Attachment 1 Page 2

**Packing List**

Delivery No. 8001959844	Delivery Date 01/04/2018	Page 1 of 1
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Sold To Party Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	Account No. 122207	Ship To Party Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	Account No. 122207	Forwarding Agent FEDERAL EXPRESS DEPT LA PO Box 21415 PASADENA CA 91185-1415	Account No. 600307
---	---------------------------	---	---------------------------	---	---------------------------

Purchase Order No.	Sales Order	Shipping Point	Freight Terms	IncoTerms
754-6627711	3867866	Olive Branch Ship Point (Std)	Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel
613551085062790			FEDERAL EXPRESS	
Delivery Priority	Route			
25 FedEx Ground	STDRT Standard Route			

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	1171	Hudson RCI	CATH-GUIDE AIRWAY,55MM Batch No. 74M1700787 Shipto PO: 500129992171	CS	1	0	1	1.300 LB
Total Shipping Units: 00001 Weight: 2.300 LB					Unit of Measure Description: CASE		Total Units: 1.000	

Comments:



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085062790**.

Delivery Information:

Status:	Delivered	Delivery location:	Amory, MS
Signed for by:	PDOBBS	Delivery date:	Jan 8, 2018 10:56
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085062790	Ship date:	Jan 5, 2018
		Weight:	1.8 lbs/0.8 kg

Recipient:
Amory, MS US

Shipper:
OLIVE BRANCH, MS US

Reference
Purchase order number:
Shipment Id
Invoice number

754-6627711
8001959844
613551085062790
1006646937

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
95451943	01/24/2018	1 of 1	02/23/2018
Payer Account No. 122207			

Bill To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Ship To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo Bank,
NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
754-6650204	3913030	Mallory Wright	8002005106	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
409940742734	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	2416	CORRUGATED COMFORT FLO REMOTE TEMP PORT	CS	1	0	431.00	431.00
Brand: Hudson RCI		Batch No. 74K1702510 Exp. Date 10/18/2202					

Comments:

Sub-Total	431.00
Tax	0.00
Total USD	431.00

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International +19193613964 Fax
Email cs@teleflex.com

EIN: 95-1867330

**Packing List**

Delivery No. 8002005106	Delivery Date 01/24/2018	Page 1 of 1
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Sold To Party Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	Account No. 122207	Ship To Party Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	Account No. 122207	Forwarding Agent FEDERAL EXPRESS DEPT LA PO Box 21415 PASADENA CA 91185-1415	Account No. 600307
---	---------------------------	---	---------------------------	---	---------------------------

Purchase Order No.	Sales Order	Shipping Point	Freight Terms	IncoTerms
754-6650204	3913030	Olive Branch Ship Point (Rush)	Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel
409940742734			FEDERAL EXPRESS	
Delivery Priority	Route			
29 FedEx Pri OverNight	STRUSH Standard Rush Route			

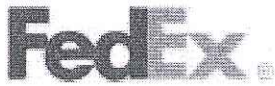
Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	2416	Hudson RCI	CORRUGATED COMFORT FLO REMOTE TEMP PORT Batch No. 74K1702510	CS 10/18/2202	1	0	1	16.800 LB

Total Shipping Units: 00001
Weight: 16.802 LB

Unit of Measure Description:
CASE

Total Units:
1.000

Comments:



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **409940742734**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jan 25, 2018 10:11
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	409940742734	Ship date:	Jan 24, 2018
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Recipient:
AMORY, MS US

Shipper:
OLIVE BRANCH, MS US

Reference

754-6650204

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500234447	06/05/2018	1 of 1	07/05/2018
Payer Account No. 122207			

Bill To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Ship To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo Bank,
NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
01031	4186333	Mallory Wright	8002369714	FEDEX
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085635611	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	111781055	AGT NASAL CUFFED ET 5.5MM	BX	2	0	46.14	92.28
Brand: Rusch							
Batch No. 18BG17							
Exp. Date 01/31/2023							

Comments:

Sub-Total	92.28
Tax	0.00
Total USD	92.28

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated EIN: 95-1867330
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International +19193613964 Fax
Email cs@teleflex.com www.teleflex.com

**Packing List**Delivery No.
8002369714Delivery Date
06/05/2018Page
1 of 1

Sold To Party	Account No. 122207	Ship To Party	Account No. 122207	Forwarding Agent	Account No. 600436
Gilmore Memorial Hospital		Gilmore Memorial Hospital		FEDEX	
1105 Earl Frye Boulevard		1105 Earl Frye Boulevard		PO Box 7221	
Amory MS 38821-5500		Amory MS 38821-5500		PASADENA CA 91109-7321	
USA		USA			

Purchase Order No.	Sales Order	Shipping Point	Freight Terms	IncoTerms
01031	4186333	Olive Branch Ship Point (Std)	Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel
613551085635611			FEDEX	
Delivery Priority		Route		
25 FedEx Ground		STDRT Standard Route		

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	111781055	Rusch	AGT NASAL CUFFED ET 5.5MM Batch No. 18BG17	BX 01/31/2023	2	0	<u>2</u>	1.600 LB

Total Shipping Units: 00001
Weight: 3.228 LBUnit of Measure Description:
BOXTotal Units:
2.000

Comments:



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085635611**.

Delivery Information:

Status:	Delivered	Delivery location:	Amory, MS
Signed for by:	MMCNEESE	Delivery date:	Jun 6, 2018 10:54
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085635611	Ship date:	Jun 5, 2018
		Weight:	2.4 lbs/1.1 kg

Recipient:
AMORY, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	8002369714
Purchase order number:	01031
Shipment Id	613551085635611
Invoice number	180605022441347

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500292874	06/23/2018	1 of 1	07/23/2018
Payer Account No. 122207			

Bill To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Ship To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Payment Remittance Address:	Wire Transfer Remittance:	Overnight Remittance Address:
Teleflex Medical PO Box 601608 Charlotte, NC 28260-1608	Wells Fargo Bank, NA, Charlotte, NC Account No. 2000003325667 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Teleflex Medical c/o Wells Fargo Bank, NA PO Box 601608 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
01218	4222316		8002418936	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085707004	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	2412-12	Comfort Flo Plus Cannula w/Chin Strap-M	CS	1	0	325.00	325.00
Brand: Hudson RCI		Batch No. 201815					
		Exp. Date 03/28/2023					
Cust. Part No.		0241212					

Comments:

Sub-Total	325.00
Tax	0.00
Total USD	325.00

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated EIN: 95-1867330

3015 Carrington Mill Blvd Morrisville, NC 27560 USA

Tel 866-246-6990 International +19193613964 Fax

Email cs@teleflex.com www.teleflex.com

**Packing List**

Delivery No. 8002418936	Delivery Date 06/20/2018	Page 1 of 1
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Sold To Party Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	Account No. 122207	Ship To Party Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	Account No. 122207	Forwarding Agent FEDERAL EXPRESS DEPT LA PO Box 21415 PASADENA CA 91185-1415	Account No. 600307
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Purchase Order No.	Sales Order	Shipping Point	Freight Terms	Incoterms
01218	4222316	Olive Branch Ship Point (Std)	Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel
613551085707004			FEDERAL EXPRESS	
Delivery Priority	Route			
25 FedEx Ground	STD RTE Standard Route			

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	2412-12	Hudson RCI	Comfort Flo Plus Cannula w/Chin Strap-M	CS	1	0	1	6.800 LB
		Cust Part No.	0241212					
		Batch No.	201815	03/28/2023				
		Shipto PO:	500150328047					
Total Shipping Units: 00001					Unit of Measure Description:			Total Units:
Weight: 7.800 LB					CASE			1.000

Comments:



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085707004**.

Delivery Information:

Status:	Delivered	Delivery location:	Amory, MS
Signed for by:	PDOBBS	Delivery date:	Jun 26, 2018 11:00
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085707004	Ship date:	Jun 25, 2018
		Weight:	7.3 lbs/3.3 kg

Recipient:
Amory, MS US

Shipper:
OLIVE BRANCH, MS US

Reference
Purchase order number:
Shipment Id
Invoice number

01218
8002418936
613551085707004
1007268643

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500449191	08/16/2018	1 of 1	09/15/2018
Payer Account No. 122207			

Bill To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Ship To Party **Account No. 122207**
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo Bank,
NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
01879	4346186	Mallory Wright	8002581727	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085930532	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	870-19KIT	22MM SGL HTD LIMB CIRC KIT	CS	1	0	214.00	214.00
Brand: Hudson RCI							
		Batch No. 74F1801779					
		Exp. Date 06/07/2023					

Comments:

Sub-Total	214.00
Tax	0.00
Total USD	214.00

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To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated EIN: 95-1867330

3015 Carrington Mill Blvd Morrisville, NC 27560 USA

Tel 866-246-6990 International +19193613964 Fax

Email cs@teleflex.com **Case 3:18-bk-05665**

Claim 3-1 Part 2

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**Packing List**Delivery No.
8002581727Delivery Date
08/16/2018Page
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Sold To Party Account No. 122207
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

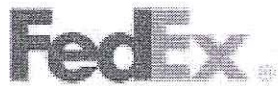
Ship To Party Account No. 122207
Gilmore Memorial Hospital
1105 Earl Frye Boulevard
Amory MS 38821-5500
USA

Forwarding Agent Account No. 600307
FEDERAL EXPRESS
DEPT LA
PO Box 21415
PASADENA CA 91185-1415

Purchase Order No.	Sales Order	Shipping Point	Freight Terms	IncoTerms
01879	4346186	Olive Branch Ship Point (Std)	Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel
613551085930532			FEDERAL EXPRESS	
Delivery Priority	Route			
25 FedEx Ground	STD RTE Standard Route			

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	870-19KIT	Hudson RCI	22MM SGL HTD LIMB CIRC KIT	CS	1	0	1	8.800 LB
			Batch No. 74F1801779	06/07/2023				
Total Shipping Units: 00001					Unit of Measure Description:		Total Units:	
Weight: 9.800 LB					CASE		1.000	

Comments:



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085930532**.

Delivery Information:

Status:	Delivered	Delivery location:	Amory, MS
Signed for by:	MWRIGHT	Delivery date:	Aug 17, 2018 11:32
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085930532	Ship date:	Aug 16, 2018
		Weight:	9.3 lbs/4.2 kg

Recipient:
Amory, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	01879
Purchase order number:	8002581727
RMA	8002581727
Shipment Id	613551085930532
Invoice number	1007501205

Thank you for choosing FedEx.

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?	<div style="display: flex; justify-content: space-between;"><div><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:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">2207</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>1085.33</u></div><div>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).</div></div>
8. What is the basis of the claim?	<p>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.</p> <p style="text-align: center; border-bottom: 1px solid black;">GOODS SOLD</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>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: _____</div> <div>Basis for perfection: _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

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. <i>Check all that apply.</i>	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 LOUIS LYNCH

Signature

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

Name	<u>CHRISTOPHER LOUIS LYNCH</u>		
	First name	Middle name	Last name
Title	<u>Sr. Lead Credit and Collections Specialist</u>		
Company	<u>Teleflex Medical Incorporated</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>3015 Carrington Mill Blvd., #300</u>		
	Number	Street	
	<u>Morrisville, NC 27560-8871</u>		
Contact phone	City	State	ZIP Code
	<u>919-361-4135</u>	Email	<u>christopher.lynch@teleflex.com</u>

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):**

Creditor: (6720369) **Claim No:** 3 **Status:**
TELEFLEX MEDICAL INC. *Original Filed* *Filed by:* CR
3015 Carrington Mill Boulevard, *Date:* 08/28/2018 *Entered by:* admin
Suite 3 *Original Entered* *Modified:*
Morrisville, NC 27560- *Date:* 08/28/2018
8871

Amount claimed: \$1085.33

History:

[Details](#) [3-1](#) 08/28/2018 Claim #3 filed by TELEFLEX MEDICAL INC., Amount claimed: \$1085.33 (admin)

Description:

Remarks: (3-1) Account Number (last 4 digits):2207

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*	\$1085.33
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		