Fill in this in	formation to identify the case:	
Debtor 1	Curae Health	
Debtor 2 (Spouse, if filing)		
United States	Bankruptcy Court for the: Middle District of Tennessee	
Case number	3:18-bk-05665	

### FILED

SEP 05 2018

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

#### 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.

Who is the current	RJ Young Company	
creditor?	Name of the current creditor (the person or entity to be paid for this cla	im)
	Other names the creditor used with the debtor	
	Other names the creditor used with the debtor	
Has this claim been	₩ No	
acquired from someone else?	Yes. From whom?	
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)
	RJ Young Company	
Federal Rule of Bankruptcy Procedure	Name	Name
(FRBP) 2002(g)	809 Division St	N. J. Charles
	Number Street	Number Street
	Nashville TN 37203	City State ZIP Code
	City State ZIP Code	City State ZIP Code
	Contact phone 615-255-8551	Contact phone
	Contact email angela.ezell@rjyoung.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you u	
. Does this claim amend one already filed?	✓ No ☐ Yes. Claim number on court claims registry (if known) _	Filed on
Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the earlier filing?	

Give Information About the Claim as of the Date the Case Was Filed Part 2: Do you have any number ☐ No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 5 0 \_\_\_\_\_\_ you use to identify the debtor? 9,891.57 . Does this amount include interest or other charges? 7. How much is the claim? No No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. What is the basis of the claim? 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. Goods sold No No Is all or part of the claim secured? 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: \_\_\_\_\_(The sum of the secured and unsecured Amount of the claim that is 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? Yes. Amount necessary to cure any default as of the date of the petition. No No 11. Is this claim subject to a right of setoff? ☐ Yes. Identify the property: \_

Case 3:18-bk-05665 Claim 9-1

Filed 09/05/18

**Desc Main Document** 

Page 2 of 24

12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	k one:	Amount entitled to priorit
A claim may be partly priority and partly	Domesi 11 U.S.	tic support obligations (including alimony and child support) under .C. $\S$ 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$ person:	2,850* of deposits toward purchase, lease, or rental of property or services for al, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	bankruj	s, salaries, or commissions (up to \$12,850*) earned within 180 days before the ptcy petition is filed or the debtor's business ends, whichever is earlier.  C. § 507(a)(4).	\$
		or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	☐ Contrib	outions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	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	ter the date of adjustment.
Part 3: Sign Below			
The person completing	Check the appr	ropriate box:	
this proof of claim must sign and date it.	☑ I am the cr	reditor.	
FRBP 9011(b).	☐ 1 am the cr	reditor's attorney or authorized agent.	
If you file this claim	☐ I am the tr	ustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
electronically, FRBP 5005(a)(2) authorizes courts	l am a gua	arantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
to establish local rules specifying what a signature			t that when calculating the
is.	I understand the	at an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment claim, the creditor gave the debtor credit for any payments received toward the	t that when calculating the debt.
A person who files a fraudulent claim could be		ed the information in this <i>Proof of Claim</i> and have a reasonable belief that the in	
fined up to \$500,000,	and correct.	the information in this Proof of Claim and have a reasonable belief that the in	a a contaña a ar a a a a a a a a a a a a a a a a
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	r penalty of perjury that the foregoing is true and correct.	
3571.		00/00/0040	
	Executed on da	MM / DD / YYYY	
	(),	16	
	1 W	Lead credit Collections Rep.	
	Signature	Car Cross Comments of	
	Print the nam	e of the person who is completing and signing this claim:	
	Name	Angela C Ezell First name Middle name Last name	
	Title	Lead Credit/Collections Rep	
		RJ Young Company	
	Company	Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address	809 Division St.	
	Man Care	Number Street	
		Nashville TN 37203	)
		City State ZIP Code	

Case 3:18-bk-05665 Claim 9-1 Filed 09/05/18 Desc Main Document Page 3 of 24 page 3 **Proof of Claim** Official Form 410

615-255-8551

Contact phone

Email angela.ezell@rjyoung.com





- **Order Supplies**
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings View Account Info
- Pay Invoices by Credit Card

INVOICE

Invoice No: INV2440021

Date: 4/19/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: MED HOST - AMBER EARLS

6550 CAROTHERS PKWY

SUITE 160

FRANKLIN, TN 37067

Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: JEFF WIDEMAN 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Sales Order	· No	P. O. Number		Ship Metho	od		Paymer	nt Terms	Pa	Payment Due	
SO627520		ACAPRIL	ACAPRIL FE				Due Upo	n Receipt	5/19/2018		
3002.020		Rema	rks					Sale	es Person		
			STATE OF STA					SHERR	IE ROCHE	LLE	
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount	
SR-207498	LAB LABEL CORE 400	- DIRECT THERMAL 1"		1.0	1.0	0.0	CTN	\$108.50		\$108.50	

Remit Payment To:

MSC 7511

Robert J Young Company

PO Box 415000

Nashville, TN 37241-7511

Subtotal \$108.50 Discount \$0.00 \$0.00 Freight Sales Tax \$0.00 **Invoice Total** \$108.50 **Balance Due** \$108.50





- Order Supplies
- Check Order Status
- Enter Service Calls
   Charles Call Status
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card

• 24/7

Contact us Monday through Friday between 8am and 5pm CT 800-347-1955 or ePASS@rjyoung.com to sign up! INVOICE

Invoice No: INV2507388

Date: 5/30/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606 Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Sales Order No	Terms	Payment Due
Remarks	Receipt	6/29/2018
Item No         Description         Serial No         Order         Ship         BkO         UM           SR-207498         LAB LABEL - DIRECT THERMAL 1"         4.0         4.0         0.0         CTN	Sales	Person
Tem No	SHERRIE	ROCHELLE
SR-207498	Price	Disc Amount
	\$148.50	\$594.00

Remit Payment To:

MSC 7511

Robert J Young Company

PO Box 415000

Nashville, TN 37241-7511

 Subtotal
 \$594.00

 Discount
 \$0.00

 Freight
 \$51.52

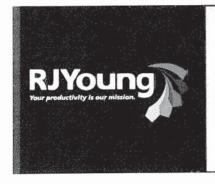
 Sales Tax
 \$0.00

 Invoice Total
 \$645.52

Page 5 of 24

**Balance Due** 

\$645.52





- Order Supplies
- Check Order Status
- Enter Service Calls
- · Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2509737

Date: 5/31/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606 Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

No	P. O. Number		5	hip Metho	od		Paymen	nt Terms	Pay	yment Due	
and a chrossers	AC053118			FE			Due Upo	n Receipt	6	6/30/2018	
	Rema	rks						Sale	es Person		
1,700,000,000			1991	Sire War				SHERR	IE ROCHEL	LE	
	Description	Ser	ial No	Order	Ship	BkO	UM	Price	Disc	Amount	
LASERI	And the property of the proper			3.0	3.0	0.0	СТИ	\$364.00		\$1,092.00	
		Description  LASERBAND ADULT WRISTBAND	Remarks  Description Ser  LASERBAND ADULT WRISTBAND	Remarks  Description Serial No  LASERBAND ADULT WRISTBAND	Remarks  Description Serial No Order  LASERBAND ADULT WRISTBAND 3.0	Remarks    Description   Serial No   Order   Ship	Remarks    Description   Serial No   Order   Ship   BkO	Remarks  Description Serial No Order Ship BkO UM  LASERBAND ADULT WRISTBAND  3.0 3.0 0.0 CTN	Remarks	Remarks	

Remit Payment To: MSC 7511

Robert J Young Company PO Box 415000

Nashville, TN 37241-7511

 Subtotal
 \$1,092.00

 Discount
 \$0.00

 Freight
 \$48.62

 Freight
 \$48.62

 Sales Tax
 \$0.00

Invoice Total \$1,140.62

Balance Due \$1,140.62

Page 6 of 24





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- · 24/7

INVOICE

Invoice No: INV2546860

Date: 6/25/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

							Payment Due	
F	FE			Due Upon	Receipt	7,	7/25/2018	
					Sales Person			
					SHERRI			
No O	rder	Ship	BkO	UM	Price	Disc	Amount	
	2.0	2.0	0.0	CTN	\$364.00		\$728.00	

Remit Payment To:

MSC 7511

Robert J Young Company

PO Box 415000

Nashville, TN 37241-7511

Subtotal \$728.00 Discount \$0.00 \$36.88 Freight Sales Tax \$0.00 **Invoice Total** \$764.88

Page 7 of 24

**Balance Due** 

\$764.88





- **Order Supplies**
- Check Order Status
- **Enter Service Calls**
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card

INVOICE

Invoice No: INV2594200

Date: 7/24/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Sales Order	No	P. O. Number		Ship Metho	od		Paymen	nt Terms	Pay	ment Due	
SO665033		00588		FE			Due Upo	n Receipt 8,		3/23/2018	
		Rema	arks				Sales	s Person			
			12 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14					LE			
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount	
Item No SR-LB2-ADULT-L3 W SR-LB2-ADULT-L3 W	LASERBAND	ADULT WRISTBAND ADULT WRISTBAND	Serial No	1.0 1.0	1.0 1.0	0.0	CTN	\$364.00 \$364.00		\$364.00 \$364.00	

Remit Payment To:

MSC 7511

Robert J Young Company

PO Box 415000

Nashville, TN 37241-7511

Subtotal \$728.00 Discount \$0.00 \$36.08 Freight Sales Tax \$0.00

**Invoice Total Balance Due**  \$764.08 \$764.08





- Order Supplies
- Check Order Status
- **Enter Service Calls**
- Check Service Call Status
- Input Meter Readings
- View Account Info Pay Invoices by Credit Card

INVOICE

Invoice No: INV2600626

Date: 7/26/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Sales Order	No	P. O. Number		Ship Metho	od		Paymer	nent Terms		yment Due	
SO667870		00616 FE					Due Upo	n Receipt	8	8/25/2018	
		Rema	rks					Sales Person			
								SHERRI	LE		
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount	
SR-207498	LAB LABEL	- DIRECT THERMAL 1"		1.0	1.0	0.0	CTN	\$148.50		\$148.50	
SR-LB2-ADULT-L3 W	CORE 400 LASERBANI	O/CTN D ADULT WRISTBAND		2.0	2.0	0.0	CTN	\$364.00		\$728.00	
		20									
										1076	

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511

Subtotal \$876.50 Discount \$0.00 Freight \$42.88 Sales Tax \$0.00 **Invoice Total** \$919.38 \$919.38 **Balance Due** 





- Order Supplies
- Check Order Status
- **Enter Service Calls**
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2658357

Date: 8/29/2018

Account No: 551

Bill To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Ship To:

CURAE HEALTH PANOLA MEDICAL CENTER

Attn: AMANDA COOK 303 MEDICAL CENTER DR BATESVILLE, MS 38606

Sales Order	No	P. O. Number		Ship Metho	od		Paymen	it Terms	Pay	ment Due
SO675793	1000	00736	00736				Due Upo	9	9/28/2018	
	<b>.</b>	Rema	rks					Sale	s Person	
	SHERRIE ROCHELLE									
Item No	Description S		Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PA	AGE LASER LABEL - 1000	3 SSS 4 515 S (10) - 3 SSS - 3	2.0	2.0	0.0	CTN	\$112.00		\$224.00
SR-207498	SHEETS P	ER CARTON L - DIRECT THERMAL 1"		1.0	1.0	0.0	CTN	\$148.50		\$148.50
SR-LB2-ADULT-L3	CORE 40	000/CTN ND ADULT WRISTBAND		2.0	2.0	0.0	CTN	\$364.00		\$728.00
W SR-207498	LAB LABEI	L - DIRECT THERMAL 1" 000/CTN		1.0	1.0	0.0	CTN	\$212.00		\$212.00
		The second secon							ubtotal	\$1 312 5

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511

Subtotal \$1,312.50 Discount \$0.00 \$88.62 Freight Sales Tax \$0.00 **Invoice Total** \$1,401.12

Page 10 of 24

**Balance Due** 

\$1,401.12





- Order Supplies
- **Check Order Status**
- Check Service Call Status
- **Enter Service Calls**
- Input Meter Readings View Account Info
- Pay Invoices by Credit Card • 24/7

## INVOICE

Invoice No: INV2658358

Date: 8/29/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: DEBORAH CAMPBELL 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order I	No P. O. Nun	nber		hip Metho	d		Paymen	t Terms	Pay	ment Due	
S0681964	01858			FE			Receivable	10/28/2018			
30001901		Remarks						Sale	es Person	n	
		, Kejilei ja						SHERR	IE ROCHELL	.E	
-1 N-	Description		Serial No	Order	Ship	BkO	UM	Price	Disc	Amount	
Item No				1.0	1.0	0.0	CTN	\$148.50		\$148.50	
SR-207498	LAB LABEL - DIRECT THERMAL CORE 4000/CTN										

Remit Payment To:

MSC 7511

Robert J Young Company

PO Box 415000

Nashville, TN 37241-7511

\$148.50 Subtotal \$0.00 Discount \$14.88 Freight Sales Tax \$0.00 **Invoice Total** \$163.38 \$163.38 **Balance Due** 





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2620530

Date: 8/7/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sold   Sold	Sales Order N	P. O. Number		Ship Metho	od		Paymen	nt Terms	Pay	ment Due
Remarks  Sales Person  SHERRIE ROCHELE  Item No Description Serial No Order Ship BkO UM Price Disc Am  SR-L5133 33 PER PAGE LASER LABEL 1000 SHEETS PER CARTON 1.0 0.0 CTN \$112.00 \$	The second secon		Magnification and the second s				Receivable	10	0/6/2018	
Item No Description Serial No Order Ship BkO UM Price Disc Am SR-L5133 33 PER PAGE LASER LABEL 1000 SHEETS PER CARTON \$1.0 0.0 CTN \$112.00 \$	50670536		rks					Sale	s Person	
Item No Description Serial No Order SIND Disc SIND Disc SIND SIND Disc SIND SIN		Kema			91.WAS 15-1-2-1			SHERR	E ROCHELI	LE
SR-L5133 33 PER PAGE LASER LABEL 1000 SHEETS PER CARTON 1.0 0.0 CTN \$112.00 \$		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5133  33 PER PAGE LASER LABEL 1000 SHEETS PER CARTON			ocha		SERVICE SERVICE	0.0	CTN	\$112.00		\$112.00
	SR-L5133	SHEETS PER CARTON								

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$112.00

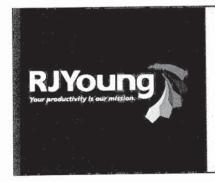
 Discount
 \$0.00

 Freight
 \$15.45

 Sales Tax
 \$0.00

 Invoice Total
 \$127.45

 Balance Due
 \$127.45





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2620552

Date: 8/7/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: DEBORAH CAMPBELL 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order	No	P. O. Number		Ship Metho	od		Paymen	it Terms	Pay	ment Due
SO672064		01728		FE			Receivable	es - Net 60	1	.0/6/2018
30072001		Rema	rks					Sale	s Person	
								SHERR	IE ROCHEL	LE
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAC SHEETS PE	GE LASER LABEL - 1000 R CARTON		1.0	1.0	0.0	CTN	\$112.00		\$112.00

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$112.00

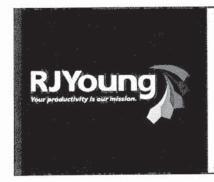
 Discount
 \$0.00

 Freight
 \$12.88

 Sales Tax
 \$0.00

 Invoice Total
 \$124.88

 Balance Due
 \$124.88





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2600709

Date: 7/26/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Remarks Sales Person SHERRIE ROCHELLE			P. O.	). Nu	umb	ber	er	r					•	hip	Met	hod	i				Pay	men	t Teri	ms			Pay	men	t Due
Sales Person			(	0161	516									5/2	FE					F	Recei	ivable	es - Ne	et 60			9/	/24/20	018
Item No   Description   Serial No   Order   Ship   BkO   UM   Price   Disc						Re	Rema	ema	ark	(S															Sale	s Pers	on		
SR-207498									en /									Walling Town						SH	ERR	IE ROCI	HELL	LE.	
SR-207498 LAB LABEL - DIRECT THERMAL 1" 2.0 2.0 0.0 CTN \$108.50 CORE 4000/CTN SR-233073 DIRECT THERMAL LAB LABEL 3" CORE 2.0 2.0 0.0 CTN \$228.00	Des	Descri	iption	on						S	eria	il No	0		Orde	r	Sh	ip	BkC	)	U	М	Pr	ice		Disc		A	mount
	DIRE	DIRECT CTN	T THER	ERMAL				RE		S	eria	i No	0		2.0		2.	.0	0.0	0	CI	ΓN	4	\$108.5		Disc			\$217.00
																				110000									

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$673.00

 Discount
 \$0.00

 Freight
 \$58.66

 Sales Tax
 \$0.00

 Invoice Total
 \$731.66

 Balance Due
 \$731.66





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2600687

Date: 7/26/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order	No	P. O. Number		Ship Metho	od		Paymen	nt Terms	Pay	ment Due
SO669098		01614		FE			Receivable	es - Net 60	ğ	/24/2018
		Remark	rs '					Sale	s Person	7.25
				SHERRI	IE ROCHEL	LE				
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-233073	DIRECT TH 8800/CTN	IERMAL LAB LABEL 3" CORE		2.0	2.0	0.0	СТИ	\$228.00		\$456.00

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$456.00

 Discount
 \$0.00

 Freight
 \$35.18

 Sales Tax
 \$0.00

 Invoice Total
 \$491.18

 Balance Due
 \$491.18





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- . 24/7

INVOICE

Invoice No: INV2594207

Date: 7/24/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order No	P. O. Number		Ship Metho	od		Paymer	nt Terms	Pa	yment Due
SO665086	01548		FE			Receivable	es - Net 60	9	9/22/2018
	Rem	arks					Sale	s Person	
SSAN DECOMPOSITION CONTRACTOR AND ASSAULT							SHERR	IE ROCHEL	LE
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		1.0	1.0	0.0	CTN	\$108.50		\$108.50

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$108.50

 Discount
 \$0.00

 Freight
 \$14.54

 Sales Tax
 \$0.00

 Invoice Total
 \$123.04

 Balance Due
 \$123.04





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- · 24/7

INVOICE

Invoice No: INV2546902

Date: 6/25/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order	No	P. O. Number		Ship Metho	od		Paymen	nt Terms	Pay	ment Due
SO654963		01244		FE			Receivable	es - Net 60	8	/24/2018
		Rema	rks	20-10-20-00-10-10-10-10-10-10-10-10-10-10-10-10				Sales	s Person	
				SHERRI	E ROCHEL	LE				
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAG SHEETS PER	E LASER LABEL - 1000		1.0	1.0	0.0	CTN	\$112.00		\$112.00
									ubtotal	¢117

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$112.00

 Discount
 \$0.00

 Freight
 \$13.88

 Sales Tax
 \$0.00

 Invoice Total
 \$125.88

 Balance Due
 \$125.88





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2546853

Date: 6/25/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order No	P. O. Number		Ship Metho	od		Paymen	it Terms	Pay	ment Due
SO652880	01203		FE			Receivable	es - Net 60	8	3/24/2018
	Rema	rks					Sale	s Person	
ADDRESS COMMUNICATION OF THE PERSON OF THE P			SHERRI	E ROCHEL	LE				
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130 30 PI SHEE	ER PAGE LASER LABEL - 1000 ETS PER CARTON		1.0	1.0	0.0	CTN	\$112.00		\$112.00

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$112.00

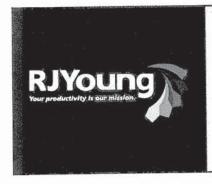
 Discount
 \$0.00

 Freight
 \$13.88

 Sales Tax
 \$0.00

 Invoice Total
 \$125.88

 Balance Due
 \$125.88





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- · Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2525053

Date: 6/11/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order	Sales Order No P. O. Number			Ship Metho	d		Paymen	t Terms	SECTION SECTIONS	ment Due
SO647178		01048		FE			Receivable	es - Net 60		/10/2018
		Rema	rks					SOUTH AND ADDRESS OF THE PARTY OF	s Person	
	300000000000000000000000000000000000000							SHERR	IE ROCHELI	
Item No	1	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAG SHEETS PE	SE LASER LABEL - 1000		1.0	1.0	0.0	CTN	\$112.00		\$112.00

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$112.00

 Discount
 \$0.00

 Freight
 \$14.88

 Sales Tax
 \$0.00

 Invoice Total
 \$126.88

 Balance Due
 \$126.88





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2507391

**Date:** 5/30/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order No	P. O. Number		Ship Metho	od		Paymen	t Terms	Pay	ment Due
50644257	00964		FE			Receivable	es - Net 60	7,	/29/2018
	Remark	(S					The state of the s	s Person	
							SHERRI	E ROCHELL	
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-233073	DIRECT THERMAL LAB LABEL 3" CORE 8800/CTN		1.0	1.0	0.0	CTN	\$228.00		\$228.00

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$228.00

 Discount
 \$0.00

 Freight
 \$17.58

 Sales Tax
 \$0.00

 Invoice Total
 \$245.58

 Balance Due
 \$245.58





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2484798

Date: 5/16/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order	No	P. O. Number		Ship Metho	od		Paymen	t Terms	Pay	ment Due
SO634142		00699		FE			Receivable	es - Net 60	7,	/15/2018
		Rema	rks						s Person	
								SHERRII	E ROCHELL	.E
Item No	i i	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-207498 SR-L5130	CORE 400	- DIRECT THERMAL 1" 00/CTN GE LASER LABEL - 1000	Sellalino	2.0	2.0	0.0	CTN	\$108.50 \$112.00		\$217.00 \$112.00
									ubtotal	\$329.0

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$329.00

 Discount
 \$0.00

 Freight
 \$35.53

 Sales Tax
 \$0.00

 Invoice Total
 \$364.53

 Balance Due
 \$364.53





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2437382

Date: 4/18/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Sales Order	No.	P. O. Number		Ship Metho	od		Paymen	t Terms	Pay	ment Due	
S0622963		00413		FE			Receivable	es - Net 60	6/	17/2018	
50022903		Remark	e l					Sale	es Person		
		Kemun					i i	SHERR	IE ROCHELLE		
Item No		Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount	
SR-233073	DIRECT 1 8800/CTI	THERMAL LAB LABEL 3" CORE		2.0	2.0	0.0	CTN	\$228.00	Subtotal	\$456.00	

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$456.00

 Discount
 \$0.00

 Freight
 \$34.48

 Sales Tax
 \$0.00

 Invoice Total
 \$490.48

 Balance Due
 \$490.48





- Order Supplies
- Check Order Status
- **Enter Service Calls**
- Check Service Call Status
- Input Meter Readings
- View Account Info
- Pay Invoices by Credit Card

INVOICE

Invoice No: INV2409402

Date: 3/30/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

Ship To:

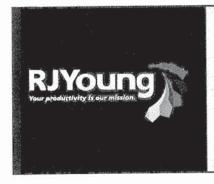
CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

o P. O. Number		Ship Metho	od		Paymen	t Terms	Pay	ment Due
00166		FE			Receivable	es - Net 60	5	/29/2018
Rem	arks					Sale	s Person	
						SHERR	IE ROCHEL	LE
Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
30 PER PAGE LASER LABEL - 1000 SHEETS PER CARTON		3.0	3.0	0.0	CTN	\$112.00		\$336.00
	Description  30 PER PAGE LASER LABEL - 1000	00166  Remarks  Description Serial No 30 PER PAGE LASER LABEL - 1000	00166         FE           Remarks           Description         Serial No         Order           30 PER PAGE LASER LABEL - 1000         3.0	Description         Serial No         Order         Ship           30 PER PAGE LASER LABEL - 1000         3.0         3.0	Description         Serial No         Order Ship BkO           30 PER PAGE LASER LABEL - 1000         3.0         3.0         0.0	00166   FE   Receivable   Remarks	00166   FE   Receivables - Net 60	00166   FE   Receivables - Net 60   5

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511

\$336.00 Subtotal Discount \$0.00 Freight \$42.07 Sales Tax \$0.00 **Invoice Total** \$378.07 \$378.07 **Balance Due** 





- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
- View Account Info
- · Pay Invoices by Credit Card
- 24/7

INVOICE

Invoice No: INV2393455

Date: 3/22/2018

Account No: 550

Bill To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821 Ship To:

CURAE HEALTH GILMORE MEM HOSP

Attn: MALLORY WRIGHT 1105 EARL FRYE BLVD AMORY, MS 38821

No	P. O. Number		Ship Metho	d		Paymen	nt Terms	Pay	ment Due
	00031		FE			Receivable	es - Net 60	5	/21/2018
	Rema	irks			300		Sale	s Person	
		W 150 000 U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					SHERRI	E ROCHEL	LE
	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
LAB LABEL - I CORE 4000/ 30 PER PAGE	DIRECT THERMAL 1" CTN LASER LABEL - 1000		2.0 2.0	2.0	0.0	CTN	\$108.50 \$112.00		\$217.00 \$224.00
	LAB LABEL - I CORE 4000/ 30 PER PAGE	00031	Description Serial No  LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN 30 PER PAGE LASER LABEL - 1000	Description Serial No Order  LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN 30 PER PAGE LASER LABEL - 1000 2.0	Description   Serial No   Order   Ship	Description   Serial No   Order   Ship   BkO	Description   Serial No   Order   Ship   BkO   UM	New   New	No

Remit Payment To: MSC 7511 Robert J Young Company PO Box 415000 Nashville, TN 37241-7511 
 Subtotal
 \$441.00

 Discount
 \$0.00

 Freight
 \$53.00

 Sales Tax
 \$34.58

 Invoice Total
 \$528.58

 Balance Due
 \$528.58

# 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: (6732735) Claim No: 9 Status:
RJ YOUNG COMPANY Original Filed Filed by: CR
809 DIVISION ST Date: 09/05/2018 Entered by: Intakel
NASHVILLE TN 37203 Original Entered Modified:

Date: 09/05/2018

Amount claimed: \$9891.57

History:

Details 9-1 09/05/2018 Claim #9 filed by RJ YOUNG COMPANY, Amount claimed: \$9891.57 (Intake1)

Description: (9-1) Goods sold

Remarks:

### **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

<b>Total Amount Claimed*</b>	\$9891.57
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		