

Fill in this information 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>RJ Young Company</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> 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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>RJ Young Company</u> <small>Name</small> <u>809 Division St</u> <small>Number Street</small> <u>Nashville</u> <u>TN</u> <u>37203</u> <small>City State ZIP Code</small> Contact phone <u>615-255-8551</u> Contact email <u>angela.ezell@rjyoung.com</u> <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____	Where should payments to the creditor be sent? (if different) _____ <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> Contact phone _____ Contact email _____
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) _____	
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? _____	

Filed on _____
MM / DD / YYYY

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: 5 5 0

7. How much is the claim? \$ 9,891.57 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.
Goods sold

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 \$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).

☐ 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).

☐ 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 4/01/19 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 08/29/2018
MM / DD / YYYY

 Lead Credit/Collections Rep.
Signature

Print the name 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

Company RJ Young Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 809 Division St.
Number Street

Nashville TN 37203
City State ZIP Code

Contact phone 615-255-8551 Email angela.ezell@rjyoung.com



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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 Method	Payment Terms				Payment Due		
SO627520	ACAPRIL	FE	Due Upon Receipt				5/19/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
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	\$0.00
Sales Tax	\$0.00
Invoice Total	\$108.50
Balance Due	\$108.50

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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	P. O. Number	Ship Method	Payment Terms		Payment Due				
SO644161	00317	FE	Due Upon Receipt		6/29/2018				
Remarks					Sales Person				
					SHERRIE ROCHELLE				
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		4.0	4.0	0.0	CTN	\$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
Balance Due	\$645.52

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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

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO645753	AC053118	FE	Due Upon Receipt				6/30/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-LB2-ADULT-L3 W	LASERBAND ADULT WRISTBAND		3.0	3.0	0.0	CTN	\$364.00		\$1,092.00

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
Sales Tax	\$0.00
Invoice Total	\$1,140.62
Balance Due	\$1,140.62

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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

Sales Order No	P. O. Number	Ship Method	Payment Terms			Payment Due			
SO653232	00445	FE	Due Upon Receipt			7/25/2018			
Remarks						Sales Person			
						SHERRIE ROCHELLE			
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-LB2-ADULT-L3 W	LASERBAND ADULT WRISTBAND		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
Freight	\$36.88
Sales Tax	\$0.00
Invoice Total	\$764.88
Balance Due	\$764.88



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- Check Service Call Status
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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 Method	Payment Terms				Payment Due		
SO665033	00588	FE	Due Upon Receipt				8/23/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-LB2-ADULT-L3 W	LASERBAND ADULT WRISTBAND		1.0	1.0	0.0	CTN	\$364.00		\$364.00
SR-LB2-ADULT-L3 W	LASERBAND ADULT WRISTBAND		1.0	1.0	0.0	CTN	\$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
Freight	\$36.08
Sales Tax	\$0.00
Invoice Total	\$764.08
Balance Due	\$764.08

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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 Method	Payment Terms				Payment Due		
SO667870	00616	FE	Due Upon Receipt				8/25/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
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	\$148.50		\$148.50
SR-LB2-ADULT-L3 W	LASERBAND ADULT WRISTBAND		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	\$876.50
Discount	\$0.00
Freight	\$42.88
Sales Tax	\$0.00
Invoice Total	\$919.38
Balance Due	\$919.38



- Order Supplies
- Check Order Status
- Enter Service Calls
- Check Service Call Status
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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 Method	Payment Terms				Payment Due		
SO675793	00736	FE	Due Upon Receipt				9/28/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS PER CARTON		2.0	2.0	0.0	CTN	\$112.00		\$224.00
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		1.0	1.0	0.0	CTN	\$148.50		\$148.50
SR-LB2-ADULT-L3 W	LASERBAND ADULT WRISTBAND		2.0	2.0	0.0	CTN	\$364.00		\$728.00
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		1.0	1.0	0.0	CTN	\$212.00		\$212.00

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

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

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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 No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO681964	01858	FE	Receivables - Net 60				10/28/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
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	\$148.50		\$148.50

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

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



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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

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO670558	01663	FE	Receivables - Net 60				10/6/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5133	33 PER PAGE LASER LABEL 1000 SHEETS 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	\$15.45
Sales Tax	\$0.00
Invoice Total	\$127.45
Balance Due	\$127.45

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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 Method	Payment Terms				Payment Due		
SO672064	01728	FE	Receivables - Net 60				10/6/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS PER CARTON		1.0	1.0	0.0	CTN	\$112.00		\$112.00

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Robert J Young Company
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Nashville, TN 37241-7511

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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

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO669103	01616	FE	Receivables - Net 60				9/24/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		2.0	2.0	0.0	CTN	\$108.50		\$217.00
SR-233073	DIRECT THERMAL LAB LABEL 3" CORE 8800/CTN		2.0	2.0	0.0	CTN	\$228.00		\$456.00

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

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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 Method	Payment Terms				Payment Due		
SO669098	01614	FE	Receivables - Net 60				9/24/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-233073	DIRECT THERMAL LAB LABEL 3" CORE 8800/CTN		2.0	2.0	0.0	CTN	\$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



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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 Method	Payment Terms		Payment Due				
SO665086	01548	FE	Receivables - Net 60		9/22/2018				
Remarks					Sales Person				
					SHERRIE ROCHELLE				
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



electronic Portal for Account Management, Service & Supplies

- 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

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

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 Method	Payment Terms				Payment Due		
SO654963	01244	FE	Receivables - Net 60				8/24/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS 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



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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 Method	Payment Terms				Payment Due		
SO652880	01203	FE	Receivables - Net 60				8/24/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS 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

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- Check Order Status
- Enter Service Calls
- Check Service Call Status
- Input Meter Readings
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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 No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO647178	01048	FE	Receivables - Net 60				8/10/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS 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	\$14.88
Sales Tax	\$0.00
Invoice Total	\$126.88
Balance Due	\$126.88

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- Enter Service Calls
- Check Service Call Status
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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 Method	Payment Terms				Payment Due		
SO644257	00964	FE	Receivables - Net 60				7/29/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
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

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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 Method	Payment Terms			Payment Due			
SO634142	00699	FE	Receivables - Net 60			7/15/2018			
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		2.0	2.0	0.0	CTN	\$108.50		\$217.00
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS 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	\$329.00
Discount	\$0.00
Freight	\$35.53
Sales Tax	\$0.00
Invoice Total	\$364.53
Balance Due	\$364.53

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- Check Service Call Status
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- View Account Info
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800-347-1955 or ePASS@rjyoung.com to sign up!

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 Method	Payment Terms				Payment Due		
SO622963	00413	FE	Receivables - Net 60				6/17/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-233073	DIRECT THERMAL LAB LABEL 3" CORE 8800/CTN		2.0	2.0	0.0	CTN	\$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	\$34.48
Sales Tax	\$0.00
Invoice Total	\$490.48
Balance Due	\$490.48

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

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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

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO618869	00166	FE	Receivables - Net 60				5/29/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS PER CARTON		3.0	3.0	0.0	CTN	\$112.00		\$336.00

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

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

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

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

Sales Order No	P. O. Number	Ship Method	Payment Terms				Payment Due		
SO613247	00031	FE	Receivables - Net 60				5/21/2018		
Remarks							Sales Person		
							SHERRIE ROCHELLE		
Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
SR-207498	LAB LABEL - DIRECT THERMAL 1" CORE 4000/CTN		2.0	2.0	0.0	CTN	\$108.50		\$217.00
SR-L5130	30 PER PAGE LASER LABEL - 1000 SHEETS PER CARTON		2.0	2.0	0.0	CTN	\$112.00		\$224.00

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: Intake1

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

Total Amount Claimed*	\$9891.57
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		