

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
 9/5/2018
 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?	DSI SECURITY SERVICES	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Dothan Security, Inc.
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?	Where should payments to the creditor be sent? (if different)
	DSI SECURITY SERVICES	
	Name	Name
	600 W ADAMS STREET DOTHAN, AL 36302	
	Contact phone 3347935720	Contact phone _____
	Contact email esorrells@dsisecurity.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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 _____ MM / DD / YYYY	
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? _____	

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: 4066

7. How much is the claim? \$ 353558.37 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 healthcare information.
Contract Security Services

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)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 9/5/2018
MM / DD / YYYY

/s/ Eddie Sorrells

Signature

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

Name Eddie Sorrells

First name Middle name Last name

Title COO/General Counsel

Company DSI Security Services

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

Address 600 West Adams Street

Number Street

Dothan, AL 36303

City State ZIP Code

Contact phone 3347935720 Email esorrells@dsisecurity.com

DSI SECURITY SERVICES

Aged Receivables

As of Aug 24, 2018

Filter Criteria includes: 1) IDs from 4066 to 4068; 2) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID	Customer	Telephone 1	Invoice/CM #	0-30	31-60	61-90	Over 90 days	Amount Due	Date	Terms	Age
4066	PANOLA MEDICAL CENTER	662-712-1547	4012138				5,495.42	5,495.42	11/30/17	Net 30 Days	267
4066	PANOLA MEDICAL CENTER	662-712-1547	4012228				2,250.24	2,250.24	12/31/17	Net 30 Days	236
4066	PANOLA MEDICAL CENTER	662-712-1547	4012333				5,626.32	5,626.32	1/31/18	Net 30 Days	205
4066	PANOLA MEDICAL CENTER	662-712-1547	4012423				5,140.80	5,140.80	2/28/18	Net 30 Days	177
4066	PANOLA MEDICAL CENTER	662-712-1547	4022510				5,414.50	5,414.50	3/31/18	Net 30 Days	146
4066	PANOLA MEDICAL CENTER	662-712-1547	4012606				5,569.20	5,569.20	4/30/18	Net 30 Days	116
4066	PANOLA MEDICAL CENTER	662-712-1547	4012715			5,483.52		5,483.52	5/31/18	Net 30 Days	85
4066	PANOLA MEDICAL CENTER	662-712-1547	4012804		5,569.20			5,569.20	6/30/18	Net 30 Days	55
4066	PANOLA MEDICAL CENTER	662-712-1547	4012895	5,769.12				5,769.12	7/31/18	Net 30 Days	24
4066	PANOLA MEDICAL CENTER	662-712-1547	4012975	3,641.40				3,641.40	8/23/18	Net 30 Days	1
4066	PANOLA MEDICAL CENTER			9,410.52	5,569.20	5,483.52	29,496.48	49,959.72			
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012217				275.00	275.00	12/31/17	Net 30 Days	236
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012229				10,166.24	10,166.24	12/31/17	Net 30 Days	236
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012322				275.00	275.00	1/31/18	Net 30 Days	205
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012334				11,084.64	11,084.64	1/31/18	Net 30 Days	205
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012411				275.00	275.00	2/28/18	Net 30 Days	177
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012424				9,508.80	9,508.80	2/28/18	Net 30 Days	177
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4022501				275.00	275.00	3/31/18	Net 30 Days	146
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4022511				10,449.60	10,449.60	3/31/18	Net 30 Days	146
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012592				275.00	275.00	4/30/18	Net 30 Days	116
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012607				9,809.45	9,809.45	4/30/18	Net 30 Days	116
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012705			275.00		275.00	5/31/18	Net 30 Days	85
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012716			10,334.24		10,334.24	5/31/18	Net 30 Days	85
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012793		275.00			275.00	6/30/18	Net 30 Days	55
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012805		9,696.33			9,696.33	6/30/18	Net 30 Days	55
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012883	275.00				275.00	7/31/18	Net 30 Days	24
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012896	10,302.74				10,302.74	7/31/18	Net 30 Days	24
4067	GILMORE MEMORIAL HOSPIT	662-256-6002	4012976	7,588.00				7,588.00	8/23/18	Net 30 Days	1
4067	GILMORE MEMORIAL HOSPIT			18,165.74	9,971.33	10,609.24	52,393.73	91,140.04			
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012593				310.88	310.88	4/30/18	Net 30 Days	116
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012608				43,266.48	43,266.48	4/30/18	Net 30 Days	116
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012706			647.33		647.33	5/31/18	Net 30 Days	85
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012717			45,514.55		45,514.55	5/31/18	Net 30 Days	85
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012806		43,786.08			43,786.08	6/30/18	Net 30 Days	55
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012884	376.60				376.60	7/31/18	Net 30 Days	24
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012897	45,239.29				45,239.29	7/31/18	Net 30 Days	24
4068	MERIT HEALTH NORTHWEST	662-627-3211	4012977	33,317.40				33,317.40	8/23/18	Net 30 Days	1

Customer ID	Customer	Telephone 1	Invoice/CM #	0-30	31-60	61-90	Over 90 days	Amount Due	Date	Terms	Age
4068	MERIT HEALTH NORTHWEST			78,933.29	43,786.08	46,161.88	43,577.36	212,458.61			
Report Total				106,509.55	59,326.61	62,254.64	125,467.57	353,558.37			

MIDDLE DISTRICT OF TENNESSEE Claims Register

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

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

<i>Creditor:</i> (6718078)	Claim No: 10	<i>Status:</i>
DSI SECURITY SERVICES	<i>Original Filed</i>	<i>Filed by: CR</i>
600 W ADAMS STREET	<i>Date: 09/05/2018</i>	<i>Entered by: admin</i>
DOTHAN, AL 36302	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date: 09/05/2018</i>	

Amount claimed: \$353558.37

History:

[Details](#) [10-1](#) 09/05/2018 Claim #10 filed by DSI SECURITY SERVICES, Amount claimed: \$353558.37 (admin)

Description:

Remarks: (10-1) Account Number (last 4 digits):4066

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*	\$353558.37
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		