

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?	<u>Smith Cleaners and Laundry LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Smith Cleaners</u>	
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>Smith Cleaners and Laundry LLC</u> Name 105 Thomas Street Batesville, MS 38606 Contact phone <u>662-487-5052</u> Contact email <u>thomasfarms@att.net</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name 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) _____ 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

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><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</div>
7. How much is the claim?	<div><div>\$ 716.09</div><div>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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?	<div>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.</div> <div>dry cleaning and laundry</div>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <div>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.)</div> <div>Value of property: \$ _____</div> <div>Amount of the claim that is secured: \$ _____</div> <div>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><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</div> <div><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)(<u> </u>) 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/ Amy Thomas

Signature

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

Name	<u>Amy Thomas</u>		
	First name	Middle name	Last name
Title	<u>Owner</u>		
Company	<u>Smith Cleaners and Laundry LLC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>104 Thomas Street</u>		
	Number Street		
	<u>Batesville, MS 38606</u>		
	City	State	ZIP Code
Contact phone	<u>662-487-5052</u>	Email	<u>thomasfarms@att.ent</u>

SMITH CLEANERS
 104 THOMAS ST
 BATESVILLE, MS 38606
 Phone: (662)563-9739
 Fax:

STATEMENT

DATE: 9/5/2018 11:51:13AM
 (662)563-5611

RYAN OVERALL
 TRI-LAKES MEDICAL CENTER SCU
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606

FROM: 2/1/2017 TO: 9/5/2018 ACCT#: #1005044 TERMS: Net 10

INVOICE	ISSUE	PICKUP	PREV. BAL	PURCH.	PAYMENT	BALANCE	INV.TOT	MEMO
							Prev. Balance Total:	\$476.04
PAYMENT	2/2/17	2/2/17	\$476.04	\$0.00	\$27.48	\$448.56	\$0.00	9187
PAYMENT	2/9/17	2/9/17	\$448.56	\$0.00	\$20.61	\$427.95	\$0.00	8253
PAYMENT	2/25/17	2/25/17	\$427.95	\$0.00	\$27.47	\$400.48	\$0.00	0015
PAYMENT	2/25/17	2/25/17	\$400.48	\$0.00	\$34.35	\$366.13	\$0.00	5557
ADJUST	2/28/17	2/28/17	\$366.13	\$13.36	\$0.00	\$379.49	\$13.36	3451
ADJUST	2/28/17	2/28/17	\$379.49	\$20.61	\$0.00	\$400.10	\$20.61	9378
PAYMENT	3/20/17	3/20/17	\$400.10	\$0.00	\$13.36	\$386.74	\$0.00	3451
PAYMENT	3/20/17	3/20/17	\$386.74	\$0.00	\$20.61	\$366.13	\$0.00	9378
PAYMENT	3/20/17	3/20/17	\$366.13	\$0.00	\$20.82	\$345.31	\$0.00	5717
ADJUST	3/28/17	3/28/17	\$345.31	\$20.61	\$0.00	\$365.92	\$20.61	0136
ADJUST	3/28/17	3/28/17	\$365.92	\$20.62	\$0.00	\$386.54	\$20.62	4030
PAYMENT	3/31/17	3/31/17	\$386.54	\$0.00	\$20.60	\$365.94	\$0.00	6530
PAYMENT	3/31/17	3/31/17	\$365.94	\$0.00	\$13.69	\$352.25	\$0.00	4476
PAYMENT	4/20/17	4/20/17	\$352.25	\$0.00	\$20.61	\$331.64	\$0.00	0136
ADJUST	4/26/17	4/26/17	\$331.64	\$20.60	\$0.00	\$352.24	\$20.60	2646
ADJUST	4/26/17	4/26/17	\$352.24	\$27.48	\$0.00	\$379.72	\$27.48	0365
ADJUST	4/26/17	4/26/17	\$379.72	\$34.35	\$0.00	\$414.07	\$34.35	4908
ADJUST	4/26/17	4/26/17	\$414.07	\$13.74	\$0.00	\$427.81	\$13.74	4906
PAYMENT	4/26/17	4/26/17	\$427.81	\$0.00	\$20.62	\$407.19	\$0.00	4030
PAYMENT	4/28/17	4/28/17	\$407.19	\$0.00	\$13.74	\$393.45	\$0.00	4906
PAYMENT	5/3/17	5/3/17	\$393.45	\$0.00	\$20.60	\$372.85	\$0.00	2646
PAYMENT	5/3/17	5/3/17	\$372.85	\$0.00	\$34.35	\$338.50	\$0.00	4908
PAYMENT	5/17/17	5/17/17	\$338.50	\$0.00	\$27.48	\$311.02	\$0.00	0365
PAYMENT	5/17/17	5/17/17	\$311.02	\$0.00	\$34.35	\$276.67	\$0.00	1589
ADJUST	5/31/17	5/31/17	\$276.67	\$27.48	\$0.00	\$304.15	\$27.48	6769
PAYMENT	6/20/17	6/20/17	\$304.15	\$0.00	\$27.48	\$276.67	\$0.00	6769
ADJUST	6/27/17	6/27/17	\$276.67	\$20.60	\$0.00	\$297.27	\$20.60	2232
ADJUST	6/27/17	6/27/17	\$297.27	\$44.94	\$0.00	\$342.21	\$44.94	9041
PAYMENT	7/25/17	7/25/17	\$342.21	\$0.00	\$19.26	\$322.95	\$0.00	2232

INVOICE	ISSUE	PICKUP	PREV. BAL	PURCH.	PAYMENT	BALANCE	INV.TOT	MEMO
ADJUST	7/31/17	7/31/17	\$322.95	\$32.10	\$0.00	\$355.05	\$32.10	5977
ADJUST	7/31/17	7/31/17	\$355.05	\$96.30	\$0.00	\$451.35	\$96.30	1602
ADJUST	7/31/17	7/31/17	\$451.35	\$104.86	\$0.00	\$556.21	\$104.86	7 BL TABLECLOTHS
PAYMENT	8/5/17	8/5/17	\$556.21	\$0.00	\$44.94	\$511.27	\$0.00	9041
PAYMENT	8/5/17	8/5/17	\$511.27	\$0.00	\$32.10	\$479.17	\$0.00	5977
ADJUST	8/30/17	8/30/17	\$479.17	\$38.52	\$0.00	\$517.69	\$38.52	9560
ADJUST	9/6/17	9/6/17	\$517.69	\$38.52	\$0.00	\$556.21	\$38.52	9560
PAYMENT	9/6/17	9/6/17	\$556.21	\$0.00	\$38.52	\$517.69	\$0.00	9560
ADJUST	9/6/17	9/6/17	\$517.69	\$51.36	\$0.00	\$569.05	\$51.36	0205
PAYMENT	9/22/17	9/22/17	\$569.05	\$0.00	\$25.68	\$543.37	\$0.00	6179
PAYMENT	9/22/17	9/22/17	\$543.37	\$0.00	\$29.96	\$513.41	\$0.00	6129
PAYMENT	9/22/17	9/22/17	\$513.41	\$0.00	\$134.80	\$378.61	\$0.00	8799
PAYMENT	9/22/17	9/22/17	\$378.61	\$0.00	\$64.20	\$314.41	\$0.00	7628
PAYMENT	10/24/17	10/24/17	\$314.41	\$0.00	\$104.86	\$209.55	\$0.00	TBLECLOTH
PAYMENT	10/24/17	10/24/17	\$209.55	\$0.00	\$96.30	\$113.25	\$0.00	1602
ADJUST	10/27/17	10/27/17	\$113.25	\$44.94	\$0.00	\$158.19	\$44.94	2664
ADJUST	11/22/17	11/22/17	\$158.19	\$51.36	\$0.00	\$209.55	\$51.36	1661
ADJUST	11/22/17	11/22/17	\$209.55	\$51.36	\$0.00	\$260.91	\$51.36	7924
PAYMENT	12/5/17	12/5/17	\$260.91	\$0.00	\$51.36	\$209.55	\$0.00	0205
ADJUST	12/27/17	12/27/17	\$209.55	\$51.36	\$0.00	\$260.91	\$51.36	5623
PAYMENT	1/15/18	1/15/18	\$260.91	\$0.00	\$51.36	\$209.55	\$0.00	7924
PAYMENT	1/15/18	1/15/18	\$209.55	\$0.00	\$51.36	\$158.19	\$0.00	1661
ADJUST	1/28/18	1/28/18	\$158.19	\$83.46	\$0.00	\$241.65	\$83.46	2731
ADJUST	1/28/18	1/28/18	\$241.65	\$44.94	\$0.00	\$286.59	\$44.94	2404
ADJUST	1/28/18	1/28/18	\$286.59	\$107.50	\$0.00	\$394.09	\$107.50	9851
ADJUST	2/26/18	2/26/18	\$394.09	\$70.62	\$0.00	\$464.71	\$70.62	9061
ADJUST	2/26/18	2/26/18	\$464.71	\$70.62	\$0.00	\$535.33	\$70.62	9460
PAYMENT	2/28/18	2/28/18	\$535.33	\$0.00	\$51.36	\$483.97	\$0.00	5623
ADJUST	3/27/18	3/27/18	\$483.97	\$64.20	\$0.00	\$548.17	\$64.20	4603
ADJUST	4/30/18	4/30/18	\$548.17	\$57.78	\$0.00	\$605.95	\$57.78	2666
ADJUST	4/30/18	4/30/18	\$605.95	\$57.78	\$0.00	\$663.73	\$57.78	7625
ADJUST	5/30/18	5/30/18	\$663.73	\$64.20	\$0.00	\$727.93	\$64.20	00234
ADJUST	5/30/18	5/30/18	\$727.93	\$57.78	\$0.00	\$785.71	\$57.78	7625
ADJUST	5/30/18	5/30/18	\$785.71	\$57.78	\$0.00	\$843.49	\$57.78	2666
PAYMENT	6/2/18	6/2/18	\$843.49	\$0.00	\$70.62	\$772.87	\$0.00	9460
PAYMENT	6/6/18	6/6/18	\$772.87	\$0.00	\$64.20	\$708.67	\$0.00	4603
ADJUST	6/28/18	6/28/18	\$708.67	\$1.00	\$0.00	\$709.67	\$1.00	
PAYMENT	7/10/18	7/10/18	\$709.67	\$0.00	\$57.78	\$651.89	\$0.00	2666
PAYMENT	7/10/18	7/10/18	\$651.89	\$0.00	\$64.20	\$587.69	\$0.00	0234
ADJUST	8/1/18	8/1/18	\$587.69	\$64.20	\$0.00	\$651.89	\$64.20	00530
ADJUST	8/28/18	8/28/18	\$651.89	\$64.20	\$0.00	\$716.09	\$64.20	PO00676

INVOICE	ISSUE	PICKUP	PREV. BAL	PURCH.	PAYMENT	BALANCE	INV.TOT	MEMO
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2/1/2017	–	9/5/2018	Purchase	\$ 1,691.13	Payment:	\$ 1,451.08	New Bal.:	<div>\$ 716.09</div>
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Thank you for your business!

To ensure proper credit, please return this portion with your payment.

REMITTANCE DOCUMENT

Amount Due:

\$ 716.09

Amount Remitted: \$

*5635611

TRI-LAKES MEDICAL CENTER SCU
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

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>	(6733015)	Claim No: 12	<i>Status:</i>
Smith Cleaners and Laundry LLC		<i>Original Filed</i>	<i>Filed by:</i> CR
105 Thomas Street		<i>Date:</i> 09/05/2018	<i>Entered by:</i> admin
Batesville, MS 38606		<i>Original Entered</i>	<i>Modified:</i>
		<i>Date:</i> 09/05/2018	

Amount claimed: \$716.09

History:

[Details](#) [12-1](#) 09/05/2018 Claim #12 filed by Smith Cleaners and Laundry LLC, Amount claimed: \$716.09
(admin)

Description:

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*	\$716.09
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		