

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
 9/6/2018
 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?	Tri-anim Health Services Inc.	
	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?	Where should payments to the creditor be sent? (if different)
	Tri-anim Health Services Inc.	Tri-anim Health Services
	Name	Name
	500 Tuttle Crossing Blvd Dublin, OH 43016	25197 Network Place 625 Congress Court Chicago, OH 60673-1251
	Contact phone 877-691-2519	Contact phone
	Contact email credit@tri-anim.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: 4629

7. How much is the claim? \$ 443.16 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.
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)?	<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 9/6/2018
MM / DD / YYYY

/s/ Michelle Root

Signature

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

Name Michelle Root

First name Middle name Last name

Title Senior Credit & Collections Administrator

Company Sarnova

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

Address 5000 Tuttle Crossing Blvd

Number Street

Dublin, OH 43016

City State ZIP Code

Contact phone 877-691-2519 Email credit@tri-anim.com



Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
Phone: (877) 691-2519
www.Tri-anim.com

Invoice

Invoice #	63163295
Date	06/19/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
PO BOX 459
AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
PO: 01050
AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01050	99913751	A HUFFMAN	FEDEX GRD NO FR	06/18/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-P3054EA	<p>THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671</p> <p>HIGH FLOW START KIT, 14" 10/CS</p>	1/CA	1	1	0	CA	\$ 49.66	\$49.66
<p>Tracking Numbers: 445767185096</p>								
<p>* Indicates that sales tax was applied to this item.</p>								

Please Remit to:
Tri-anim Health Services
25197 Network Place
Chicago, IL 60673-1251

Merchandise	\$49.66
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$49.66

Note: ** This item is not eligible for return

Please review the return policy at <http://www.tri-anim.com/return-policy.aspx>

Case 3:18-bk-05665

Claim 21-1 Part 2

Filed 09/06/18
of 7

Desc Attachment 1

Page 1



Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
Phone: (877) 691-2519
www.Tri-anim.com

Invoice

Invoice #	63163296
Date	06/19/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
PO BOX 459
AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
PO: 01116
AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01116	99927289	A HUFFMAN	FEDEX GRD NO FR	06/18/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
485-980010	<p>THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671</p> <p>STIFNECK SELECT COLLAR,ADJ.,1/EA</p>	1/EA	7	7	0	EA	\$ 6.00	\$42.00
<p>Tracking Numbers: 445767185074</p> <p>* Indicates that sales tax was applied to this item.</p>								

Please Remit to:
Tri-anim Health Services
25197 Network Place
Chicago, IL 60673-1251

Merchandise	\$42.00
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$42.00

Note: ** This item is not eligible for return

Please review Case 3:18-bk-05665-Clm-21-1-Part 2 Filed 09/06/18 Desc Attachment 1 Page 2 of 7



Correspondence Address:
 5000 Tuttle Crossing Blvd
 Dublin, OH 43016
 Phone: (877) 691-2519
 www.Tri-anim.com

Invoice

Invoice #	63182547
Date	07/04/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
 PO BOX 459
 AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 PO: 01388
 AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01388	99980138	A HUFFMAN	FEDEX GRD NO FR	07/03/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
485-980010	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 STIFNECK SELECT COLLAR,ADJ.,1/EA	1/EA	8	8	0	EA	\$ 6.00	\$48.00
Tracking Numbers: 445767203353								
* Indicates that sales tax was applied to this item.								

Please Remit to:
Tri-anim Health Services
 25197 Network Place
 Chicago, IL 60673-1251

Merchandise	\$48.00
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$48.00

Note: ** This item is not eligible for return

Please review the return policy at <http://www.tri-anim.com/return-policy.aspx>

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Claim 21-1 Part 2

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Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
Phone: (877) 691-2519
www.Tri-anim.com

Invoice

Invoice #	63197938
Date	07/18/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
PO BOX 459
AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
PO#01519
PO: 01519
AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01519	100011544	A HUFFMAN	FEDEX GRD NO FR	07/17/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-P3054EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 HIGH FLOW START KIT, 14" 10/CS	1/CA	1	1	0	CA	\$ 49.66	\$49.66
Tracking Numbers: 445767219617								
* Indicates that sales tax was applied to this item.								

Please Remit to:
Tri-anim Health Services
25197 Network Place
Chicago, IL 60673-1251

Merchandise	\$49.66
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$49.66

Note: ** This item is not eligible for return

Please review Case 3:18-bk-05665-Claim 21-1-Part 2 Filed 09/06/18 Desc Attachment 1 Page 4 of 7

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Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
Phone: (877) 691-2519
www.Tri-anim.com

Invoice

Invoice #	63210979
Date	07/30/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
PO BOX 459
AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
PO: 01646
AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01646	100039154	A HUFFMAN	FEDEX GRD NO FR	07/27/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
26-11-1020EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 SPACER,MDI,ACE,MP,25/CA	1/CA	1	1	0	CA	\$ 187.84	\$187.84
Tracking Numbers: 445767229993								
* Indicates that sales tax was applied to this item.								

Please Remit to:
Tri-anim Health Services
25197 Network Place
Chicago, IL 60673-1251

Merchandise	\$187.84
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$187.84

Note: ** This item is not eligible for return

Please review the return policy at <http://www.tri-anim.com/return-policy.aspx>

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\$187.84



Correspondence Address:
 5000 Tuttle Crossing Blvd
 Dublin, OH 43016
 Phone: (877) 691-2519
 www.Tri-anim.com

Invoice

Invoice #	63217585
Date	08/03/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
 PO BOX 459
 AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 PO: 01730
 AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01730	100055394	A HUFFMAN	FEDEX GRD NO FR	08/02/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
485-980010	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 STIFNECK SELECT COLLAR,ADJ.,1/EA	1/EA	4	4	0	EA	\$ 6.00	\$24.00
Tracking Numbers: 176402845781526								
* Indicates that sales tax was applied to this item.								

Please Remit to:
Tri-anim Health Services
 25197 Network Place
 Chicago, IL 60673-1251

Merchandise	\$24.00
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$24.00

Note: ** This item is not eligible for return

Please review our policy at www.tri-anim.com

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Correspondence Address:
 5000 Tuttle Crossing Blvd
 Dublin, OH 43016
 Phone: (877) 691-2519
 www.Tri-anim.com

Invoice

Invoice #	63234123
Date	08/17/2018
Page	1 of 1
Account #	85415

Bill To: 85415

Ship To: XX

FID# 95-2959155

GILMORE MEMORIAL HOSPITAL
 PO BOX 459
 AMORY, MS 38821-0459

GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 PO: 01891
 AMORY, MS 38821-5500

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
01891	100086813	A HUFFMAN	FEDEX GRD NO FR	08/16/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
485-980010	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 STIFNECK SELECT COLLAR,ADJ.,1/EA	1/EA	7	7	0	EA	\$ 6.00	\$42.00
Tracking Numbers: 445767250495 * Indicates that sales tax was applied to this item.								

Please Remit to:
Tri-anim Health Services
 25197 Network Place
 Chicago, IL 60673-1251

Merchandise	\$42.00
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$42.00

Note: ** This item is not eligible for return

Please review the return policy at 5605 tri-anim.com or call 877-691-2519

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