

Fill in this information to identify the case:

Debtor 1 <u>Curae Health Inc.</u>
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
 9/10/2018
 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>Tri-anim Health Services Inc.</u> 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)
	<u>Tri-anim Health Services Inc.</u> Name 500 Tuttle Crossing Blvd Dublin, OH 43016 Contact phone <u>877-691-2519</u> Contact email <u>credit@tri-anim.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<u>25197 Network Place</u> Name Chicago, IL 60673-1251 Contact phone <u>877-691-2519</u> Contact email <u>credit@tri-anim.com</u>
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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4629</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>1194.90</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p><u>Goods sold</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><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>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

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 9/10/2018
MM / DD / YYYY

/s/ Michelle Root _____

Signature

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

Name Michelle Root

Title Senior Credit & Collections Administrator

Company Tri-anim Health Services Inc.

Address 5000 Tuttle Crossing Blvd

Number Street Dublin, OH 43016

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 #	63136721
Date	05/28/2018
Page	1 of 1
Account #	44629

Bill To: 44629

Ship To: XX

FID# 95-2959155

BATESVILLE REG MED CTR dba PANOLA MED
CTR
303 MEDICAL CENTER DR
BATESVILLE, MS 38606-8608

BATESVILLE REG MED CTR dba PANOLA MED
CTR
303 MEDICAL CENTER DR
PO: 00297
BATESVILLE, MS 38606

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
00297	99887729	A HUFFMAN	NO FRT	05/25/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
58-79710EA	<p>THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671</p> <p>AEROCHAMBER PLUS Z STAT ANTI-STATIC VALVED HOLDING CHAMBER (AVHC), FLOWSIGNAL WHISTLE, 10/CA</p>	1/CA	2	2	0	CA	\$ 54.59	\$109.18
<p>Tracking Numbers: 435636773832</p>								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$109.18
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$109.18

Note: ** This item is not eligible for return

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

Case 3:18-00565

Claim 22-1-Part 2

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of 5

Desc Attachment 1

Page 1



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

Invoice

Invoice #	63173167
Date	06/26/2018
Page	1 of 1
Account #	44629

Bill To: 44629

Ship To: XX

FID# 95-2959155

BATESVILLE REG MED CTR dba PANOLA MED
 CTR
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606-8608

BATESVILLE REG MED CTR dba PANOLA MED
 CTR
 303 MEDICAL CENTER DR
 PO: 00487
 BATESVILLE, MS 38606

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
00487	99964378	A HUFFMAN	OVNT	06/26/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
792-1-7322-55	THE FOLLOWING ITEMS SHIPPED FROM: EPH 1605 Zeager Rd Suite 102 ELIZABETHTOWN, PA 17022 ET TUBE,UNCUFFED,NASAL RAE PERFORMED,5.5MM	10/CA	4	3	0	CA	\$ 55.99	\$167.97
792-1-7322-55	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 ET TUBE,UNCUFFED,NASAL RAE PERFORMED,5.5MM	10/CA	4	1	3	CA	\$ 55.99	\$55.99
Tracking Numbers: 444815187878 653421847525								
* Indicates that sales tax was applied to this item.								

****ITEMS HAVE SHIPPED FROM MULTIPLE WAREHOUSES****

SHIP STANDARD OVERNIGHT TO DEL ON
 6/27/18
 PREPAY AND ADD FREIGHT

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

Merchandise	\$223.96
Tax	\$0.00
Freight	\$68.67
Deposit	0.00
Total	\$292.63

Note: ** This item is not eligible for return

Please review Case 3:18-ck-05665-Claim 22-1-Part 2 Filed 09/10/18 Desc Attachment 1 Page 2 of 5

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Desc Attachment 1

Page 2



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

Invoice

Invoice #	63174850
Date	06/27/2018
Page	1 of 1
Account #	44629

Bill To: 44629

Ship To: XX

FID# 95-2959155

BATESVILLE REG MED CTR dba PANOLA MED
CTR
303 MEDICAL CENTER DR
BATESVILLE, MS 38606-8608

BATESVILLE REG MED CTR dba PANOLA MED
CTR
303 MEDICAL CENTER DR
PO: 00496
BATESVILLE, MS 38606

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
00496	99965605	A HUFFMAN	NO FRT	06/27/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
792-1-7323-55	<p>THE FOLLOWING ITEMS SHIPPED FROM: EPH 1605 Zeager Rd Suite 102 ELIZABETHTOWN, PA 17022</p> <p>ET TUBE,5.5MM ID,22FR,270MM LENGTH,CUFFED,PREFORMED (AGT) (RAE) NASAL</p>	10/CA	3	2	0	CA	\$ 45.00	\$90.00
58-79710EA	<p>THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671</p> <p>AEROCHAMBER PLUS Z STAT ANTI-STATIC VALVED HOLDING CHAMBER (AVHC), FLOWSIGNAL WHISTLE,10/CA</p>	1/CA	2	2	0	CA	\$ 54.59	\$109.18
792-1-7323-50	ET TUBE,5.0MM ID,20FR,240MM LENGTH,CUFFED,PREFORMED (AGT) (RAE) NASAL	10/CA	3	0	3	CA	\$ 45.00	\$0.00
792-1-7323-55	ET TUBE,5.5MM ID,22FR,270MM LENGTH,CUFFED,PREFORMED (AGT) (RAE) NASAL	10/CA	3	1	2	CA	\$ 45.00	\$45.00
<p>Tracking Numbers: 444815189907 445767196439</p>								
* Indicates that sales tax was applied to this item.								

****ITEMS HAVE SHIPPED FROM MULTIPLE WAREHOUSES****

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

Merchandise	\$244.18
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$244.18

Note: ** This item is not eligible for return

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

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Claim 22-1-Part 2

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of 5

Desc Attachment 1

Page 3



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

Invoice

Invoice #	63210546
Date	07/27/2018
Page	1 of 1
Account #	44629

Bill To: 44629

Ship To: XX

FID# 95-2959155

BATESVILLE REG MED CTR dba PANOLA MED
 CTR
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606-8608

BATESVILLE REG MED CTR dba PANOLA MED
 CTR
 303 MEDICAL CENTER DR
 PO: 00660
 BATESVILLE, MS 38606

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
00660	100042117	A HUFFMAN	NO FRT	07/27/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
211-B800-50	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 TIP,CALIBRATION,BILI-CHECK,50/	50/CA	1	1	0	CA	\$ 439.73	\$439.73
Tracking Numbers: 176402845774405 * Indicates that sales tax was applied to this item.								

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

Merchandise	\$439.73
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$439.73

Note: ** This item is not eligible for return

Please review Case 2:18-jk-05665-Claim 22-1-Part 2 Filed 09/10/18 Desc Attachment 1 Page 4 of 5

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

Invoice

Invoice #	63236912
Date	08/20/2018
Page	1 of 1
Account #	44629

Bill To: 44629

Ship To: XX

FID# 95-2959155

BATESVILLE REG MED CTR dba PANOLA MED
 CTR
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606-8608

BATESVILLE REG MED CTR dba PANOLA MED
 CTR
 303 MEDICAL CENTER DR
 PO: 00778
 BATESVILLE, MS 38606

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
00778	100096358	A HUFFMAN	NO FRT	08/20/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
58-79710EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 AEROCHAMBER PLUS Z STAT ANTI-STATIC VALVED HOLDING CHAMBER (AVHC), FLOWSIGNAL WHISTLE, 10/CA	1/CA	2	2	0	CA	\$ 54.59	\$109.18
Tracking Numbers: 176402845797213								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$109.18
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$109.18

Note: ** This item is not eligible for return

Please review Case 3:18-ck-05665-Tri-anim/2018-08-20

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Desc Attachment 1

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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> (6734456)	Claim No: 22
Tri-anim Health Services Inc.	<i>Original Filed</i>
500 Tuttle Crossing Blvd	<i>Date:</i> 09/10/2018
Dublin, OH 43016	<i>Original Entered</i>
	<i>Date:</i> 09/10/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$1194.90

History:

[Details](#) [22-1](#) 09/10/2018 Claim #22 filed by Tri-anim Health Services Inc., Amount claimed: \$1194.90 (admin)

Description:

Remarks: (22-1) Account Number (last 4 digits):4629

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*	\$1194.90
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		