

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
 9/10/2018
 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?	Tri-anim Health Services Inc. <hr/> 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?	Where should notices to the creditor be sent? Tri-anim Health Services Inc. <hr/> 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): _____	Where should payments to the creditor be sent? (if different) Tri-anim Health Services <hr/> Name 25197 Network Place Chicago, IL 60673-1251 Contact phone _____ Contact email <u>michellemroot@yahoo.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>9157</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>3282.42</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

First name Middle name Last name

Title Senior Credit & Collections Administrator

Company Tri-anim Health Services Inc.

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 #	48115069
Date	08/14/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6786325
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6786325	100082398	B REDDEN	NO FRT	08/14/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-B3030EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 LARYN.BLADE,MAC3,GREENLINE,METAL ,DISP20/CA	1/CA	1	1	0	CA	\$ 72.10	\$72.10
Tracking Numbers: 176402845791181								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$72.10
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$72.10



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

Invoice

Invoice #	63076903
Date	04/09/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6708532
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6708532	99768278	B REDDEN	NO FRT	04/09/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671							
73-1012623	MASK,PERFORMATRAK,SML,SINGLE	1/EA	5	5	0	EA	\$ 23.48	\$117.40
73-1012624	MASK,PERFORMATRAK,MED,SINGLE	1/EA	5	5	0	EA	\$ 23.48	\$117.40
73-1012572	MASK,PERFORMATRAK,LRG,SINGLE	1/EA	5	5	0	EA	\$ 23.48	\$117.40
	Tracking Numbers: 435636710746							
	* Indicates that sales tax was applied to this item.							

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

Merchandise	\$352.20
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$352.20

Note: ** This item is not eligible for return
 Please review the return policy at <http://www.tri-anim.com/return-policy.aspx>

Case 3:18-05665

Claim 23-1 Part 2

Filed 09/10/18
 of 20

Desc Attachment 1

Page 2



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

Invoice

Invoice #	63082321
Date	04/12/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DRIVE
PO: 749-6711617
CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6711617	99779517	B REDDEN	NO FRT	04/12/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-B3030EA	<p>THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671</p> <p>LARYN.BLADE,MAC3,GREENLINE,METAL ,DISP20/CA</p>	1/CA	2	2	0	CA	\$ 72.10	\$144.20
<p>Tracking Numbers: 435636717225</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	\$144.20
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$144.20

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

Invoice

Invoice #	63089564
Date	04/18/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6714587
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6714587	99790400	B REDDEN	NO FRT	04/18/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
507-SSVO	THE FOLLOWING ITEMS SHIPPED FROM: ATH 3221 EAST ARKANSAS LN SUITE 140 ARLINGTON, TX 76010 VALVE,SPEAK,W/PORT,SHILEY,1/BX	1/BX	2	2	0	BX	\$ 24.45	\$48.90
Tracking Numbers: 435857164364								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$48.90
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$48.90



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

Invoice

Invoice #	63094582
Date	04/23/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6718514
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6718514	99804310	B REDDEN	NO FRT	04/23/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
** 81-1102EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 COVER,EQUIPMENT,28X22X54, 100/RL CLEAR	1/RL	2	2	0	RL	\$ 88.94	\$177.88
Tracking Numbers: 176402845654042 176402845654059								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$177.88
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$177.88

Note: ** This item is not eligible for return

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



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

Invoice

Invoice #	63096447
Date	04/24/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6719101
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6719101	99807646	B REDDEN	NO FRT	04/24/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671							
73-1012572	MASK,PERFORMATRAK,LRG,SINGLE	1/EA	10	10	0	EA	\$ 23.48	\$234.80
73-1012624	MASK,PERFORMATRAK,MED,SINGLE	1/EA	10	10	0	EA	\$ 23.48	\$234.80
	Tracking Numbers: 435636731630							
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$469.60
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$469.60

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 23-1 Part 2

Filed 09/10/18

Desc Attachment 1

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

Invoice

Invoice #	63105255
Date	05/01/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6723577
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6723577	99825761	B REDDEN	NO FRT	05/01/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671							
73-1012624	MASK,PERFORMATRAK,MED,SINGLE	1/EA	10	10	0	EA	\$ 23.48	\$234.80
73-1012572	MASK,PERFORMATRAK,LRG,SINGLE	1/EA	10	10	0	EA	\$ 23.48	\$234.80
	Tracking Numbers: 176402845665574							
	* Indicates that sales tax was applied to this item.							

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

Merchandise	\$469.60
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$469.60

Note: ** This item is not eligible for return
 Please review the return policy at <http://www.tri-anim.com/return-policy.aspx>

Case 2:18-05065

Claim 23-1 Part 2

Filed 09/10/18
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Correspondence Address:
 5000 Tuttle Crossing Blvd
 Dublin, OH 43016
 Phone: (877) 691-2519
 www.Tri-anim.com

Invoice

Invoice #	63108729
Date	05/03/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6725655
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6725655	99832832	B REDDEN	NO FRT	05/03/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-NC200	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 NOSECLIP,CURAPLEX,PLASTIC,NON-SLI P,WHT,SPU,100/BG 1000/CA	1/BG	1	1	0	BG	\$ 26.62	\$26.62
Tracking Numbers: 435636743656								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$26.62
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$26.62

Note: ** This item is not eligible for return

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

Case 3:18-0k-05665

Claim 23-1 Part 2

Filed 09/10/18

Desc Attachment 1

Page 8



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

Invoice

Invoice #	63117277
Date	05/10/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6729370
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6729370	99847135	B REDDEN	NO FRT	05/10/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
203-R109P53	THE FOLLOWING ITEMS SHIPPED FROM: ATH 3221 EAST ARKANSAS LN SUITE 140 ARLINGTON, TX 76010 SENSOR,OX,MAX12C,AVEA,SIPAP	1/EA	4	4	0	EA	\$ 80.18	\$320.72
Tracking Numbers: 424420724280								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$320.72
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$320.72

Note: ** This item is not eligible for return

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



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

Invoice

Invoice #	63142329
Date	05/31/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6741789
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6741789	99894193	B REDDEN	NO FRT	05/31/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
87-VR0400-100	THE FOLLOWING ITEMS SHIPPED FROM: VCH 2241 North Plaza Drive VISALIA, CA 93291 MASK,CUSH,SM,NEONATE,BLOW,100/	100/CA	1	1	0	CA	\$ 239.99	\$239.99
Tracking Numbers: 963923232112115								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$239.99
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$239.99



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

Invoice

Invoice #	63145700
Date	06/04/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6746153
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6746153	99909700	B REDDEN	NO FRT	06/04/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-B3030EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 LARYN.BLADE,MAC3,GREENLINE,METAL ,DISP20/CA	1/CA	1	1	0	CA	\$ 72.10	\$72.10
Tracking Numbers: 176402845705393								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$72.10
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$72.10



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

Invoice

Invoice #	63150894
Date	06/07/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6748596
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6748596	99919655	B REDDEN	NO FRT	06/07/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
** 81-1104EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 BAG,SETUP,CORD COTTON DRAWSTRING ,12X15, 500/CS	1/CA	1	1	0	CA	\$ 73.79	\$73.79
Tracking Numbers: 176402845710793								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$73.79
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$73.79



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

Invoice

Invoice #	63167838
Date	06/21/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6756104
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6756104	99951548	B REDDEN	NO FRT	06/21/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-B3030EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 LARYN.BLADE,MAC3,GREENLINE,METAL ,DISP20/CA	1/CA	2	2	0	CA	\$ 72.10	\$144.20
Tracking Numbers: 176402845728026								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$144.20
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$144.20



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

Invoice

Invoice #	63171177
Date	06/25/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
PO BOX 1218
CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DRIVE
PO: 749-6757946
CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6757946	99960307	B REDDEN	NO FRT	06/25/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671							
** 81-1102EA	COVER,EQUIPMENT,28X22X54, 100/RL CLEAR	1/RL	1	1	0	RL	\$ 88.94	\$88.94
	Tracking Numbers: 445767193863							
	* Indicates that sales tax was applied to this item.							

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

Merchandise	\$88.94
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$88.94

Note: ** This item is not eligible for return
Please review the return policy at <http://www.tri-anim.com/return-policy.aspx>
Case 2:18-bk-05665-Claim 23.1 Part 2 Filed 09/10/18 of 20



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

Invoice

Invoice #	63172948
Date	06/26/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6756508
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6756508	99953971	B REDDEN	THIRD PARTY NDA	06/26/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: DS							
36-780-10EA	VV CIRC,NEONATE,UNIV PO.749-6756508 SHIP NDA DELIVER ON 6/22 FEDEX ACCOUNT # 284687914 TASHA M 662-624-3453 APPROVE DS FEE	1/CA	1	1	0	CA	\$ 88.20	\$88.20
ZDROPSHIPFEE	Drop Ship Fee	1/EA	1	1	0	EA	\$ 20.00	\$20.00

* Indicates that sales tax was applied to this item.

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

Merchandise	\$108.20
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$108.20



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

Invoice

Invoice #	63190666
Date	07/11/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6766997
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6766997	100000663	B REDDEN	NO FRT	07/11/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
73-1012624	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 MASK,PERFORMATRAK,MED,SINGLE	1/EA	10	10	0	EA	\$ 23.48	\$234.80
Tracking Numbers: 176402845751109								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$234.80
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$234.80



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

Invoice

Invoice #	63195486
Date	07/16/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6769454
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6769454	100010178	B REDDEN	NO FRT	07/16/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
301-B3030EA	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671 LARYN.BLADE,MAC3,GREENLINE,METAL ,DISP20/CA	1/CA	1	1	0	CA	\$ 72.10	\$72.10
Tracking Numbers: 445767218139								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$72.10
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$72.10

Note: ** This item is not eligible for return

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



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

Invoice

Invoice #	63208702
Date	07/26/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6775948
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6775948	100038300	B REDDEN	NO FRT	07/26/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: MTH 481 AIRPORT INDUSTRIAL DR SUITE #103 SOUTHAVEN, MS 38671							
301-NC200	NOSECLIP,CURAPLEX,PLASTIC,NON-SLI P,WHT,SPU,100/BG 1000/CA	1/BG	1	1	0	BG	\$ 26.62	\$26.62
507-DDCPEA	DECANNULATION PLUG,UNIVER 10/BX	1/BX	1	0	1	BX	\$ 28.42	\$0.00
Tracking Numbers: 445767229765								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$26.62
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$26.62



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

Invoice

Invoice #	63215407
Date	08/01/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6775948
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6775948	100038300	B REDDEN	NO FRT	08/01/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
507-DDCPEA	THE FOLLOWING ITEMS SHIPPED FROM: ATH 3221 EAST ARKANSAS LN SUITE 140 ARLINGTON, TX 76010 DECANNULATION PLUG,UNIVER 10/BX	1/BX	1	1	0	BX	\$ 28.42	\$28.42
Tracking Numbers: 454562581239								
* Indicates that sales tax was applied to this item.								

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

Merchandise	\$28.42
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$28.42



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

Invoice

Invoice #	63228288
Date	08/13/2018
Page	1 of 1
Account #	19157

Bill To: 19157

Ship To: XX

FID# 95-2959155

NORTHWEST MISSISSIPPI MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE, MS 38614-1218

NORTHWEST MISSISSIPPI MEDICAL CENTER
 1970 HOSPITAL DRIVE
 PO: 749-6785080
 CLARKSDALE, MS 38614

Purchase Order #	Sales Order #	Sales Person	Ship Via	Ship Date	Payment Terms			
749-6785080	100077850	B REDDEN	THIRD PARTY NDA	08/13/2018	NET 30 DAYS			
Item Number	Description	Pk Qty/UOM	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
36-1698	THE FOLLOWING ITEMS SHIPPED FROM: CWH 5235 International Drive Suite D CUDAHY, WI 53110 NIV CIRCUIT, 10/CA	10/CA	2	2	0	CA	\$ 55.72	\$111.44
Tracking Numbers: 452700244138 452700244149								
* Indicates that sales tax was applied to this item.								

***PLEASE SHIP PRI OVNT FOR DLVRY BY
 10:30 on 8-14-18***USE FED-EX 3rd PARTY
 ACCOUNT # 284687914 ***

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

Merchandise	\$111.44
Tax	\$0.00
Freight	\$0.00
Deposit	0.00
Total	\$111.44

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: 23	<i>Status:</i>
Tri-anim Health Services Inc.	<i>Original Filed</i>	<i>Filed by:</i> CR
500 Tuttle Crossing Blvd	<i>Date:</i> 09/10/2018	<i>Entered by:</i> admin
Dublin, OH 43016	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 09/10/2018	

Amount claimed: \$3282.42

History:

[Details](#) [23-1](#) 09/10/2018 Claim #23 filed by Tri-anim Health Services Inc., Amount claimed: \$3282.42 (admin)

Description:

Remarks: (23-1) Account Number (last 4 digits):9157

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*	\$3282.42
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		