

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
 9/13/2018
 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?	KRONOS _____ 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?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>KRONOS _____</td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>900 CHELMSFORD ST. LOWELL, MA 01851</td> <td></td> </tr> <tr> <td>Contact phone 978-947-4779</td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email BRENDA.FERREIRA@KRONOS.COM</td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	KRONOS _____	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	900 CHELMSFORD ST. LOWELL, MA 01851		Contact phone 978-947-4779	Contact phone _____	Contact email BRENDA.FERREIRA@KRONOS.COM	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																
KRONOS _____	_____																
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name																
Name	Name																
900 CHELMSFORD ST. LOWELL, MA 01851																	
Contact phone 978-947-4779	Contact phone _____																
Contact email BRENDA.FERREIRA@KRONOS.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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3251</u>
7. How much is the claim?	\$ <u>12430.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>SUBSCRIPTION SOFTWARE SERVICES</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 9/13/2018
MM / DD / YYYY

/s/ BRENDA FERREIRA

Signature

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

Name BRENDA FERREIRA
First name Middle name Last name

Title COLLECTIONS ANALYST

Company KRONOS

Address 900 CHELMSFORD STREET
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street
LOWELL, MA 01851
City State ZIP Code

Contact phone 978-947-4779 Email BRENDA.FERREIRA@KRONOS.COM



INVOICE

REMIT CHECKS TO:
PO BOX 743208
ATLANTA, GA 30374- 3208

ELECTRONIC TRANSFERS TO:
Bank of America
ABA 121000358
Account 1499687277

Invoice Number: 11346145
Page: 1 of 1
Invoice Date: 03- AUG- 18
Due Date: 02- SEP- 18

TAX ID 04- 2640942

Bill To: 6133251
Attn: Accounts Payable
CURAE HEALTH
1721 MIDPARK ROAD SUITE B200
KNOXVILLE, TN 37921

Ship To: 6123396
CURAE HEALTH
121 LEINART STREET
CLINTON, TN 37716

Solution ID: 6123396

Contact:
Email:
Telephone Number:

Sales Order Number:
Contract Number: 1194743 S29- MAR- 18
PSA Number:
Project Number:
Case Number:
Purchase Order Number:

Payment Terms: Net 30 Days
Currency: USD
Sales Person:
Shipping Reference:
Ship Via:
Ship Date:

SUBSCRIPTION SERVICES

Service	Covered Product	Item	Quantity	Start Date	End Date	Days	Taxable	Unit Price	Amount
Subscription Software Service PEPM Monthly Fee	WORKFORCE TIMEKEEPER	8800144- 000	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	7,280.00	7,280.00
Subscription Software Service PEPM Monthly Fee	WORKFORCE ACCRUALS V7	8800145- 000	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	130.00	130.00
Subscription Software Service PEPM Monthly Fee	WORKFORCE MOBILE EMPLOYEE V7	8800156- 000	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	0.00	0.00
Subscription Software Service PEPM Monthly Fee	WORKFORCE MOBILE MANAGER V7	8800157- 000	130	03- JUL- 2018	02- AUG- 2018	31	NO	0.00	0.00
Subscription Software Service PEPM Monthly Fee	WORKFORCE EMPLOYEE V7	8800146- 000	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	0.00	0.00
Subscription Software Service PEPM Monthly Fee	WORKFORCE INTEGRATION MANAGER V7	8800154- 000	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	0.00	0.00
Subscription Software Service PEPM Monthly Fee	WORKFORCE MANAGER V7	8800147- 000	130	03- JUL- 2018	02- AUG- 2018	31	NO	0.00	0.00
Subtotal									7,410.00

INVOICE SUMMARY

Description	Total Price
Subtotal:	7,410.00
Less Payment:	0.00
Shipping and Handling:	0.00
Tax:	0.00
Grand Total	7,410.00



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ATLANTA, GA 30374- 3208

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Bill To: 6133251
Attn: Accounts Payable
CURAE HEALTH
1721 MIDPARK ROAD SUITE B200
KNOXVILLE, TN 37921

Ship To: 6123396
CURAE HEALTH
121 LEINART STREET
CLINTON, TN 37716

Solution ID: 6123396

Contact:
Email:
Telephone Number:

Sales Order Number:
Contract Number: 1194743 S29- MAR- 18
PSA Number:
Project Number:
Case Number:
Purchase Order Number:

Payment Terms: Net 30 Days
Currency: USD
Sales Person:
Shipping Reference:
Ship Via:
Ship Date:

SUBSCRIPTION SERVICES

Service	Covered Product	Quantity	Start Date	End Date	Days	Taxable	Amount
Subscription Software	WORKFORCE TIMEKEEPER V7	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	7,280.00
Service PEPM Monthly Fee							
Subscription Software	WORKFORCE ACCRUALS V7	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	130.00
Service PEPM Monthly Fee							
Subscription Software	WORKFORCE EMPLOYEE V7	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	0.00
Service PEPM Monthly Fee							
Subscription Software	WORKFORCE MANAGER V7	130	03- JUL- 2018	02- AUG- 2018	31	NO	0.00
Service PEPM Monthly Fee							
Subscription Software	WORKFORCE INTEGRATION MANAGER V7	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	0.00
Service PEPM Monthly Fee							
Subscription Software	WORKFORCE MOBILE EMPLOYEE V7	1,300	03- JUL- 2018	02- AUG- 2018	31	NO	0.00
Service PEPM Monthly Fee							
Subscription Software	WORKFORCE MOBILE MANAGER V7	130	03- JUL- 2018	02- AUG- 2018	31	NO	0.00
Service PEPM Monthly Fee							
Subtotal							7,410.00

INVOICE SUMMARY

Description	Total Price
Subtotal:	7,410.00
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Shipping and Handling:	0.00
Tax:	0.00
Grand Total	7,410.00



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Attn: Accounts Payable
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KNOXVILLE, TN 37921

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CURAE HEALTH
121 LEINART STREET
CLINTON, TN 37716

Solution ID: 6123396

Contact:
Email:
Telephone Number:

Sales Order Number:
Contract Number: 1194743 S29- MAR- 18
PSA Number:
Project Number:
Case Number:
Purchase Order Number:

Payment Terms: Net 30 Days
Currency: USD
Sales Person:
Shipping Reference:
Ship Via:
Ship Date:

SUBSCRIPTION SERVICES

Service	Covered Product	Quantity	Start Date	End Date	Days	Taxable	
Subscription Software Service PEPM Monthly Fee	WORKFORCE TIMEKEEPER V7	1,300	03- AUG- 2018	23- AUG- 2018	31	NO	
Subscription Software Service PEPM Monthly Fee	WORKFORCE ACCRUALS V7	1,300	03- AUG- 2018	23- AUG- 2018	31	NO	
Subscription Software Service PEPM Monthly Fee	WORKFORCE EMPLOYEE V7	1,300	03- AUG- 2018	23- AUG- 2018	31	NO	
Subscription Software Service PEPM Monthly Fee	WORKFORCE MANAGER V7	130	03- AUG- 2018	23- AUG- 2018	31	NO	
Subscription Software Service PEPM Monthly Fee	WORKFORCE INTEGRATION MANAGER V7	1,300	03- AUG- 2018	23- AUG- 2018	31	NO	
Subscription Software Service PEPM Monthly Fee	WORKFORCE MOBILE EMPLOYEE V7	1,300	03- AUG- 2018	23- AUG- 2018	31	NO	
Subscription Software Service PEPM Monthly Fee	WORKFORCE MOBILE MANAGER V7	130	03- AUG- 2018	23- AUG- 2018	31	NO	
						Subtotal	5,020.00

INVOICE SUMMARY

Description	Total Price
Subtotal:	5,020.00
Less Payment:	0.00
Shipping and Handling:	0.00
Tax:	0.00
Grand Total	5,020.00

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> (6718280)	Claim No: 32
KRONOS	<i>Original Filed</i>
900 CHELMSFORD ST.	<i>Date:</i> 09/13/2018
LOWELL, MA 01851	<i>Original Entered</i>
	<i>Date:</i> 09/13/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$12430.00

History:

[Details](#) [32-1](#) 09/13/2018 Claim #32 filed by KRONOS, Amount claimed: \$12430.00 (admin)

Description:

Remarks: (32-1) Account Number (last 4 digits):3251

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*	\$12430.00
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		