

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
 9/14/2018
 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?	GRAMEDICA Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Graham Medical Technologies</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)	<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>GRAMEDICA</td> <td>_____</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>16137 LEONE DRIVE MACOMB, MI 48042</td> <td></td> </tr> <tr> <td>Contact phone <u>5866779600</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>aevans@gramedica.com</u></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)	GRAMEDICA	_____	Name	Name	16137 LEONE DRIVE MACOMB, MI 48042		Contact phone <u>5866779600</u>	Contact phone _____	Contact email <u>aevans@gramedica.com</u>	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)													
GRAMEDICA	_____														
Name	Name														
16137 LEONE DRIVE MACOMB, MI 48042															
Contact phone <u>5866779600</u>	Contact phone _____														
Contact email <u>aevans@gramedica.com</u>	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>0891</u>
7. How much is the claim?	\$ <u>9079.28</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>Goods Sold</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 9/14/2018
MM / DD / YYYY

/s/ Aghata Evans

Signature

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

Name Aghata Evans

First name Middle name Last name

Title Office Manager/AP/AR

Company GraMedica

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

Address 16137 Leone Drive

Number Street

Macomb, MI 48042

City State ZIP Code

Contact phone 5866779600 Email aevans@gramedica.com



16137 Leone Drive
Macomb, MI 48042 USA

info@gramedica.com
http://www.gramedica.com
Tel: 586-677-9600
Fax: 586-677-9615

SALES INVOICE

SI-25632 6/8/2018

Page 1 of 1



Customer	Contact	Ship To
Gilmore Memorial Regional Medical Center A/P Merit Health Cindy Simpson 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6226 Fax: 662-256-1693		Merit Health Gilmore Memorial OR SUPPLIES Joyce McCaine 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6075 Fax: 662-256-1693

Account #	Terms	Due Date	Account Rep	Surgery Date
100891	Net 60	08/07/2018	GRAMEDICA	06/07/2018
Sales Order #	PO #	Physician Name	Patient Initials	Ship VIA
SO-19690	01096	hristensen, Vern DPM FACFA	AV	UPS Ground Commercial

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	HYP-06	HyProCure Size 06 LOT#:060921171 MFG S/N:39332B	1	1	\$2,850.00	EA	\$1,060.00	\$1,790.00
2	SH-HyProCure	Shipping charges for HyProCure	1	1	\$32.32	EA		\$32.32

Shipment Tracking Details

Shipment Date	Delivery Method	Tracking Number
02/05/2018	UPS Ground Commercial	1ZRE49800353848599

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<p>Prompt payment is appreciated, however, if buyer is delinquent in payment on any amount owed to seller by more than thirty (30) days, seller may suspend all shipments, and /or deliveries of any or all products ordered or purchased by buyer. Payments made after forty five (45) days are subject to a financing rate of 2.5% per invoice. Services provided by a collection agency and/or attorney will include all costs, including attorney's fees and any court costs, and shall be payable by buyer.</p> <p>Payments made by credit card are subject to a flat processing fee for each transaction; \$5 for purchases up to \$500, \$10 for purchases up to \$1,000, \$20 for purchases up to \$2,000 and \$30 for purchases over \$2,000.</p>	Tax Details	Taxable	\$0.00
	EXEMPT \$0.000		
	Payment Details	Total Tax	\$0.00
		Exempt	\$1,822.32
		Total	\$1,822.32
		Payment Disc	\$0.00
		Paid	\$0.00
		Balance	\$1,822.32



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Macomb, MI 48042 USA

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Fax: 586-677-9615

SALES INVOICE

SI-25633 6/8/2018

Page 1 of 1



Customer	Contact	Ship To
Gilmore Memorial Regional Medical Center A/P Merit Health Cindy Simpson 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6226 Fax: 662-256-1693		Merit Health Gilmore Memorial OR SUPPLIES Joyce McCaine 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6075 Fax: 662-256-1693

Account #	Terms	Due Date	Account Rep	Surgery Date
100891	Net 60	08/07/2018	GRAMEDICA	05/24/2018
Sales Order #	PO #	Physician Name	Patient Initials	Ship VIA
SO-19572	00987	VanYperen, Jeffery DPM	AP	UPS Ground Commercial

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	HYP-07	HyProCure Size 07 LOT#:070206172 MFG S/N:37813C	1	1	\$2,850.00	EA	\$1,060.00	\$1,790.00
2	SH-HyProCure	Shipping charges for HyProCure	1	1	\$32.29	EA		\$32.29

Shipment Tracking Details

Shipment Date	Delivery Method	Tracking Number
01/15/2018	UPS Ground Commercial	1ZRE49800354033823

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Prompt payment is appreciated, however, if buyer is delinquent in payment on any amount owed to seller by more than thirty (30) days, seller may suspend all shipments, and /or deliveries of any or all products ordered or purchased by buyer. Payments made after forty five (45) days are subject to a financing rate of 2.5% per invoice. Services provided by a collection agency and/or attorney will include all costs, including attorney's fees and any court costs, and shall be payable by buyer.

Payments made by credit card are subject to a flat processing fee for each transaction; \$5 for purchases up to \$500, \$10 for purchases up to \$1,000, \$20 for purchases up to \$2,000 and \$30 for purchases over \$2,000.

Tax Details
EXEMPT \$0.000

Payment Details

Taxable	\$0.00
Total Tax	\$0.00
Exempt	\$1,822.29
Total	\$1,822.29
Payment Disc	\$0.00
Paid	\$0.00
Balance	\$1,822.29



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SALES INVOICE

SI-25730

6/22/2018

Page 1 of 1



Customer	Contact	Ship To
Gilmore Memorial Regional Medical Center A/P Merit Health Cindy Simpson 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6226 Fax: 662-256-1693		Merit Health Gilmore Memorial OR SUPPLIES Joyce McCain 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6075 Fax: 662-256-1693

Account #	Terms	Due Date	Account Rep	Surgery Date
100891	Net 60	08/21/2018	GRAMEDICA	06/21/2018
Sales Order #	PO #	Physician Name	Patient Initials	Ship VIA
SO-19881	01256	hristensen, Vern DPM FACFA	LJ	UPS Ground Commercial

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	HYP-06	HyProCure Size 06 LOT#:060921171 MFG S/N:39414B	1	1	\$2,850.00	EA	\$1,060.00	\$1,790.00
2	SH-HyProCure	Shipping charges for HyProCure	1	1	\$32.29	EA		\$32.29

Shipment Tracking Details

Shipment Date	Delivery Method	Tracking Number
03/12/2018	UPS Ground Commercial	1ZRE49800353332074

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<p>Prompt payment is appreciated, however, if buyer is delinquent in payment on any amount owed to seller by more than thirty (30) days, seller may suspend all shipments, and /or deliveries of any or all products ordered or purchased by buyer. Payments made after forty five (45) days are subject to a financing rate of 2.5% per invoice. Services provided by a collection agency and/or attorney will include all costs, including attorney's fees and any court costs, and shall be payable by buyer.</p> <p>Payments made by credit card are subject to a flat processing fee for each transaction; \$5 for purchases up to \$500, \$10 for purchases up to \$1,000, \$20 for purchases up to \$2,000 and \$30 for purchases over \$2,000.</p>	<p>Tax Details EXEMPT \$0.000</p> <p>Payment Details</p>	<p>Taxable \$0.00</p> <p>Total Tax \$0.00 Exempt \$1,822.29 Total \$1,822.29 Payment Disc \$0.00 Paid \$0.00 Balance \$1,822.29</p>
	<p>Case 3:18-bk-05665 Claim 33-1 Part 2 Filed 09/14/18 Desc Attachment 1 Page 3</p>	



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SALES INVOICE

SI-25878

7/16/2018

Page 1 of 1



Customer	Contact	Ship To
Gilmore Memorial Regional Medical Center A/P Merit Health Cindy Simpson 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6226 Fax: 662-256-1693		Merit Health Gilmore Memorial OR SUPPLIES Joyce McCaine 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6075 Fax: 662-256-1693

Account #	Terms	Due Date	Account Rep	Surgery Date
100891	Net 60	09/14/2018	GRAMEDICA	06/25/2018
Sales Order #	PO #	Physician Name	Patient Initials	Ship VIA
SO-20293	01433	VanYperen, Jeffery DPM	PA	UPS Ground Commercial

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	HYP-06	HyProCure Size 06 LOT#:060824171 MFG S/N:40235B	1	1	\$2,850.00	EA	\$1,060.00	\$1,790.00
2	SH-HyProCure	Shipping charges for HyProCure	1	1	\$32.38	EA		\$32.38

Shipment Tracking Details

Shipment Date	Delivery Method	Tracking Number
06/07/2018	UPS Ground Commercial	1ZRE49800354092082

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<p>Prompt payment is appreciated, however, if buyer is delinquent in payment on any amount owed to seller by more than thirty (30) days, seller may suspend all shipments, and /or deliveries of any or all products ordered or purchased by buyer. Payments made after forty five (45) days are subject to a financing rate of 2.5% per invoice. Services provided by a collection agency and/or attorney will include all costs, including attorney's fees and any court costs, and shall be payable by buyer.</p> <p>Payments made by credit card are subject to a flat processing fee for each transaction; \$5 for purchases up to \$500, \$10 for purchases up to \$1,000, \$20 for purchases up to \$2,000 and \$30 for purchases over \$2,000.</p>	<p>Tax Details EXEMPT \$0.000</p> <p>Payment Details</p>	<p>Taxable \$0.00</p> <p>Total Tax \$0.00 Exempt \$1,822.38 Total \$1,822.38 Payment Disc \$0.00 Paid \$0.00 Balance \$1,822.38</p>
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SALES INVOICE

SI-25879

7/16/2018

Page 1 of 1



Customer	Contact	Ship To
Gilmore Memorial Regional Medical Center A/P Merit Health Cindy Simpson 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6226 Fax: 662-256-1693		Merit Health Gilmore Memorial OR SUPPLIES Joyce McCaine 1105 Earl Frye Blvd. AMORY MS 38821 UNITED STATES Tel: 662-256-6075 Fax: 662-256-1693

Account #	Terms	Due Date	Account Rep	Surgery Date
100891	Net 60	09/14/2018	GRAMEDICA	06/25/2018
Sales Order #	PO #	Physician Name	Patient Initials	Ship VIA
SO-17285	01434	VanYperen, Jeffery DPM	PA	UPS Ground Commercial

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	HYP-08	HyProCure Size 08 LOT#:080323151 MFG S/N:32962D	1	1	\$1,990.00	EA	\$200.00	\$1,790.00
Shipment Tracking Details								
Shipment Date		Delivery Method		Tracking Number				
11/21/2016		UPS Ground Commercial		1ZRE49800354933271				

Prompt payment is appreciated, however, if buyer is delinquent in payment on any amount owed to seller by more than thirty (30) days, seller may suspend all shipments, and /or deliveries of any or all products ordered or purchased by buyer. Payments made after forty five (45) days are subject to a financing rate of 2.5% per invoice. Services provided by a collection agency and/or attorney will include all costs, including attorney's fees and any court costs, and shall be payable by buyer.

Payments made by credit card are subject to a flat processing fee for each transaction; \$5 for purchases up to \$500, \$10 for purchases up to \$1,000, \$20 for purchases up to \$2,000 and \$30 for purchases over \$2,000.

Tax Details
EXEMPT \$0.000

Payment Details

Taxable	\$0.00
Total Tax	\$0.00
Exempt	\$1,790.00
Total	\$1,790.00
Payment Disc	\$0.00
Paid	\$0.00
Balance	\$1,790.00

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> (6718179)	Claim No: 33
GRAMEDICA	<i>Original Filed</i>
16137 LEONE DRIVE	<i>Date:</i> 09/14/2018
MACOMB, MI 48042	<i>Original Entered</i>
	<i>Date:</i> 09/14/2018

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$9079.28

History:

[Details](#) [33-1](#) 09/14/2018 Claim #33 filed by GRAMEDICA, Amount claimed: \$9079.28 (admin)

Description:

Remarks: (33-1) Account Number (last 4 digits):0891

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*	\$9079.28
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		