

**Fill in this information to identify the case:**

Debtor 1 Curae Health Inc

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bkr-05665

**FILED**

OCT 22 2018

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

Official Form 410

**Proof of Claim**

12/15

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>CDW Direct, LLC</u><br>Name of the current creditor (the person or entity to be paid for this claim)<br>Other names the creditor used with the debtor _____  |   |
| 2. Has this claim been acquired from someone else?   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____  |   |
| 3. Where should notices and payments to the creditor be sent?<br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent?<br><u>CDW / Attn: Vida Krug</u><br>Name<br><u>200 N. Milwaukee Ave</u><br>Number Street<br><u>Vernon Hills IL 60061</u><br>City State ZIP Code<br>Contact phone <u>847-419-6322</u><br>Contact email <u>Vida.krug@cdw.com</u> | Where should payments to the creditor be sent? (if different)<br>Name _____<br>Number Street _____<br>City State ZIP Code _____<br>Contact phone _____<br>Contact email _____ |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____                                |   |   |
| 4. Does this claim amend one already filed?  | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____  |   |
|  |   | Filed on <u>09/11/2018</u><br>MM / DD / YYYY  |
| 5. Do you know if anyone else has filed a proof of claim for this claim?   | <input checked="" type="checkbox"/> No<br><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: \_\_\_\_\_

Customer # 1261010 & 11692276-02 Please reference on all correspondence mailed to CDW

7. How much is the claim? \$ 59,825.99 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 health care 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)?

☒ No

☐ 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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,475\*) 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).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 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 10-18-2018  
MM / DD / YYYY

  
Signature

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

Name Vida Krug  
First name Middle name Last name

Title Sr Recovery Analyst

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street  
Vernon Hills,

City State ZIP Code

Contact phone 847-411-6322 Email Vida.Krug@CDW.COM



Contact:

Vida Krug  
Sr. Recovery Analyst  
1-847-419-6322

Date: 10/18/2018

Customer# 1261010-02 11692276-02 Curae Health Inc Amended Proof of Claim

Balance: \$ 59,825.99

Filed: 8/24/2018 Case: 3:18-bkr-05665

| Invoice    | Date      | Amount       | Owes         | PO#                                   |
|------------|-----------|--------------|--------------|---------------------------------------|
| ZR00065095 | 06-28-18  | \$ 7,714.31  | \$ 7,714.31  | Mimecast Implementation, Support & SO |
| EN00061930 | 07-06-18  | \$ 4,140.00  | \$ 4,140.00  | Exchange Online Kiosk Basic           |
| EN00062003 | 07-06-18  | \$ 6,935.00  | \$ 6,935.00  | Enterprise E3 Basic Mo Seat           |
| ZR00067265 | 07-30-18  | \$ 2,914.31  | \$ 2,914.31  | Mimecast Support Gold & SO            |
| EN00067771 | 08-06-18  | \$ 4,140.00  | \$ 4,140.00  | Exchange Online Kiosk Basic           |
| EN00067837 | 08-06-18  | \$ 6,935.00  | \$ 6,935.00  | Enterprise E3 Basic Mo Seat           |
| LZJ2033    | 3/08/2018 | \$ 9,970.81  | \$ 9,574.51  | 701-C6686654                          |
| MBC7789    | 3/13/2018 | \$ 175.74    | \$ 175.74    | 701-6688728                           |
| MBR4113    | 3/15/2018 | \$ 56.71     | \$ 56.71     | NOVEMBER TIGER TEXT                   |
| MBT2388    | 3/15/2018 | \$ 434.45    | \$ 434.45    | 701-C6678666                          |
| MCW0049    | 3/20/2018 | \$ 775.86    | \$ 775.86    | 701-C6691995                          |
| MGK1503    | 3/30/2018 | \$ 16,030.10 | \$ 16,030.10 | 701-C6691995                          |
|            |           |              |              |                                       |
|            |           |              |              |                                       |
|            |           |              | \$ 59,825.99 |                                       |



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CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com  
ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00061930     | 07/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 09/04/2018     | \$4,140.00   |                 |

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC  
ACCTS PAYABLE  
121 LEINART ST  
CLINTON TN 37716-3682

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|---|--|-------------------------|-------------------------------------|-------|------|----------|------------|
| 1   | Exchange Online Kiosk Basic Monthly Seat | 06/01/2018 - 06/30/2018 | Exchange Online Kiosk Basic Monthly | 2.25  | Each | 1,840.00 | 4,140.00   |
| <div><p><b>GO GREEN!</b></p><p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at <a href="mailto:paperlessbilling@cdw.com">paperlessbilling@cdw.com</a>. Please include your Customer number or an Invoice number in your email for faster processing.</p><p><b>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</b></p><p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email <a href="mailto:billingquestions@cdw.com">billingquestions@cdw.com</a> with any questions.</p></div> |  |                         |                                     |       |      |          |            |

| ACCOUNT MANAGER  | SUBTOTAL   | \$4,140.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$4,140.00 |

Cage Code Number 1KH72  
DUNS Number 02-615-7235

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CDW GOVERNMENT FEIN 36-4230110

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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00062003     | 07/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 09/04/2018     | \$6,935.00   |                 |

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC  
ACCTS PAYABLE  
121 LEINART ST  
CLINTON TN 37716-3682

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|---|----------------------------------|-------------------------|------------------------------------|-------|------|--------|------------------|
| 1   | Enterprise E3 Basic Monthly Seat | 06/01/2018 - 06/20/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 4623.33 Prorated |
| 2   | Enterprise E3 Basic Monthly Seat | 06/21/2018 - 06/21/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 231.17 Prorated  |
| 3   | Enterprise E3 Basic Monthly Seat | 06/22/2018 - 06/30/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 2080.50 Prorated |
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| ACCOUNT MANAGER  | SUBTOTAL   | \$6,935.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdw.com">mattmaj@cdw.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$6,935.00 |

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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00067771     | 08/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 10/05/2018     | \$4,140.00   |                 |

Attention to: [sandy.bumbalough@curahealth.org](mailto:sandy.bumbalough@curahealth.org)

CURAE HEALTH INC  
ACCTS PAYABLE  
121 LEINART ST  
CLINTON TN 37716-3682

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|---|--|-------------------------|-------------------------------------|-------|------|----------|------------------|
| 1   | Exchange Online Kiosk Basic Monthly Seat | 07/01/2018 - 07/08/2018 | Exchange Online Kiosk Basic Monthly | 2.25  | Each | 1,840.00 | 1068.39 Prorated |
| 2   | Exchange Online Kiosk Basic Monthly Seat | 07/09/2018 - 07/31/2018 | Exchange Online Kiosk Basic Monthly | 2.25  | Each | 1,840.00 | 3071.61 Prorated |
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| ACCOUNT MANAGER  | SUBTOTAL   | \$4,140.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$4,140.00 |



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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91067

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00067837     | 08/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 10/05/2018     | \$6,935.00   |                 |

Attention to: sandy.bumbalough@curaehealth.org

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CLINTON TN 37716-3682

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|---|----------------------------------|-------------------------|------------------------------------|-------|------|--------|------------|
| 1   | Enterprise E3 Basic Monthly Seat | 07/01/2018 - 07/31/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 6,935.00   |
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| ACCOUNT MANAGER  | SUBTOTAL   | \$6,935.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$6,935.00 |



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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| ZR00065095     | 06/28/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 08/27/2018     | \$7,714.31   |                 |

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC  
NICK OGLE  
121 LEINART ST  
CLINTON TN 37716

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75 Remittance Drive  
Suite 1515  
Chicago, IL 60675-1515

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|---|--|-------------------------|-------------------------------|----------|------|----------|------------|
| 1   | Mimecast Setup<br>Managed Implementation | 06/21/2018 - 06/21/2018 | M_IMP_MGD_OO (40) - OneTime   | 4,800.00 | Each | 1.00     | 4,800.00   |
| 2   | Mimecast Support<br>LCS-Gold             | 06/21/2018 - 07/20/2018 | M_LCS_GD_12_M(40) - Recurring | 164.31   | Each | 1.00     | 164.31     |
| 3   | Mimecast<br>Mimecast S0                  | 06/21/2018 - 07/20/2018 | M_S0_1000_M(45) - Recurring   | 1.25     | User | 2,200.00 | 2,750.00   |
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|  |                   |                   |
|--|-------------------|-------------------|
| <b>ACCOUNT MANAGER</b>   | <b>SUBTOTAL</b>   | <b>\$7,714.31</b> |
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdw.com">mattmaj@cdw.com</a> | <b>SALES TAX</b>  | <b>\$0.00</b>     |
| <b>PURCHASE ORDER</b>  | <b>AMOUNT DUE</b> | <b>\$7,714.31</b> |



Cage Code Number 1KH72  
DUNS Number 02-615-7235

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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| ZR00067265     | 07/30/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 09/28/2018     | \$2,914.31   |                 |

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC  
NICK OGLE  
121 LEINART ST  
CLINTON TN 37716

CDW Government  
75 Remittance Drive  
Suite 1515  
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

| LINE#  | ITEM DESCRIPTION             | SERVICE PERIOD          | RATE PLAN                     | PRICE  | UOM  | QTY      | NET AMOUNT |
|--|------------------------------|-------------------------|-------------------------------|--------|------|----------|------------|
| 1  | Mimecast Support<br>LCS-Gold | 07/21/2018 - 08/20/2018 | M_LCS_GD_12_M(40) - Recurring | 164.31 | Each | 1.00     | 164.31     |
| 2  | Mimecast<br>Mimecast S0      | 07/21/2018 - 08/20/2018 | M_S0_1000_M(45) - Recurring   | 1.25   | User | 2,200.00 | 2,750.00   |
| <p align="center"><b>GO GREEN!</b></p> <p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at <a href="mailto:paperlessbilling@cdw.com">paperlessbilling@cdw.com</a>. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p><b>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</b></p> <p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email <a href="mailto:billingquestions@cdw.com">billingquestions@cdw.com</a> with any questions.</p> |                              |                         |                               |        |      |          |            |

|  |  |                   |            |
|--|--|-------------------|------------|
| <b>ACCOUNT MANAGER</b>   |  | <b>SUBTOTAL</b>   | \$2,914.31 |
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> |  | <b>SALES TAX</b>  | \$0.00     |
| <b>PURCHASE ORDER</b>  |  | <b>AMOUNT DUE</b> | \$2,914.31 |







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Tax Identification  
36-4230110

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| MGK1503     | 11692276    | 3-30-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** RYAN OVERALL  
**P** BATESVILLE, MS 38606-8608  
**T** YOUR P.O. # 701-C6691995  
**O**

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS                |
|-----------------|--------------|--------------|--------|--------------|----------------------|
| MATT MAJOR      | 3-20-18      | 3-30-18      |        | FEDEX Ground | Net 60<br>Days-Healt |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 21    | 21      | 4569659     | ZEBRA DS8178-HC FIPS CRADLE USB<br>CONTRACT: HEALTHTRUST PRICING-CATALOG<br>CONTRACT #: HPG-2500<br>MFG #: DS8178-HCBU210MP5W | 713.40     | 14981.40  |
|       |         |             |   | Subtotal:  | 14981.40  |
|       |         |             |   | Freight:   | .00       |
|       |         |             |   | Sales Tax: | 1048.70   |

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|                          |                         |
|--------------------------|-------------------------|
| <b>INVOICE<br/>TOTAL</b> | US Currency<br>16030.10 |
|--------------------------|-------------------------|

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| MCW0049     | 11692276    | 3-20-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** RYAN OVERALL  
**P** BATESVILLE, MS 38606-8608  
**T**  
**O** YOUR P.O. # 701-C6691995

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS                |
|-----------------|--------------|--------------|--------|--------------|----------------------|
| MATT MAJOR      | 3-20-18      | 3-20-18      |        | FEDEX Ground | Net 60<br>Days-Healt |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 1     | 1       | 4769606     | HP SB 440 G5 I5-8250U 256/8 W10<br>CONTRACT: CHS SIP - HEALTHTRUST PRICING-<br>CONTRACT #: HPG-2500<br>MFG#: 2SS98UT#ABA<br>SERIAL#: 5CD8100KYB | 705.38     | 705.38    |
|       |         |             |   | Subtotal:  | 705.38    |
|       |         |             |   | Freight:   | 19.72     |
|       |         |             |   | Sales Tax: | 50.76     |

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INVOICE TOTAL → US Currency  
775.86

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| MBR4113     | 11692276    | 3-15-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** ATTN: TIGER TEXT  
**P** BATESVILLE, MS 38606-8608  
**T** YOUR P.O. # NOVEMBER TIGER TEXT  
**O**

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA       | TERMS      |
|-----------------|--------------|--------------|--------|-------------------|------------|
| JEREMY KAHN     | 12-28-17     | 3-15-18      |        | ELECTRONIC DISTRI | CPG Net 60 |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 33    | 33      | 3696933     | TIGERTEXT CHS UC USER<br>CONTRACT: HEALTHTRUST PRICING-SOFTWARE<br>CONTRACT #: HPG-2500<br>MFG#: TTCHSUCUSER<br>Electronic distribution - NO MEDIA    | 1.00       | 33.00     |
| 4     | 4       | 3696930     | TIGERTEXT CHS ACTIVE USER<br>CONTRACT: HEALTHTRUST PRICING-SOFTWARE<br>CONTRACT #: HPG-2500<br>MFG#: TTCHSAUSER<br>Electronic distribution - NO MEDIA | 5.00       | 20.00     |
|       |         |             |   | Subtotal:  | 53.00     |
|       |         |             |   | Freight:   | .00       |
|       |         |             |   | Sales Tax: | 3.71      |

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|               |                      |
|---------------|----------------------|
| INVOICE TOTAL | US Currency<br>56.71 |
|---------------|----------------------|

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| MBT2388     | 11692276    | 3-15-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** RYAN OVERALL  
**P** BATESVILLE, MS 38606-8608  
**T**  
**O** YOUR P.O. # 701-C6678666

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS      |
|-----------------|--------------|--------------|--------|--------------|------------|
| MATT MAJOR      | 3-02-18      | 3-15-18      |        | FEDEX Ground | CPG Net 60 |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 1     | 1       | 4594721     | LG 43IN 1920X1080 HOSPITALITY<br>CONTRACT: HEALTHTRUST PRICING-CATALOG<br>CONTRACT #: HPG-2500<br>MFG #: 43LV340H<br>SERIAL #: 801MXWEST753 | 406.03     | 406.03    |
|       |         |             |   | Subtotal:  | 406.03    |
|       |         |             |   | Freight:   | .00       |
|       |         |             |   | Sales Tax: | 28.42     |

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|                      |                       |
|----------------------|-----------------------|
| <b>INVOICE TOTAL</b> | US Currency<br>434.45 |
|----------------------|-----------------------|

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| MBC7789     | 11692276    | 3-13-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** 701 BATESVILLE CURAE STORES  
**H** 303 MEDICAL CENTER DR  
**I** BATESVILLE REGIONAL MEDICAL CENTER  
**P** BATESVILLE, MS 38606-8608  
**T** YOUR P.O. # 701-6688728  
**O**

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS      |
|-----------------|--------------|--------------|--------|--------------|------------|
| MATT MAJOR      | 3-12-18      | 3-13-18      |        | FEDEX Ground | CPG Net 60 |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 2     | 2       | 4564456     | 3M PRIVACY FILTER 21.5IN WS MON<br>CONTRACT: HEALTHTRUST PRICING-CATALOG<br>CONTRACT #: HPG-2500<br>MFG #: PF215W9B<br>Original Order Price: 92.99<br>Original Order Quantity: 2<br>Shipping Account Number: 11692276-000<br>3rd Party Assigned Order Nbr: 500138473049 | 82.12      | 164.24    |
|       |         |             |   | Subtotal:  | 164.24    |
|       |         |             |   | Freight:   | .00       |
|       |         |             |   | Sales Tax: | 11.50     |

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INVOICE TOTAL US Currency  
175.74

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| LZJ2033     | 11692276    | 3-08-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** JEFF WIDEMAN  
**P** BATESVILLE, MS 38606-8608  
**T** YOUR P.O. # 701-C6686654  
**O**

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS                |
|-----------------|--------------|--------------|--------|--------------|----------------------|
| MATT MAJOR      | 3-08-18      | 3-08-18      |        | FEDEX Ground | Net 60<br>Days-Healt |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 14    | 14      | 4351994     | LVO TC M715Q A12-9800E 128GB 8G<br>CONTRACT: HEALTHTRUST PRICING-CATALOG<br>CONTRACT #: HPG-2500<br>MFG #: 10M30009US<br>SERIAL#: 1S10M30009USMJ06EHTA<br>SERIAL#: 1S10M30009USMJ06EHTB<br>SERIAL#: 1S10M30009USMJ06EHTE<br>SERIAL#: 1S10M30009USMJ06EHU7<br>SERIAL#: 1S10M30009USMJ06EHVS<br>SERIAL#: 1S10M30009USMJ06EHV0<br>SERIAL#: 1S10M30009USMJ06EHW1<br>SERIAL#: 1S10M30009USMJ06EJ37<br>SERIAL#: 1S10M30009USMJ06EJ3H<br>SERIAL#: 1S10M30009USMJ06EJ3J<br>SERIAL#: 1S10M30009USMJ06EJ3W<br>SERIAL#: 1S10M30009USMJ06EJ4C<br>SERIAL#: 1S10M30009USMJ06EJ54<br>SERIAL#: 1S10M30009USMJ06EJ57 | 534.83     | 7487.62   |

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INVOICE  
TOTAL

US Currency  
Continued

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| LZJ2033     | 11692276    | 3-08-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** JEFF WIDEMAN  
**P** BATESVILLE, MS 38606-8608  
**T**  
**O** YOUR P.O. # 701-C6686654

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS                |
|-----------------|--------------|--------------|--------|--------------|----------------------|
| MATT MAJOR      | 3-08-18      | 3-08-18      |        | FEDEX Ground | Net 60<br>Days-Healt |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION  | UNIT PRICE | EXTENSION |
|-------|---------|-------------|--|------------|-----------|
| 14    | 14      | 3726395     | PLANAR 24" PLL2470W LED LCD MON<br>CONTRACT: HEALTHTRUST PRICING-CATALOG<br>CONTRACT #: HPG-2500<br>MFG #: 997-8058-00<br>SERIAL#: PL729NSS02316<br>SERIAL#: PL729NSS02790<br>SERIAL#: PL729NSS03121<br>SERIAL#: PL729NSS03124<br>SERIAL#: PL729NSS03127<br>SERIAL#: PL729NSS03129<br>SERIAL#: PL729NSS03130<br>SERIAL#: PL729NSS03133<br>SERIAL#: PL729NSS03137<br>SERIAL#: PL729NSS03138<br>SERIAL#: PL729NSS03141<br>SERIAL#: PL729NSS03150<br>SERIAL#: PL729NSS03152<br>SERIAL#: PL729NSS03153 | 86.59      | 1212.26   |

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INVOICE  
TOTAL

US Currency  
Continued

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| INVOICE NO. | ACCOUNT NO. | INVOICE DATE |
|-------------|-------------|--------------|
| LZJ2033     | 11692276    | 3-08-18      |

**S** CURAE HEALTH INC  
**O** 303 MEDICAL CENTER DR  
**L** BATESVILLE RMC ACCOUNTING  
**D** BATESVILLE, MS 38606-8608  
**T** 6627122276  
**O**

**S** TRI LAKES MEDICAL CENTER  
**H** 303 MEDICAL CENTER DR  
**I** JEFF WIDEMAN  
**P** BATESVILLE, MS 38606-8608  
**T**  
**O** YOUR P.O. # 701-C6686654

| ACCOUNT MANAGER | DATE ORDERED | DATE SHIPPED | WEIGHT | SHIPPED VIA  | TERMS                |
|-----------------|--------------|--------------|--------|--------------|----------------------|
| MATT MAJOR      | 3-08-18      | 3-08-18      |        | FEDEX Ground | Net 60<br>Days-Healt |

| ORDER | SHIPPED | ITEM NUMBER | DESCRIPTION   | UNIT PRICE | EXTENSION |
|-------|---------|-------------|---|------------|-----------|
| 1     | 1       | 4769608     | HP SB 450 G5 I5-8250U 500GB 4GB<br>CONTRACT: CHS SIP - HEALTHTRUST PRICING-<br>CONTRACT #: HPG-2500<br>MFG#: 2ST02UT#ABA<br>SERIAL#: 5CD8034WQ2 | 618.64     | 618.64    |
|       |         |             |   | Subtotal:  | 9318.52   |
|       |         |             |   | Freight:   | .00       |
|       |         |             |   | Sales Tax: | 652.29    |

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INVOICE TOTAL → US Currency  
9970.81

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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):**

*Creditor:* (6768226)

**Claim No:** 34

*Status:*

CDW DIRECT LLC

*Original Filed*

*Filed by:* CR

CDW

*Date:* 09/14/2018

*Entered by:* Intake1

200 N MILWAUKEE AVE

*Original Entered*

*Modified:*

VERNON HILLS IL

*Date:* 09/14/2018

60061

[Claimant History](#)

*Last Amendment*

*Filed:* 10/22/2018

*Last Amendment*

*Entered:* 10/22/2018

Amount claimed: \$59825.99

*History:*

[Details](#) [34-1](#) 09/14/2018 Claim #34 filed by CDW LLC, Amount claimed: \$32778.62 (Intake2)

[Details](#) [34-2](#) 10/22/2018 Amended Claim #34 filed by CDW DIRECT LLC, Amount claimed: \$59825.99 (Intake1)

*Description:* (34-1) GOODS SOLD

(34-2) GOODS SOLD

*Remarks:*

## 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

|                              |            |
|------------------------------|------------|
| <b>Total Amount Claimed*</b> | \$59825.99 |
| <b>Total Amount Allowed*</b> |            |

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

|                       | <b>Claimed</b> | <b>Allowed</b> |
|-----------------------|----------------|----------------|
| <b>Secured</b>        |                |                |
| <b>Priority</b>       |                |                |
| <b>Administrative</b> |                |                |



**Fill in this information to identify the case:**

Debtor 1 Curae Health Inc

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bkr-05665

**FILED**

SEP 14 2018

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

Official Form 410

**Proof of Claim**

12/15

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>CDW, LLC</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 type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____  |   |
| 3. Where should notices and payments to the creditor be sent?<br><br>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>CDW / Attn: Vida Krug</u>                  |  |   |
|  | Name  |  | Name  |
|  | <u>200 N. Milwaukee Ave</u>                   |  |   |
|  | Number Street                                 |  | Number Street   |
|  | <u>Vernon Hills IL 60061</u>                  |  |   |
|  | City State ZIP Code                           |  | City State ZIP Code   |
|  | Contact phone <u>847-419-6322</u>             |  | Contact phone _____   |
| Contact email <u>Vida.krug@cdw.com</u>   |   | Contact email _____  |   |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____                                |   |  |   |
| 4. Does this claim amend one already filed?  |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ |   |
|  |   | Filed on _____<br>MM / DD / YYYY   |   |
| 5. Do you know if anyone else has filed a proof of claim for this claim?   |   | <input checked="" type="checkbox"/> No<br><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: \_\_\_\_\_

Customer # 12610101-02 Please reference on all correspondence mailed to CDW

7. How much is the claim? \$ 32,778.62 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 health care 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)?

☒ No

☐ 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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,475\*) 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).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 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 09-11-2018  
MM / DD / YYYY

  
Signature

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

Name Vida Krug  
First name Middle name Last name

Title Sr Recovery Analyst

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street IL 60061  
Vernon Hills,

City 847-419-6322 State ZIP Code

Contact phone 847-419-6322 Email Vida.Krug@

*cdw.com*



Contact:

Vida Krug  
Sr. Recovery Analyst  
1-847-419-6322

Date: 09/11/2018

Customer# 1261010-02

Curae Health Inc

Balance: \$ 32,778.62

Filed : 08/24/2018 Case: 3:18-bkr-05665

| Invoice    | Date     | Amount      | Owes         | PO#                                   |
|------------|----------|-------------|--------------|---------------------------------------|
| EN00061930 | 07-06-18 | \$ 4,140.00 | \$ 4,140.00  | Exchange Online Kiosk Basic           |
| EN00062003 | 07-06-18 | \$ 6,935.00 | \$ 6,935.00  | Enterprise E3 Basic Mo Seat           |
| EN00067771 | 08-06-18 | \$ 4,140.00 | \$ 4,140.00  | Exchange Online Kiosk Basic           |
| EN00067837 | 08-06-18 | \$ 6,935.00 | \$ 6,935.00  | Enterprise E3 Basic Mo Seat           |
| ZR00065095 | 06-28-18 | \$ 7,714.31 | \$ 7,714.31  | Mimecast Implementation, Support & SO |
| ZR00067265 | 07-30-18 | \$ 2,914.31 | \$ 2,914.31  | Mimecast Support Gold & SO            |
|            |          |             |              |                                       |
|            |          |             |              |                                       |
|            |          |             | \$ 32,778.62 |                                       |



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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00061930     | 07/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 09/04/2018     | \$4,140.00   |                 |

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC  
ACCTS PAYABLE  
121 LEINART ST  
CLINTON TN 37716-3682

CDW Government  
75 Remittance Drive  
Suite 1515  
Chicago, IL 60675-1515

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| LINE#   | ITEM DESCRIPTION                         | SERVICE PERIOD          | RATE PLAN                           | PRICE | UOM  | QTY      | NET AMOUNT |
|---|--|-------------------------|-------------------------------------|-------|------|----------|------------|
| 1   | Exchange Online Kiosk Basic Monthly Seat | 06/01/2018 - 06/30/2018 | Exchange Online Kiosk Basic Monthly | 2.25  | Each | 1,840.00 | 4,140.00   |
| <p align="center"><b>GO GREEN!</b></p> <p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at <a href="mailto:paperlessbilling@cdw.com">paperlessbilling@cdw.com</a>. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p align="center"><b>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</b></p> <p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email <a href="mailto:billingquestions@cdw.com">billingquestions@cdw.com</a> with any questions.</p> |  |                         |                                     |       |      |          |            |

| ACCOUNT MANAGER  | SUBTOTAL   | \$4,140.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$4,140.00 |



Cage Code Number 1KH72  
DUNS Number 02-615-7235

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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00062003     | 07/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 09/04/2018     | \$6,935.00   |                 |

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC  
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CLINTON TN 37716-3682

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|---|----------------------------------|-------------------------|------------------------------------|-------|------|--------|------------------|
| 1   | Enterprise E3 Basic Monthly Seat | 06/01/2018 - 06/20/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 4623.33 Prorated |
| 2   | Enterprise E3 Basic Monthly Seat | 06/21/2018 - 06/21/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 231.17 Prorated  |
| 3   | Enterprise E3 Basic Monthly Seat | 06/22/2018 - 06/30/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 2080.50 Prorated |
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| ACCOUNT MANAGER  | SUBTOTAL   | \$6,935.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$6,935.00 |



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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00067771     | 08/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 10/05/2018     | \$4,140.00   |                 |

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC  
ACCTS PAYABLE  
121 LEINART ST  
CLINTON TN 37716-3682

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|---|--|-------------------------|-------------------------------------|-------|------|----------|------------------|
| 1   | Exchange Online Kiosk Basic Monthly Seat | 07/01/2018 - 07/08/2018 | Exchange Online Kiosk Basic Monthly | 2.25  | Each | 1,840.00 | 1068.39 Prorated |
| 2   | Exchange Online Kiosk Basic Monthly Seat | 07/09/2018 - 07/31/2018 | Exchange Online Kiosk Basic Monthly | 2.25  | Each | 1,840.00 | 3071.61 Prorated |
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| ACCOUNT MANAGER  | SUBTOTAL   | \$4,140.00 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdw.com">mattmaj@cdw.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$4,140.00 |



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\* Brian Kopf. x 79305

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strictly billing on  
the cow side

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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| EN00067837     | 08/06/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 10/05/2018     | \$6,935.00   |                 |

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC  
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|---|----------------------------------|-------------------------|------------------------------------|-------|------|--------|------------|
| 1   | Enterprise E3 Basic Monthly Seat | 07/01/2018 - 07/31/2018 | Enterprise E3 Basic Monthly Seat - | 19.00 | Each | 365.00 | 6,935.00   |
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|  |  |                   |                   |
|--|--|-------------------|-------------------|
| <b>ACCOUNT MANAGER</b>   |  | <b>SUBTOTAL</b>   | <b>\$6,935.00</b> |
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdw.com">mattmaj@cdw.com</a> |  | <b>SALES TAX</b>  | <b>\$0.00</b>     |
| <b>PURCHASE ORDER</b>  |  | <b>AMOUNT DUE</b> | <b>\$6,935.00</b> |



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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE      | CUSTOMER NUMBER |
|----------------|-------------------|-----------------|
| ZR00065095     | 06/28/2018        | 12610101        |
| PAYMENT TERMS  |                   |                 |
| Net 60 Days    |                   |                 |
| DUE DATE       | AMOUNT DUE        |                 |
| 08/27/2018     | <b>\$7,714.31</b> |                 |

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC  
NICK OGLE  
121 LEINART ST  
CLINTON TN 37716

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75 Remittance Drive  
Suite 1515  
Chicago, IL 60675-1515

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|-------|--|-------------------------|-------------------------------|----------|------|----------|------------|
| 1     | Mimecast Setup<br>Managed Implementation | 06/21/2018 - 06/21/2018 | M_IMP_MGD_OO (40) - OneTime   | 4,800.00 | Each | 1.00     | 4,800.00   |
| 2     | Mimecast Support<br>LCS-Gold             | 06/21/2018 - 07/20/2018 | M_LCS_GD_12_M(40) - Recurring | 164.31   | Each | 1.00     | 164.31     |
| 3     | Mimecast<br>Mimecast S0                  | 06/21/2018 - 07/20/2018 | M_S0_1000_M(45) - Recurring   | 1.25     | User | 2,200.00 | 2,750.00   |

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| ACCOUNT MANAGER  | SUBTOTAL   | \$7,714.31 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdwg.com">mattmaj@cdwg.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$7,714.31 |



Cage Code Number 1KH72  
DUNS Number 02-615-7235

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CDW GOVERNMENT FEIN 36-4230110

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ROUTING NO.: 071000152  
ACCOUNT NAME: CDW GOVERNMENT  
ACCOUNT NO.: 91057

| INVOICE NUMBER | INVOICE DATE | CUSTOMER NUMBER |
|----------------|--------------|-----------------|
| ZR00067265     | 07/30/2018   | 12610101        |
| PAYMENT TERMS  |              |                 |
| Net 60 Days    |              |                 |
| DUE DATE       | AMOUNT DUE   |                 |
| 09/28/2018     | \$2,914.31   |                 |

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC  
NICK OGLE  
121 LEINART ST  
CLINTON TN 37716

CDW Government  
75 Remittance Drive  
Suite 1515  
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

| LINE#   | ITEM DESCRIPTION             | SERVICE PERIOD          | RATE PLAN                     | PRICE  | UOM  | QTY      | NET AMOUNT |
|---|------------------------------|-------------------------|-------------------------------|--------|------|----------|------------|
| 1   | Mimecast Support<br>LCS-Gold | 07/21/2018 - 08/20/2018 | M_LCS_GD_12_M(40) - Recurring | 164.31 | Each | 1.00     | 164.31     |
| 2   | Mimecast<br>Mimecast S0      | 07/21/2018 - 08/20/2018 | M_S0_1000_M(45) - Recurring   | 1.25   | User | 2,200.00 | 2,750.00   |
| <p align="center"><b>GO GREEN!</b></p> <p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at <a href="mailto:paperlessbilling@cdw.com">paperlessbilling@cdw.com</a>. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p align="center"><b>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</b></p> <p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email <a href="mailto:billingquestions@cdw.com">billingquestions@cdw.com</a> with any questions.</p> |                              |                         |                               |        |      |          |            |

| ACCOUNT MANAGER  | SUBTOTAL   | \$2,914.31 |
|--|------------|------------|
| Matt Major<br>(877) 569-4110<br><a href="mailto:mattmaj@cdw.com">mattmaj@cdw.com</a> | SALES TAX  | \$0.00     |
| PURCHASE ORDER   | AMOUNT DUE | \$2,914.31 |



Cage Code Number 1KH72  
DUNS Number 02-615-7235

ISO 9001 and ISO 14001 Certified  
CDW GOVERNMENT FEIN 36-4230110

**HAVE QUESTIONS ABOUT YOUR ACCOUNT?**  
PLEASE EMAIL US AT [billingquestions@cdw.com](mailto:billingquestions@cdw.com)  
VISIT US ON THE INTERNET AT [www.cdw.com](http://www.cdw.com)

# 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):**

*Creditor:* (6739868)  
CDW LLC  
200 N MILWAUKEE AVE  
VERNON HILLS IL  
60061

**Claim No:** 34  
*Original Filed*  
*Date:* 09/14/2018  
*Original Entered*  
*Date:* 09/14/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake2  
*Modified:*

Amount claimed: \$32778.62

*History:*

[Details](#) [34-1](#) 09/14/2018 Claim #34 filed by CDW LLC, Amount claimed: \$32778.62 (Intake2)

*Description:* (34-1) GOODS SOLD

*Remarks:*

### 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

|                              |            |
|------------------------------|------------|
| <b>Total Amount Claimed*</b> | \$32778.62 |
| <b>Total Amount Allowed*</b> |            |

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

|                       | <b>Claimed</b> | <b>Allowed</b> |
|-----------------------|----------------|----------------|
| <b>Secured</b>        |                |                |
| <b>Priority</b>       |                |                |
| <b>Administrative</b> |                |                |