Deblor 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 222018

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.

	Who is the current		CDW Dir	ect, LLC					
	creditor?	Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the	creditor used w	ith the debtor	on and the second				
	Has this claim been acquired from someone else?	☑ No ☐ Yes. From	whom?		and the second s	u.c.			
*	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? CDW / Attn: Vida Krug			Where should payments to the creditor be sent? (if different)			ent? (if	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	N. Milwaukee Ave			Name			
		Number S Vernon H	Street ills	IL	60061	Number	Street		
		City	047 410	State	ZIP Code	City	State		ZIP Code
		Contact phone	847-419			Contact phone)		
		Contact email	Vida.kru	g@cdw.com		Contact email	***************************************		
		Uniform claim identifier for electronic payments in chapter 13 (if you u			ise one):				
	Does this claim amend one already filed?	No VYes, Clai	m number on	court claims registi	y (if known)		Filed on	09/11/2 MM / DD	2018
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Who	o made the ea	rlier filling?	outer the State of Late Co.			and the second	

Official Form 410 Proof of Claim page 1 Case 3:18-bk-05665 Claim 34-2 Filed 10/22/18 Desc Main Document

P	art 2: Give Information	on About the Claim as of the Date the Case Was Filed
3.	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 & 11692276-02Please 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?	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
1(0. Is this claim based on a	☑ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
1	Is this claim subject to a right of setoff?	a ☑ No ☐ Yes. Identify the property:

. Is all or part of the claim	✓No							
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check al	I that apply:		Amount entitled to priority				
A claim may be partly priority and partly		support obligations (including alimony and child support $507(a)(1)(A)$ or $(a)(1)(B)$.	rt) under	\$				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,7 personal,	75* of deposits toward purchase, lease, or rental of profamily, or household use. 11 U.S.C. § 507(a)(7).	operty or services for	\$				
entitled to priority.	Wages, sa bankrupto 11 U.S.C.	180 days before the ver is earlier.	\$					
		penalties owed to governmental units. 11 U.S.C. § 507	(a)(8).	\$				
	☐ Contribution	ons to an employee benefit plan. 11 U.S.C. § 507(a)(5)).	\$				
	Other, Sp	ecify 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	er the date of adjustment.				
	ekserol was purhas trakenski ar eekse ee		a adira. I grande ang a rap ^a gh-ahid di data dikumanan asa di d i di dan amin'nya faritan					
Part 3: Sign Below								
The person completing his proof of claim must	Check the appropri							
sign and date it.	am the cred							
FRBP 9011(b).		tor's attorney or authorized agent.		į				
f you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(2) authorizes courts	lam a guarar	tor, surety, endorser, or other codebtor. Bankruptcy R	tule 3005.					
o establish local rules				į				
specifying what a signature s.	I understand that	an authorized signature on this Proof of Claim serves	as an acknowledgment	that when calculating the				
20	amount of the clai	m, the creditor gave the debtor credit for any payment	s received toward the o	lebt.				
A person who files a fraudulent claim could be	I have examined t	he information in this Broof of Claim and have a reason	nable belief that the inf	ormation is true				
fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
imprisoned for up to 5		and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.							
3571.		10-18-2018						
	Executed on gate	MM / DD / YYYY						
	\sim							
	/ 1;	VALLA						
	(Ma	A) KUG						
	Signature			1				
	26.00	f the person who is completing and signing this ci	la înor					
	Frint the name of							
	Nama	Vida	Krug	900				
	Name	First name Middle name	Last name					
		Sr Recovery Analyst		1				
	Title	CDW, LLC						
	Company			-				
	36 18	Identify the corporate servicer as the company if the authori	zed agent is a servicer.					
	Address	200 N Milwaukee Ave						
	Mancoo	Number Street Vernon Hills,	IL 6006	1				
		City	State ZIP Code					
	Contact phone	847-411-6322	Email VIAL	KrugeCDW				
	Contact phone		and freeholder for the	the state of the s				



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: Filed: \$ 59,825.99

8/24/2018 Case:

3:18-bkr-05665

Invoice	Date	Amount		TO THE	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
		1		\$	59,825.99	

INVOICE

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

RETURN SERVICE REQUESTED

ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET 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

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

NE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Exchange Online Klosk Basic Monthly Seat	06/01/2018 - 06/30/2018	Exchange Online Klosk Basic Monthly	2.25	Each	1,840.00	4,140.0
							٠
							ij.

GO GREEN!

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 paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.

ACCOUNT MANAGER	SUBTOTAL	\$4,140.00
Matt Major (877) 569-4110		
mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$4,140.00

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

HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT billingquestions@cdw.com VISIT US ON THE INTERNET AT www.cdwg.com



ISO 9001 and ISO 14001 Certified Claim 34-2 Filed 10/22/18 Desc Main Document

INVOICE

ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60675 E-mail Remittance To: gachremittance@cdw.com

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



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

Attention to: sandy.bumbalough@curaehealth.org

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

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

RETURN SERVICE REQUESTED

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Enterprise E3 Basic Monthly Seat	06/01/2018 - 06/20/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	4623,33 Prorate
2	Enterprise E3 Basic Monthly Seat	06/21/2018 - 06/21/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	231,17 Prorate
3	Enterprise E3 Basic Monthly Seat	06/22/2018 - 06/30/2018	Enterprise E3 Basic Monthly Seal -	19.00	Each	365.00	2080.50 Prorate

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ACCOUNT MANAGER	SUBTOTAL	\$6,935.00
Matt Major (877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$6,935.00

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

ISO 9001 and ISO 14001 Certified

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Case 3:18-bk-05665

Claim 34-2 CDW.GOVERNMENT FEIN 36-4230110 Desc Main Document

INVOICE



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

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ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60675 E-mail Remittance To: gachremittance@cdw.com ROUTING NO.: 071090152 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

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Exchange Online Kiosk Basic Monthly Seat	07/01/2018 - 07/08/2018	Exchange Online Klosk 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 Klosk Basic Monthly	2.25	Each	1,840.00	3071.61 Prorated
				-			

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ACCOUNT MANAGER Matt Major	SUBTOTAL	\$4,140.00
(877) 569-4110 matlmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$4,140.00

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

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75 Remittance Drive, Suite 1515

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ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60675 E-mail Remittance To: gachremittance@cdw.com ROUTING NO.: 071000152 ACCOUNT NAME: CDW GOVERNMENT ACCOUNT NO.: 91067

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

Attention to: sandy.bumbalough@curaehealth.org

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

NE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
	Enterprise E3 Basic Monthly	07/01/2018 - 07/31/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	6,935.0
		- t.c#		= ===			

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ACCOUNT MANAGER	SUBTOTAL	\$6,935.00
Matt Major (877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$6,935.00

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

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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@curaehealth.org

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

CURAE HEALTH INC NICK OGLE 121 LEINART ST CLINTON TN 37716

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Mimecast Setup 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 LCS-Gold	06/21/2018 - 07/20/2018	M_LCS_GD_12_M(40) - Recurring	164.31	Each	1.00	164.31
3	Mimecast Mimecast S0	06/21/2018 - 07/20/2018	M_S0_1000_M(45) - Recurring	1.25	User	2,200.00	2,750.00
		19		S.			
		1 1 11 1				-	

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ACCOUNT MANAGER Matt Major	SUBTOTAL	\$7,714.31
(877) 569-4110 mattmaj@cdwg.com	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
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

RETURN SERVICE REQUESTED

ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET 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
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

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

CURAE HEALTH INC NICK OGLE 121 LEINART ST CLINTON TN 37716

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Mimecast Support LCS-Gold	07/21/2018 - 08/20/2018	M_LCS_GD_12_M(40) - Recurring	164.31	Each	1.00	164.31
2	Mimecast Mimecast S0	07/21/2018 - 08/20/2018	M_S0_1000_M(45) - Recurring	1.25	User	2,200.00	2,750.00
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	(E)						el
	-						

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ACCOUNT MANAGER	SUBTOTAL	\$2,914,31
Matt Major (877) 569-4110 mattmaj@cdwg.com	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

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
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Case 3:18-bk-05665

Claim 34-2 Filed 10/22/18 Desc Main Document

Page: 002



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ORIGINAL COPY

Tax Identification 36-4230110

INVOICE DATE

CDWG.com | 800.808.4239

CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE RMC ACCOUNTING BATESVILLE, MS 38606-8608 6627122276

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

TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR Н RYAN OVERALL BATESVILLE, MS 38606-8608 P

YOUR P.O.# 701-C6691995

AC	COUNT MANAGE	ER DATE ORDE	RED DATE SHIPPED	WEIGHT	SHIPPED VIA		TERMS
	MATT	MAJOR 3-20-18	3-30-18		FEDEX Ground		Net 60 Days-Healt
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENSION
21	21	4569659	ZEBRA DS8178-HC CONTRACT: HEALT CONTRACT #: HPG MFG#: DS8178-HC	THTRUST PRI 5-2500	CING-CATALOG	713.40 Subtotal: Freight: Sales Tax:	14981.40 14981.40 .00 1048.70
	REMIT TO:					INVOICE TOTAL	US Currenc 16030.10

CDW GOVERNMENT

75 REMITTANCE DR., SUITE 1515, CHICAGO IL 60675-1515

EXPLANATION OF OUR RETURN AND FREIGHT POLICIES ARE ON BACK OF THIS INVOICE, IF YOU HAVE ANY QUESTIONS ABOUT THE ORDER OR INVOICE, PLEASE WRITE OR CALL.

EVERYTHING WE DO REVOLVES AROUND MEETING YOUR NEEDS.

Our team of technology experts and dedicated account managers can tailor a piece of equipment, individual software or an entire network that delivers the most effective and sustainable results.







WE'VE GOT THE PEOPLE. WE'VE GOT THE PARTNERS. WE'VE GOT THE PLAN.

- That's what you expect from a trusted partner
- ✓ And that's what you get from CDW·G

WE'RE PEOPLE WHO GET IT. CDWG.com | 800.808.4239



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GET IT AT M.CDWG.COM



Page: 003



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ORIGINAL COPY

Tax Identification 36-4230110

ACCOUNT NO.

11692276

INVOICE DATE

3-20-18

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CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE RMC ACCOUNTING BATESVILLE, MS 38606-8608 6627122276

TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR H RYAN OVERALL

BATESVILLE, MS 38606-8608

INVOICE NO.

MCW0049

YOUR P.O. # 701-C6691995

0				U	YOUR P.O. #		
ACCOL	UNI MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA		TERMS
	MATT MAJ	JOR 3-20-18	3-20-18		FEDEX Ground		Net 60 Days-Healt
ORDER S	HIPPED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENSION
1 1		4769606	HP SB 440 G5 I5-82 CONTRACT: CHS SII CONTRACT #: HPG- MFG#: 2SS98UT#A	P - HEALTHT 2500 BA	V10 RUST PRICING-	705.38	705.38
			SERIAL#: 5CD8100	КҮВ		Subtotal: Freight: Sales Tax:	705.38 19.72 50.76
LEASE RE						INVOICE TOTAL	US Currenc 775.86

75 REMITTANCE DR., SUITE 1515, CHICAGO IL 60675-1515

EXPLANATION OF OUR RETURN AND FREIGHT POLICIES ARE ON BACK OF THIS INVOICE, IF YOU HAVE ANY QUESTIONS ABOUT THE ORDER OR INVOICE, PLEASE WRITE OR CALL

EVERYTHING WE DO REVOLVES AROUND MEETING YOUR NEEDS.

Our team of technology experts and dedicated account managers can tailor a piece of equipment, individual software or an entire network that delivers the most effective and sustainable results.







WE'VE GOT THE PEOPLE. WE'VE GOT THE PARTNERS. WE'VE GOT THE PLAN.

- That's what you expect from a trusted partner
- ✓ And that's what you get from CDW-G

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ate: 10/17/2018 Time: 9:17 AM To: CURAE HEALTH INC @ 18473713230

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Tax Identification 36-4230110

INVOICE DATE

3-15-18

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CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE RMC ACCOUNTING BATESVILLE, MS 38606-8608 6627122276 S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
ATTN: TIGER TEXT

INVOICE NO.

ACCOUNT NO.

MBR4113 11692276

P BATESVILLE, MS 38606-8608

T O YOUR P.O. # NOVEMBER TIGER TEXT

0				U	TOUR FLO. #		
Ā	COUNT MANAGE	R DATE ORDERE	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 U CONTRACT: HEALT CONTRACT #: HPC MFG#: TTCHSUCU	THTRUST PRIC 5-2500	ING-SOFTWARE	1.00	33.00
4	4	3696930	Electronic distribut TIGERTEXT CHS A CONTRACT: HEALT CONTRACT #: HPC MFG#: TTCHSAUS	CTIVE USER THTRUST PRIC 3-2500		5.00	20.00
			Electronic distribut	tion - NO MED	TA.	Subtotal: Freight: Sales Tax:	53.00 .00 3.71
	REMIT TO: VERNMENT					INVOICE TOTAL	US Currency 56.71

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ACCOUNT NO.

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TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR H

INVOICE NO.

MBT2388

RYAN OVERALL

P BATESVILLE, MS 38606-8608

T	002/1222/0			O	YOUR P.O. # 701-C667866	66	
	ACCOUNT MANAGI	ER DATE ORDER	ED DATE SHIPPED	WEIGHT	SHIPPED VIA		TERMS
	MATT N	MAJOR 3-02-18	3-15-18		FEDEX Ground		CPG Net 60
ORDER	R SHIPPED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENSION
1	1	4594721	LG 43IN 1920X10I CONTRACT: HEAL CONTRACT #: HPM MFG#: 43LV340H SERIAL#: 801MXV	THTRUST PRIC G-2500		406.03 Subtotal: Freight: Sales Tax:	406.03 406.03 .00 28.42
PLEAS	E REMIT TO:					INVOICE	US Currency

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MBC7789 11692276 3-13-18

ACCOUNT NO.

701 BATESVILLE CURAE STORES 303 MEDICAL CENTER DR H

BATESVILLE REGIONAL MEDICAL CENTER

BATESVILLE, MS 38606-8608

YOUR P.O. # 701-6688728

0				O Y	OUR P.O. #		
AC	COUNT MANAG	ER DATE ORDER	ED DATE SHIPPED	WEIGHT	SHIPPED VIA		TERMS
	MATT I	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 CONTRACT: HEALTH CONTRACT #: HPG- MFG#: PF215W9B Original Order Price Original Order Quar Shipping Account N 3rd Party Assigned	HTRUST PRICIN 2500 : 92.99 htty: 2 umber: 11692	IG-CATALOG 276-000	82.12 Subtotal: Freight: Sales Tax:	164.24 .00 11.50
EASE	REMIT TO:					INVOICE TOTAL	US Currenc

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CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE RMC ACCOUNTING BATESVILLE, MS 38606-8608 6627122276 LZJ2033 11692276 3-08-18
TRI LAKES MEDICAL CENTER

INVOICE NO.

ACCOUNT NO.

H 303 MEDICAL CENTER DR JEFF WIDEMAN

P BATESVILLE, MS 38606-8608

O YOUR P.O. # 701-C6686654

O						
ACCOUNT MA	NAGER DATE ORDE	RED DATE SHIPPED	WEIGHT	SHIPPED VIA		TERMS
MA	TT MAJOR 3-08-18	3-08-18	FEDEX	Ground		Net 60 Days-Healt
ORDER SHIPPED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENSION
14 14	4351994	LVO TC M715Q A12 CONTRACT: HEALTI CONTRACT #: HPG- MFG#: 10M30009U SERIAL#: 1S10M30	HTRUST PRICING-CAT/ 2500 S 009USMJ06EHTA 009USMJ06EHTB 009USMJ06EHTE 009USMJ06EHU7 009USMJ06EHV0 009USMJ06EHV0 009USMJ06EHV1 009USMJ06EJJ7 1009USMJ06EJJ3H 1009USMJ06EJJ3W 1009USMJ06EJJ3W 1009USMJ06EJJ3W 1009USMJ06EJJ4C	ALOG	534.83	7487.62
EASE REMIT					NVOICE OTAL	US Currend Continued

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LZJ2033 11692276 TRI LAKES MEDICAL CENTER

INVOICE NO.

H 303 MEDICAL CENTER DR JEFF WIDEMAN

BATESVILLE, MS 38606-8608

YOUR P.O. # 701-C6686654

	CCOUNT MANAGER	DATE ORDERED	DATE SHIPPED		WEIGHT	SHIPPED VIA			rerms
	OLAM TTAM	3-08-18	3-08-18			FEDEX Ground			Net 60 Days-Healt
ORDER	SHIPPED IT	EM NUMBER	DESCRIPTION				UNIT PRIC	E	EXTENSION
14	14 37		PLANAR 24" PLL2 CONTRACT: HEA CONTRACT #: HI MFG#: 997-8058 GERIAL#: PL729	LTHTR PG-25: 3-00 NSS02 NSS02 NSS03	2316 2790 3121 3124 3127 3130 3133 3137 3138 3141 33150 33152		86.59		1212.26
	REMIT TO: OVERNMENT						INVOICE TOTAL	*	US Currency Continued

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ACCOUNT NO.

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YOUR P.O. # 701-C6686654

	ACCOUNT MANAGER DATE ORDERED		DATE SHIPPED		WEIGHT	SHIPPED VIA		TERMS	
	MATT MAJO	OR 3-08-18	3-08-18			FEDEX Ground	Net 60 Days-Healt		
ORDER	SHIPPED [TEM NUMBER	DESCRIPTION				UNIT PRICE	EXTENSION	
1	1 4	4769608					618.64	618.64	
		S	SERIAL#: 5CD80)34WQ2	2		Subtotal: Freight: Sales Tax:	9318.52 .00 652.29	
	E REMIT TO: OVERNMENT						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

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)

<u>Details</u> 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

Total Amount Claimed*	\$59825.99
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		

Fill in this in	formation to identify	the case:			
Debtor 1	Curae Health Ir	ıc			
Debtor 2 (Spouse, if filing)					
United States	Bankruptcy Court for the:	Middle	_ District of	Tennessee	
Case number	3:18-bkr-0566	35			

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.

	Who is the current		CDW	LLC						
	creditor?	Name of the curr	Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the creditor used with the debtor								
	Has this claim been acquired from someone else?	☐ No ☐ Yes. From	whom?							
*	Where should notices	Where should	notices	to the creditor be sen	Where should pa	yments to the creditor	be sent? (if			
and payments to the creditor be sent?		CDW / Attn: Vida Krug				omerent)				
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 200 N. Milwaukee Ave			Name					
		101101111110			60061	Number Stree	t .			
		City		State	ZIP Code	City	State	ZIP Code		
		Contact phone	847-4	19-6322		Contact phone				
		Contact email	Vida.l	krug@cdw.com		Contact email				
		Uniform claim id	lentifier for	electronic payments in cha	pler 13 (if you u	use one):				
i i	Does this claim amend one already filed?	☑ No ☐ Yes. Clai	m numbe	r on court claims registe	y (if known) _		Filed on MM / D) / YYYY		
The second	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Who	o made th		and the Paris of the sales and the Paris of the Sales and		and the property of the proper	gant taking the second		

Official Form 410 Proof of Claim page 1

Official Form 410

Proof of Claim

page 2

2. Is all or part of the claim	✓ No							
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check a	Il that apply:	Amount entitled to priority					
A claim may be partly priority and partly	Domestic	support obligations (including alimony and child support) under § 507(a)(1)(A) or (a)(1)(B).	s					
nonpriority. For example, in some categories, the law limits the amount	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).							
entitled to priority.	bankrupto	alaries, or commissions (up to \$12,475*) earned within 180 days by petition is filed or the debtor's business ends, whichever is earl \$ 507(a)(4).	before the lier. \$					
		penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$					
	C Contribut	ions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$					
		pecify subsection of 11 U.S.C. § 507(a)() that applies.	s					
	SES MANUSTRA							
	* Amounts are	e subject to adjustment on 4/01/16 and every 3 years after that for cases b	begun on or after the date of adjustment.					
Part 3: Sign Below								
he person completing	Check the approp	riale box:						
this proof of claim must	☐ I am the cred	litor.						
RBP 9011(b).		litor's attorney or authorized agent.						
f you file this claim	am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP	am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
5005(a)(2) authorizes courts o establish local rules								
specifying what a signature								
specifying what a signature	Transference of the st	authorized signature on this Proof of Claim series as an acki	nowledgment that when calculating the					
	understand that amount of the cla	an authorized signature on this Proof of Claim serves as an ackr im, the creditor gave the debtor credit for any payments received	nowledgment that when calculating the toward the debt.					
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s. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	I have examined and correct.	im, the creditor gave the debtor credit for any payments received the information in this <i>Proof of Claim</i> and have a reasonable beli	toward the debt.					
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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	I have examined and correct. I declare under pure executed on date of the state of	the information in this <i>Proof of Claim</i> and have a reasonable belicently of perjury that the foregoing is true and correct. O9-11-2018 MM / DD / YYYY of the person who is completing and signing this claim: Vida First name Middle name	ef that the information is true Krug					
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	I have examined and correct. I declare under pure Executed on date Signature Print the name of Name	the information in this <i>Proof of Claim</i> and have a reasonable believed the information in this <i>Proof of Claim</i> and have a reasonable believed the information in this <i>Proof of Claim</i> and have a reasonable believed the perjury that the foregoing is true and correct. O9-11-2018 MM / DD / YYYY of the person who is completing and signing this claim: Vida First name Sr Recovery Analyst	ef that the information is true Krug Last name					
is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	I have examined and correct. I declare under pure pure pure pure pure pure pure pu	the information in this <i>Proof of Claim</i> and have a reasonable believe the information in this <i>Proof of Claim</i> and have a reasonable believe the information in this <i>Proof of Claim</i> and have a reasonable believe the information in this <i>Proof of Claim</i> and have a reasonable believe that the foregoing is true and correct. O9-11-2018 MM / DD / YYYY of the person who is completing and signing this claim: Vida First name Sr Recovery Analyst CDW, LLC	ef that the information is true Krug Last name					
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	I have examined and correct. I declare under pure executed on date of the state of	the information in this <i>Proof of Claim</i> and have a reasonable believe the information in this <i>Proof of Claim</i> and have a reasonable believe that the foregoing is true and correct. O9-11-2018 MM / DD / YYYY of the person who is completing and signing this claim: Vida First name Sr Recovery Analyst CDW, LLC Idenlify the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the company if the authorized agent in the corporate servicer as the	ef that the information is true Krug Last name					

Proof of Claim

page 3



Contact:

Vida Krug

Sr. Recovery Analyst 1-847-419-6322

Date:

09/11/2018

Customer#

1261010-02

Curae Health Inc

Balance: Filed : \$ 32,778.62

08/24/2018 Case:

3:18-bkr-05665

Invoice	Date	1	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
		1		ć	32,778.62	

CDW Government

Chicago, IL 60675-1515

INVOICE

75 Remittance Drive, Suite 1515

RETURN SERVICE REQUESTED

ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET 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		
a diameter de	PAYMENT TERMS			
	Net 60 Days			
DUE DATE	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMOUNT DUE		
09/04/2018		\$4,140.00		

Attention to: sandy.bumbalough@curaehealth.org

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

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

GO GREEN!

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 paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.

ACCOUNT MANAGER	SUBTOTAL	\$4,140.00
Matt Major	SOBIOTAL	54,140.00
(877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$4,140.00

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 VISIT US ON THE INTERNET AT www.cdwg.com

Page 5 of $11^{\text{Page 1 of 1}}$

Case 3:18-bk-05665

INVOICE

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

RETURN SERVICE REQUESTED

ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET 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
EN00062003	07/06/2018	12610101
	PAYMENT TERMS	想到我们有他们
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Net 60 Days	
DUE DATE		AMOUNT DUE
09/04/2018		\$6,935.00

Attention to: sandy.bumbalough@curaehealth.org

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
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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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 paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

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ACCOUNT MANAGER	SUBTOTAL	\$6,935.00
Matt Major		75,000.00
(877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$6,935.00

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

ISO 9001 and ISO 14001 Certified

HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT billingquestions@cdw.com VISIT US ON THE INTERNET AT www.cdwg.com

Page 6 of $11^{\text{Page 1 of 1}}$

Case 3:18-bk-05665

CDW GOVERNMENT FEIN 36-4230110

INVOICE

CDW Government

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

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ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET 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
EN00067771	08/06/2018	12610101
	PAYMENT TERMS	· 對意 [25]
	Net 60 Days	
DUE DATE		AMOUNT DUE
10/05/2018		\$4,140.00

Attention to: sandy.bumbalough@curaehealth.org

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
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

GO GREEN!

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ACCOUNT MANAGER Matt Major	SUBTOTAL	\$4,140.00
(877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$4,140.00

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

ISO 9001 and ISO 14001 Certified

HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT billingquestions@cdw.com VISIT US ON THE INTERNET AT www.cdwg.com

* Brian Kopf. × 79305 hilling more to new acet dn charge CSO Strictly Billing R the CDW side

INVOICE

CDW Government

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

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ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET 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		
EN00067837	08/06/2018	12610101		
dental la l	PAYMENT TERMS	The second		
	Net 60 Days			
DUE DATE		AMOUNT DUE		
10/05/2018		\$6,935.00		

Attention to: sandy.bumbalough@curaehealth.org

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

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

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
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

GO GREEN!

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ACCOUNT MANAGER	SUBTOTAL	\$6,935.00
Matt Major	THE STATE OF THE S	***************************************
(877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$6,935.00

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

ISO 9001 and ISO 14001 Certified

HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT billingquestions@cdw.com VISIT US ON THE INTERNET AT www.cdwg.com

Case 3:18-bk-05665

Claim 34-1 Claim 34-1

Page 9 of $11^{\text{Page 1 of 1}}$

INVOICE

CDW Government

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

RETURN SERVICE REQUESTED

ACH INFORMATION: THE NORTHERN TRUST 50 SOUTH LASALLE STREET CHICAGO, IL 60675

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

INVOICE DATE	CUSTOMER NUMBER		
06/28/2018	12610101		
PAYMENT TERMS			
Net 60 Days			
Est 1	AMOUNT DUE		
	\$7,714.31		
	06/28/2018 PAYMENT TERMS Net 60 Days		

Turns 191 Net

Attention to: sandy.bumbalough@curaehealth.org

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

CURAE HEALTH INC NICK OGLE 121 LEINART ST **CLINTON TN 37716**

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	MOU	QTY	NET AMOUNT
1	Mimecast Setup 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 LCS-Gold	06/21/2018 - 07/20/2018	M_LCS_GD_12_M(40) - Recurring	164.31	Each	1.00	164.31
3	Mimecast Mimecast S0	06/21/2018 - 07/20/2018	M_S0_1000_M(45) - Recurring	1.25	User	2,200.00	2,750.00

GO GREEN!

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 paperless billing@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.

ACCOUNT MANAGER	SUBTOTAL	\$7,714.31
Matt Major		ψ7,7 14.01
(877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$7,714.31

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

ISO 9001 and ISO 14001 Certified

HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT billingquestions@cdw.com VISIT US ON THE INTERNET AT www.cdwg.com

Case 3:18-bk-05665

CDW GOVERNMENT FEIN 36-4230110 Filed 09/14/18 Desc Main Document Claim 34-1

INVOICE

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

RETURN SERVICE REQUESTED

ACH INFORMATION:
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
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
ZR00067265	07/30/2018	12610101
	PAYMENT TERMS	
	Net 60 Days	
DUE DATE	· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图	AMOUNT DUE
09/28/2018		\$2,914.31

Attention to: sandy.bumbalough@curaehealth.org

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

CURAE HEALTH INC NICK OGLE 121 LEINART ST CLINTON TN 37716

Case 3:18-bk-05665

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Mimecast Support LCS-Gold	07/21/2018 - 08/20/2018	M_LCS_GD_12_M(40) - Recurring	164.31	Each	1.00	164.3
2	Mimecast Mimecast S0	07/21/2018 - 08/20/2018	M_S0_1000_M(45) - Recurring	1.25	User	2,200.00	2,750.0

GO GREEN!

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 paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

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Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.

ACCOUNT MANAGER	SUBTOTAL	\$2,914.31
Matt Major	COBICIAL	\$2,514.01
(877) 569-4110 mattmaj@cdwg.com	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

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
PLEASE EMAIL US AT billingquestions@cdw.com
VISIT US ON THE INTERNET AT www.cdwg.com

Claim 34-1 Filed 09/14/18 Desc Main Document

Page 11 of $^{\text{Page 1 of 1}}$

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)Claim No: 34Status:CDW LLCOriginal FiledFiled by: CR200 N MILWAUKEE AVEDate: 09/14/2018Entered by: Intake2VERNON HILLS ILOriginal EnteredModified:

60061 Date: 09/14/2018

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

Total Amount Claimed*	\$32778.62
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		