

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 Tennessee - District of TN
Nashville

Case number 18-05665

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Mississippi Department of Revenue
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?** No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? 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)
	<p><u>Bankruptcy Section - Mississippi Department of Revenue</u> Name</p> <p><u>P.O. Box 22808</u> Number Street</p> <p><u>Jackson, MS 39225-2808</u> City State ZIP Code</p> <p>Contact phone <u>(601) 923- 7393</u></p> <p>Contact email <u>bankruptcy@dor.ms.gov</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) 35-1 Filed on 09/14/2018
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 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: 5638

7. How much is the claim? \$ 0.00. 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.
State Taxes

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: \$ 0.00
Amount of the claim that is secured: \$ 0.00
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) 7.2 %
 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 one:

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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

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

\$ 0.00

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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/20/2018
MM / DD / YYYY

/s/ Nikeshia Agee

Signature

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

Name Nikeshia Agee
First name Middle name Last name

Title Bankruptcy Administrator

Company Mississippi Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Proof to Claim Exhibit "A"

Name of Debtor: CURAE HEALTH INC

Taxpayer Number: 5638

Type	Account	Period	Assessed	Tax	Interest	Penalty
Unsecured Priority Claim Withholding Tax	1361-7978	31-Aug-2018		\$0.00	\$0.00	\$0.00

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker **Chapter:** 11

Office: Nashville **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (6739867)	Claim No: 35	<i>Status:</i>
Mississippi Department of Revenue	<i>Original Filed</i>	<i>Filed by:</i> CR
Bankruptcy Section	<i>Date:</i> 09/14/2018	<i>Entered by:</i> NIKESHIA AGEE
P.O. Box 22808	<i>Original Entered</i>	<i>Modified:</i>
Jackson, MS 39225-2808	<i>Date:</i> 09/14/2018	
	<i>Last Amendment</i>	
	<i>Filed:</i> 09/20/2018	
	<i>Last Amendment</i>	
	<i>Entered:</i> 09/20/2018	

Amount claimed: \$0.00

Secured claimed: \$0.00

Priority claimed: \$0.00

History:

[Details](#) [35-1](#) 09/14/2018 Claim #35 filed by Mississippi Department of Revenue, Amount claimed: \$230515.80 (AGEE, NIKESHIA)

[Details](#) [35-2](#) 09/20/2018 Amended Claim #35 filed by Mississippi Department of Revenue, Amount claimed: \$0.00 (AGEE, NIKESHIA)

Description: (35-1) State Taxes
(35-2) State Taxes

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*	\$0.00
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured	\$0.00	
Priority	\$0.00	
Administrative		