

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

Debtor 1	Curae Health Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number:	<b>18-05665</b>

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 9/19/2018  
 MATTHEW T. LOUGHNEY, Clerk

**Official Form 410  
 Proof of Claim**

04/16

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

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

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

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

<b>Part 1: Identify the Claim</b>	
<b>1. Who is the current creditor?</b>	ZEBRA TECHNOLOGIES INTERNATION Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Symbol Technologies</u>
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> ZEBRA TECHNOLOGIES INTERNATION Name 6048 EAGLE WAY CHICAGO, IL 60678-1060 Contact phone <u>847-634-6700</u> Contact email <u>Nalacollections@zebra.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<p style="text-align: right;">4300</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ 3600.00</p>	<p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).            Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;">Goods and services sold</p>	
<p><b>9. Is all or part of the claim secured?</b></p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<p><b>10. Is this claim based on a lease?</b></p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

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

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

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

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 9/19/2018  
MM / DD / YYYY

/s/ Gafarov Rufat

Signature

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

Name Gafarov Rufat

First name Middle name Last name

Title Accounts Receivable Specialist

Company Zebra Technologies International LLC

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

Address 3 Overlook Point

Number Street

Lincolnshire, IL 60069

City State ZIP Code

Contact phone 2247078015 Email rufat.gafarov@zebra.com

**Zebra Technologies International, LLC**3 Overlook Point  
Lincolnshire, IL 60069-4302  
UNITED STATES**ZEBRA**T: +1.847.634.6700  
F: +1.847.913.8766**Invoice Number** : 101700829  
**Customer Number** : 1044300

<b>Bill To:</b> Northwest Mississippi Medical Center P.O. Box 1218 CLARKSDALE, MS 38614 US	<b>Ship To:</b> Merit Health Northwest Mississippi 1970 Hospital Drive CLARKSDALE, MS 38614 US
Invoice Date : 21-May-2018 Order Date : 21-May-2018 Final Destination : Clarksdale, United States	Sales Order Number : 22336185 Customer PO : 749-6737153 End User PO : 749-6737153 Zebra Office : Vernon Hills, IL

<u>Line</u>	<u>Qty</u>	<u>Unit</u>	<u>Item / Description</u>	<u>Unit Price</u>	<u>Tax%</u>	<u>Tax</u>	<u>Amount</u>
1.1	4	CS	LB2-ADULT-L3 Wristband/Labels, Paper/PET, 8.5x11in (216x279mm); Laser, LaserBand 2 Advanced, Adhesive Closure, Adult, Hole Punched, 1000 sheets/box	225.0000	0.00	0.00	900.00

HTS Code : 3919905060  
ECCN : EAR99  
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US  
Ship Method : FEDEX GROUND  
Delivery Number : 16443130  
Freight Terms : Third Party Billing  
Terms of Delivery : FCA, Greenville, WI, Incoterms 2010  
Orders Shipped With This Delivery : 22336185

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
436429385102	WI00639075-1	8.9	8.9	11.6	11.25 / 24.80	1
436429385113	WI00639075-2	8.9	8.9	11.6	11.25 / 24.80	1
436429385124	WI00639075-3	8.9	8.9	11.6	11.25 / 24.80	1
436429385135	WI00639075-4	8.9	8.9	11.6	11.25 / 24.80	1

All orders are subject to Zebra's Standard Terms and Conditions ("Zebra's T&Cs") at the time the order was accepted by Zebra. Zebra's current T&Cs can be found at <http://www.zebra.com/tcna>. By placing an order and/or accepting delivery of the products or services identified on this invoice, customer agrees to be bound by and accepts Zebra's T&Cs, unless customer and Zebra have signed a separate agreement, in which case the separate agreement will govern.

<b>Total Goods</b>	<b>Total Shipping and Handling</b>	<b>Total Tax</b>	<b>Total USD</b>
900.00	0.00	0.00	900.00

Terms Of Payment: 45 Days Net Invoice Due Date: 05-Jul-2018

Please state with your payment Invoice Number : 101700829  
Zebra's Tax Number : 02-0545884



**Zebra Technologies International, LLC**

3 Overlook Point  
Lincolnshire, IL 60069-4302  
UNITED STATES

**ZEBRA**

T: +1.847.634.6700  
F: +1.847.913.8766

Customer Number: 1044300

Invoice Number: 101700829

Invoice Date: 21-May-2018

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**Please Remit Payment to:**

Zebra Technologies International, LLC  
6048 Eagle Way  
Chicago, IL 60678-1060

**Zebra Technologies International, LLC**3 Overlook Point  
Lincolnshire, IL 60069-4302  
UNITED STATES**ZEBRA**T: +1.847.634.6700  
F: +1.847.913.8766**Invoice Number** : 101729539  
**Customer Number** : 1044300

<b>Bill To:</b> Northwest Mississippi Medical Center P.O. Box 1218 CLARKSDALE, MS 38614 US	<b>Ship To:</b> Merit Health Northwest Mississippi 1970 Hospital Drive CLARKSDALE, MS 38614 US
Invoice Date : 19-Jun-2018 Order Date : 18-Jun-2018 Final Destination : Clarksdale, United States	Sales Order Number : 22406645 Customer PO : 749-6754417 End User PO : 749-6754417 Zebra Office : Vernon Hills, IL

<u>Line</u>	<u>Qty</u>	<u>Unit</u>	<u>Item / Description</u>	<u>Unit Price</u>	<u>Tax%</u>	<u>Tax</u>	<u>Amount</u>
1.1	6	CS	LB2-ADULT-L3 Wristband/Labels, Paper/PET, 8.5x11in (216x279mm); Laser, LaserBand 2 Advanced, Adhesive Closure, Adult, Hole Punched, 1000 sheets/box	225.0000	0.00	0.00	1,350.00

HTS Code : 3919905060  
ECCN : EAR99  
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US  
Ship Method : FEDEX GROUND  
Delivery Number : 16920332  
Freight Terms : Third Party Billing  
Terms of Delivery : FCA, Greenville, WI, Incoterms 2010  
Orders Shipped With This Delivery : 22406645

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
445277963208	WI00646693-1	9	9	12	11.34 / 25.00	1
445277963219	WI00646693-2	9	9	12	11.34 / 25.00	1
445277963220	WI00646693-3	9	9	12	11.34 / 25.00	1
445277963230	WI00646693-4	9	9	12	11.34 / 25.00	1
445277963241	WI00646693-5	9	9	12	11.34 / 25.00	1
445277963252	WI00646693-6	9	9	12	11.34 / 25.00	1

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<b>Total Goods</b>	<b>Total Shipping and Handling</b>	<b>Total Tax</b>	<b>Total USD</b>
1,350.00	0.00	0.00	1,350.00

Terms Of Payment: 45 Days Net

Invoice Due Date: 03-Aug-2018



**Zebra Technologies International, LLC**

3 Overlook Point  
Lincolnshire, IL 60069-4302  
UNITED STATES

**ZEBRA**

T: +1.847.634.6700  
F: +1.847.913.8766

Customer Number: 1044300

Invoice Number: 101729539

Invoice Date: 19-Jun-2018

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Please state with your payment Invoice Number : 101729539

Zebra's Tax Number : 02-0545884

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**Please Remit Payment to:**

Zebra Technologies International, LLC  
6048 Eagle Way  
Chicago, IL 60678-1060

**Zebra Technologies International, LLC**3 Overlook Point  
Lincolnshire, IL 60069-4302  
UNITED STATES**ZEBRA**T: +1.847.634.6700  
F: +1.847.913.8766**Invoice Number** : 101754361  
**Customer Number** : 1044300

<b>Bill To:</b> Northwest Mississippi Medical Center P.O. Box 1218 CLARKSDALE, MS 38614 US	<b>Ship To:</b> Merit Health Northwest Mississippi 1970 Hospital Drive CLARKSDALE, MS 38614 US
Invoice Date : 17-Jul-2018 Order Date : 16-Jul-2018 Final Destination : Clarksdale, United States	Sales Order Number : 22473239 Customer PO : 749-6769987 End User PO : 749-6769987 Zebra Office : Vernon Hills, IL

<u>Line</u>	<u>Qty</u>	<u>Unit</u>	<u>Item / Description</u>	<u>Unit Price</u>	<u>Tax%</u>	<u>Tax</u>	<u>Amount</u>
1.1	6	CS	LB2-ADULT-L3 Wristband/Labels, Paper/PET, 8.5x11in (216x279mm); Laser, LaserBand 2 Advanced, Adhesive Closure, Adult, Hole Punched, 1000 sheets/box	225.0000	0.00	0.00	1,350.00

HTS Code : 3919905060  
ECCN : EAR99  
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US  
Ship Method : FEDEX GROUND  
Delivery Number : 17373178  
Freight Terms : Third Party Billing  
Terms of Delivery : FCA, Greenville, WI, Incoterms 2010  
Orders Shipped With This Delivery : 22473239

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
445278071311	WI00653950-1	9.0	9.1	11.8	11.25 / 24.80	1
445278071322	WI00653950-2	9.0	9.1	11.8	11.25 / 24.80	1
445278071333	WI00653949-1	9.1	9.2	11.7	11.29 / 24.90	1
445278071344	WI00653949-2	9.1	9.2	11.7	11.29 / 24.90	1
445278071355	WI00653949-3	9.1	9.2	11.7	11.29 / 24.90	1
445278071366	WI00653949-4	9.1	9.2	11.7	11.29 / 24.90	1

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<b>Total Goods</b>	<b>Total Shipping and Handling</b>	<b>Total Tax</b>	<b>Total USD</b>
1,350.00	0.00	0.00	1,350.00

Terms Of Payment: 45 Days Net

Invoice Due Date: 31-Aug-2018





**Zebra Technologies International, LLC**

3 Overlook Point  
Lincolnshire, IL 60069-4302  
UNITED STATES

**ZEBRA**

T: +1.847.634.6700  
F: +1.847.913.8766

Customer Number: 1044300

Invoice Number: 101754361

Invoice Date: 17-Jul-2018

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Please state with your payment Invoice Number : 101754361

Zebra's Tax Number : 02-0545884

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**Please Remit Payment to:**

Zebra Technologies International, LLC  
6048 Eagle Way  
Chicago, IL 60678-1060

# 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):**

<p><i>Creditor:</i>        (6718817)  ZEBRA TECHNOLOGIES  INTERNATION  6048 EAGLE WAY  CHICAGO, IL 60678-1060</p>	<p><b>Claim No: 43</b>  <i>Original Filed</i>  Date: 09/19/2018  <i>Original Entered</i>  Date: 09/19/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> admin  <i>Modified:</i></p>
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Amount claimed: \$3600.00

*History:*

[Details](#)    [43-1](#) 09/19/2018 Claim #43 filed by ZEBRA TECHNOLOGIES INTERNATION, Amount claimed: \$3600.00 (admin)

*Description:*

*Remarks:* (43-1) Account Number (last 4 digits):4300

## 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>	\$3600.00
<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.**

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