

Fill in this information to identify the case:

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

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 9/19/2018
 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.

Part 1: Identify the Claim

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

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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4473</u>
7. How much is the claim?	\$ <u>2700.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. <u>Goods and services sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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

Part 3: Sign Below

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

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

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

Check the appropriate box:

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

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

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

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

Executed on date 9/19/2018
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** : 101739860
Customer Number : 1044473

Bill To: Merit Health Gilmore Memorial 1105 Earl Frye Boulevard 854902 Accounting AMORY, MS 38821 US	Ship To: Gilmore Memorial Reg Med Ctr 1105 Earl Frye Blvd Receiving AMORY, MS 38821 US
Invoice Date : 29-Jun-2018 Order Date : 29-Jun-2018 Final Destination : Amory, United States	Sales Order Number : 22435952 Customer PO : 01335 End User PO : 01335 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	3	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	675.00

HTS Code : 3919905060
ECCN : EAR99
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US
Ship Method : FEDEX GROUND
Delivery Number : 17124026
Freight Terms : Collect
Terms of Delivery : CIP, Amory, Incoterms 2010
Orders Shipped With This Delivery : 22435952

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
445278008890	WI00649756-1	9.0	9.1	11.5	11.25 / 24.80	1
445278008905	WI00649756-2	9.0	9.1	11.5	11.25 / 24.80	1
445278008916	WI00649756-3	9.0	9.1	11.5	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.

Total Goods	Total Shipping and Handling	Total Tax	Total USD
675.00	0.00	0.00	675.00

Terms Of Payment: 45 Days Net Invoice Due Date: 13-Aug-2018

Please state with your payment Invoice Number : 101739860

Zebra's Tax Number : 02-0545884

Please Remit Payment to:



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: 1044473

Invoice Number: 101739860

Invoice Date: 29-Jun-2018

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** : 101766719
Customer Number : 1044473

Bill To: Merit Health Gilmore Memorial 1105 Earl Frye Boulevard 854902 Accounting AMORY, MS 38821 US	Ship To: Gilmore Memorial Reg Med Ctr 1105 Earl Frye Blvd Receiving AMORY, MS 38821 US
Invoice Date : 30-Jul-2018 Order Date : 30-Jul-2018 Final Destination : Amory, United States	Sales Order Number : 22511880 Customer PO : 01683 End User PO : 01683 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	3	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	675.00

HTS Code : 3919905060
ECCN : EAR99
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US
Ship Method : FEDEX GROUND
Delivery Number : 17604384
Freight Terms : Collect
Terms of Delivery : CIP, Amory, Incoterms 2010
Orders Shipped With This Delivery : 22511880

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
445278125668	WI00657662-1	9	9	12	11.34 / 25.00	1
445278125679	WI00657662-2	9	9	12	11.34 / 25.00	1
445278125680	WI00657662-3	9	9	12	11.34 / 25.00	1

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Total Goods	Total Shipping and Handling	Total Tax	Total USD
675.00	0.00	0.00	675.00

Terms Of Payment: 45 Days Net Invoice Due Date: 13-Sep-2018

Please state with your payment Invoice Number : 101766719

Zebra's Tax Number : 02-0545884

Please Remit Payment to:



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: 1044473

Invoice Number: 101766719

Invoice Date: 30-Jul-2018

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** : 101780149
Customer Number : 1044473

Bill To: Merit Health Gilmore Memorial 1105 Earl Frye Boulevard 854902 Accounting AMORY, MS 38821 US	Ship To: Gilmore Memorial Reg Med Ctr 1105 Earl Frye Blvd Receiving AMORY, MS 38821 US
Invoice Date : 15-Aug-2018 Order Date : 15-Aug-2018 Final Destination : Amory, United States	Sales Order Number : 22551884 Customer PO : 01860 End User PO : 01860 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	3	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	675.00

HTS Code : 3919905060
ECCN : EAR99
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US
Ship Method : FEDEX GROUND
Delivery Number : 17872124
Freight Terms : Collect
Terms of Delivery : CIP, Amory, Incoterms 2010
Orders Shipped With This Delivery : 22551884

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
454745920230	WI00661323-1	9.0	9.3	11.6	11.39 / 25.10	1
454745920241	WI00661323-2	9.0	9.3	11.6	11.39 / 25.10	1
454745920252	WI00661323-3	9.0	9.3	11.6	11.39 / 25.10	1

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Total Goods	Total Shipping and Handling	Total Tax	Total USD
675.00	0.00	0.00	675.00

Terms Of Payment: 45 Days Net Invoice Due Date: 29-Sep-2018

Please state with your payment Invoice Number : 101780149

Zebra's Tax Number : 02-0545884

Please Remit Payment to:



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: 1044473

Invoice Number: 101780149

Invoice Date: 15-Aug-2018

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** : 101783963
Customer Number : 1044473

Bill To: Merit Health Gilmore Memorial 1105 Earl Frye Boulevard 854902 Accounting AMORY, MS 38821 US	Ship To: Gilmore Memorial Reg Med Ctr 1105 Earl Frye Blvd Receiving AMORY, MS 38821 US
Invoice Date : 20-Aug-2018 Order Date : 20-Aug-2018 Final Destination : Amory, United States	Sales Order Number : 22563909 Customer PO : 01913 End User PO : 01913 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	3	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	675.00

HTS Code : 3919905060
ECCN : EAR99
Country of Origin : United States**Shipment Information**Shipping Point : Greenville, WI, US
Ship Method : FEDEX GROUND
Delivery Number : 17963017
Freight Terms : Collect
Terms of Delivery : CIP, Amory, Incoterms 2010
Orders Shipped With This Delivery : 22563909

Tracking#	LPN	Height (IN)	Width (IN)	Length (IN)	Weight (KG/LB)	Cartons
454745937740	WI00662673-1	9.1	9.2	11.6	11.29 / 24.90	1
454745937751	WI00662673-2	9.1	9.2	11.6	11.29 / 24.90	1
454745937762	WI00662673-3	9.1	9.2	11.6	11.29 / 24.90	1

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Total Goods	Total Shipping and Handling	Total Tax	Total USD
675.00	0.00	0.00	675.00

Terms Of Payment: 45 Days Net Invoice Due Date: 04-Oct-2018

Please state with your payment Invoice Number : 101783963

Zebra's Tax Number : 02-0545884

Please Remit Payment to:



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: 1044473

Invoice Number: 101783963

Invoice Date: 20-Aug-2018

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):
<i>Creditor:</i> (6718817)	Claim No: 44
ZEBRA TECHNOLOGIES	<i>Original Filed</i>
INTERNATION	<i>Date:</i> 09/19/2018
6048 EAGLE WAY	<i>Original Entered</i>
CHICAGO, IL 60678-1060	<i>Date:</i> 09/19/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$2700.00

History:

[Details](#) [44-1](#) 09/19/2018 Claim #44 filed by ZEBRA TECHNOLOGIES INTERNATIONAL, Amount claimed: \$2700.00 (admin)

Description:

Remarks: (44-1) Account Number (last 4 digits):4473

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*	\$2700.00
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		
Priority		
Administrative		