

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

Debtor 1 Northwest Mississippi Medical Ctr

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

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05665

**FILED**  
**SEP 25 2018**  
 U.S. BANKRUPTCY COURT  
 MIDDLE DISTRICT OF TN

**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? Immucor Inc.  
 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)

<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
<u>Immucor Inc.</u> Name	_____ Name
<u>3130 Gateway Drive</u> Number Street	_____ Number Street
<u>Norcross GA 30071</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>678-421-1249</u>	Contact phone _____
Contact email <u>chjacksm@immucor.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 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?  
 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: 3910

7. How much is the claim? \$ 7827.80. 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 one:

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).

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

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).

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.

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

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.

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.

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 18 2018  
MM / DD / YYYY

*Ch Jackson*  
Signature

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

Name Cheryl Jackson  
First name Middle name Last name

Title AR Specialist

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

Address 3130 Gateway Drive  
Number Street

Norcross GA 30071  
City State ZIP Code

Contact phone 678-421-1249 Email Chjackson@Immucor.com

Date : 09-19-18 (08:57) Post - 631.90  
 Production Company

AGING ANALYSIS SORTED BY CUSTOMER

Page : 1  
 Company : 007

Aging Analysis Code : 015 Aging by Due Date  
 Aging On : Due date  
 As on Date : 09-19-2018

Customer From : 153910  
 to : 153910

Invoice Receipt Document	Inv. Date	Due Date	Cur	Inv Amnt - FC	Amnt Rcvd - FC	Balance in FC	Open Amount in HC Between				
							Not Due Yet	1-30 Past Due	31-60 Past Due	61-90 Past Due	91+ Past Due

Customer : 153910 Northwest Mississippi Medical Ctr 1970 Hospital Drive Clarksdale  
 Terms of Payment : N30 Net 30 Days

Credit Analyst : 11001 Cheryl Jackson  
 Fin. Customer Group: 001 Standard Group

EDN	Inv	Inv Date	Due Date	Cur	Inv Amnt - FC	Amnt Rcvd - FC	Balance in FC	Country	1-30 Past Due	31-60 Past Due	61-90 Past Due	91+ Past Due
EDN 70166350	INV 13438184	01-03-18	02-02-18	USD	557.36		557.36	USA	0.00	0.00	0.00	557.36
EDN 70172658	INV 13440899	03-01-18	03-31-18	USD	426.02		426.02	USA	0.00	0.00	0.00	426.02
EDN 70176526	INV 13448734	04-04-18	05-04-18	USD	166.55		166.55	USA	0.00	0.00	0.00	166.55
EDN 70180455	INV 13451668	05-09-18	06-08-18	USD	426.72		426.72	USA	0.00	0.00	0.00	426.72
EDN 70184179	INV 13460101	06-13-18	07-13-18	USD	223.64		223.64	USA	0.00	0.00	0.00	223.64
EDN 70185800	INV 13464299	06-27-18	07-27-18	USD	263.76		263.76	USA	0.00	0.00	0.00	263.76
EDN 70187407	INV 13472143	07-12-18	08-11-18	USD	166.60		166.60	USA	0.00	0.00	0.00	166.60
INV 13408668	INV 13477064	10-31-17	11-30-17	USD	222.40		14.55	USA	0.00	0.00	0.00	14.55
680 10003356		03-09-18		USD		207.85						
INV 13438184	INV 13482863	01-18-18	02-17-18	USD	471.46		471.46	USA	0.00	0.00	0.00	471.46
INV 13440899	INV 13482863	01-23-18	02-22-18	USD	208.54		208.54	USA	0.00	0.00	0.00	208.54
INV 13448734	INV 13482863	02-13-18	03-15-18	USD	423.10		423.10	USA	0.00	0.00	0.00	423.10
INV 13451668	INV 13482863	02-20-18	03-22-18	USD	208.62		208.62	USA	0.00	0.00	0.00	208.62
INV 13460101	INV 13482863	03-13-18	04-12-18	USD	423.14		423.14	USA	0.00	0.00	0.00	423.14
INV 13464299	INV 13482863	03-21-18	04-20-18	USD	208.51		208.51	USA	0.00	0.00	0.00	208.51
INV 13472143	INV 13482863	04-11-18	05-11-18	USD	423.14		423.14	USA	0.00	0.00	0.00	423.14
INV 13475231	INV 13482863	04-18-18	05-18-18	USD	209.33		209.33	USA	0.00	0.00	0.00	209.33
INV 13477064	INV 13482863	04-23-18	05-23-18	USD	430.50		430.50	USA	0.00	0.00	0.00	430.50
INV 13482863	INV 13482863	05-08-18	06-07-18	USD	423.80		423.80	USA	0.00	0.00	0.00	423.80
INV 13486192	INV 13482863	05-16-18	06-15-18	USD	209.42		209.42	USA	0.00	0.00	0.00	209.42
INV 13493291	INV 13482863	06-05-18	07-05-18	USD	423.82		423.82	USA	0.00	0.00	0.00	423.82
INV 13496797	INV 13482863	06-13-18	07-13-18	USD	209.54		209.54	USA	0.00	0.00	0.00	209.54
INV 13504271	INV 13482863	07-03-18	08-02-18	USD	471.89		471.89	USA	0.00	0.00	0.00	471.89
INV 13506994	INV 13482863	07-10-18	08-09-18	USD	205.89		205.89	USA	0.00	0.00	0.00	205.89
INV 13514628	INV 13482863	07-31-18	08-30-18	USD	423.19		423.19	USA	0.00	0.00	0.00	423.19
INV 13518706	INV 13482863	08-07-18	09-06-18	USD	208.71		208.71	USA	0.00	0.00	0.00	208.71
INV 13526731	INV 13482863	08-28-18	09-27-18	USD	423.19		423.19	USA	0.00	0.00	0.00	423.19
INV 13527842	INV 13482863	08-29-18	09-28-18	USD	208.71		208.71	USA	0.00	0.00	0.00	208.71

AGING ANALYSIS SORTED BY CUSTOMER

Aging Analysis Code : 015 Aging by Due Date  
 Aging On : Due date  
 As on Date : 09-19-2018  
 Customer from : 153910  
 to : 153910

Invoice Receipt Document	Inv. Date Rec. Date	Due Date	Cur	Inv Amt - HC Inv Amt - FC	Amt Rcvd - HC Amt Rcvd - FC	Balance in HC Balance in FC	Open Amount in HC Between				
							Not Due Yet	1-30 Past Due	31-60 Past Due	61-90 Past Due	91+ Past Due

Customer : 153910 Northwest Mississippi Medical Ctr 1970 Hospital Drive  
 Terms of Payment : N30 Net 30 Days  
 Clarksdale

Credit Analyst Fin. Customer Group	: 11001 : 001	Cheryl Jackson Standard Group	Country		: USA					
			United States of America							
TOTAL FOR CUSTOMER	153910	in HC USD	8,667.55	207.85	8,459.70	631.90	631.90	1,108.14	857.00	5,230.76
Cumulative Result		in HC USD	8,667.55	207.85	8,459.70	631.90	631.90	1,108.14	857.00	5,230.76



# 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> (6718241)  IMMUCOR INC  3130 GATEWAY DRIVE  NORCROSS, GA 30071</p>	<p><b>Claim No: 50</b>  <i>Original Filed</i>  Date: 09/25/2018  <i>Original Entered</i>  Date: 09/25/2018  <i>Last Amendment</i>  Filed: 09/25/2018  <i>Last Amendment</i>  Entered: 09/25/2018</p>	<p><i>Status:</i>  Filed by: CR  Entered by: Intake1  Modified:</p>
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Amount claimed: \$7827.80

*History:*

- [Details 50-1](#) 09/25/2018 Claim #50 filed by IMMUCOR INC, Amount claimed: \$7827.80 (Intake1)
- [Details 50-2](#) 09/25/2018 Amended Claim #50 filed by IMMUCOR INC, Amount claimed: \$7827.80 (Intake1)

*Description:* (50-1) Goods Sold  
(50-2) Goods Sold

*Remarks:* (50-2) Claim amended to attach correct pdf.

## 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>	\$7827.80
<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>		