

Fill in this information to identify the case:

Debtor 1 Gilmore Memorial Hospital
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 3:18-bk-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)

<p>Where should notices to the creditor be sent?</p> <p><u>Immucor Inc.</u> Name <u>3130 Gateway Drive</u> Number Street <u>Norcross GA 30071</u> City State ZIP Code Contact phone <u>678-421-1249</u> Contact email <u>Chjackson@Immucor.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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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: 3 3 1 0

7. How much is the claim? \$ 13,008.56. 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:

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).

Amount entitled to priority

\$ _____

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).

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 18 2018
MM / DD / YYYY


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 3031 Gateway Drive
Number Street

Norcross GA 30071
City State ZIP Code

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

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

Customer from : 113310
 to : 113310

Invoice Receipt Document	Inv. Date	Due Date	Cur	Inv Amt - FC	HC Amt - FC	HC Amt Rcvd - FC	Balance in FC	Balance in HC	Open Amount in HC Between				
									Net Due Yet	1-30 Past Due	31-60 Past Due	61-90 Past Due	91+ Past Due

Customer : 113310 Gilmore Memorial Hosp
 1105 Earl Frye Dr
 Amory

Terms of Payment : N30 Net 30 Days

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

Invoice Receipt Document	Inv. Date	Due Date	Cur	Inv Amt - FC	HC Amt - FC	HC Amt Rcvd - FC	Balance in FC	Balance in HC	Country	USA	United States of America	743.07
EDN 70163841	12-08-17	01-07-18	USD	743.07			743.07		0.00	0.00	0.00	743.07
EDN 70164635	12-15-17	01-14-18	USD	261.76			261.76		0.00	0.00	0.00	261.76
EDN 70178170	04-19-18	05-19-18	USD	585.34			585.34		0.00	0.00	0.00	585.34
EDN 70182473	06-02-18	07-02-18	USD	431.95			431.95		0.00	0.00	0.00	431.95
EDN 70187014	07-11-18	08-10-18	USD	425.47			425.47		0.00	0.00	0.00	425.47
EDN 70188531	07-24-18	08-23-18	USD	205.23			205.23		0.00	0.00	0.00	205.23
EDN 70191627	08-20-18	09-19-18	USD	166.37			166.37		0.00	0.00	0.00	166.37
INW 13418280	11-28-17	12-28-17	USD	408.33			408.33		0.00	0.00	0.00	408.33
INW 13426472	12-18-17	01-17-18	USD	674.59			674.59		0.00	0.00	0.00	674.59
INW 13429627	12-26-17	01-25-18	USD	408.33			408.33		0.00	0.00	0.00	408.33
INW 13436663	01-15-18	02-14-18	USD	675.05			675.05		0.00	0.00	0.00	675.05
INW 13439365	01-22-18	02-21-18	USD	408.79			408.79		0.00	0.00	0.00	408.79
INW 13447709	02-12-18	03-14-18	USD	675.05			675.05		0.00	0.00	0.00	675.05
INW 13450766	02-20-18	03-22-18	USD	408.79			408.79		0.00	0.00	0.00	408.79
INW 13458646	03-12-18	04-11-18	USD	675.09			675.09		0.00	0.00	0.00	675.09
INW 13462917	03-20-18	04-19-18	USD	408.83			408.83		0.00	0.00	0.00	408.83
INW 13471194	04-10-18	05-10-18	USD	675.09			675.09		0.00	0.00	0.00	675.09
INW 13474039	04-17-18	05-17-18	USD	409.51			409.51		0.00	0.00	0.00	409.51
INW 13481792	05-07-18	06-06-18	USD	675.75			675.75		0.00	0.00	0.00	675.75
INW 13485019	05-15-18	06-14-18	USD	409.49			409.49		0.00	0.00	0.00	409.49
INW 13492300	06-04-18	07-04-18	USD	675.77			675.77		0.00	0.00	0.00	675.77
INW 13495627	06-12-18	07-12-18	USD	409.51			409.51		0.00	0.00	0.00	409.51
INW 13505501	07-02-18	08-01-18	USD	698.60			698.60		0.00	0.00	0.00	698.60
INW 13513541	07-09-18	08-08-18	USD	408.88			408.88		0.00	0.00	0.00	408.88
INW 13517228	07-30-18	08-29-18	USD	675.04			675.04		0.00	0.00	0.00	675.04
INW 13525546	08-06-18	09-05-18	USD	408.88			408.88		0.00	0.00	0.00	408.88
INW 13528743	08-27-18	09-26-18	USD	675.14			675.14		0.00	0.00	0.00	675.14
INW 13528743	09-04-18	10-04-18	USD	408.88			408.88		0.00	0.00	0.00	408.88

Aging Analysis Code : 015 Aging by Due Date
 Aging On : Due date
 As on Date : 09-19-2018
 Customer from : 113310
 to : 113310

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

Customer : 113310 Gilmore Memorial Hosp
 1105 Earl Frye Dr
 Amory
 Terms of Payment : N30 Net 30 Days

Credit Analyst	Fin. Customer Group	TOTAL FOR CUSTOMER	Cumulative Result	Country		USA					
				Standard Group	in HC USD	United States of America	Net 30 Days	1-30 Past Due	31-60 Past Due	61-90 Past Due	91+ Past Due
11001 Cheryl Jackson	001	113310	in HC USD	14,092.58	0.00	14,092.58	1,250.39	1,289.15	1,532.95	1,517.23	8,502.86

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> (6718241)	Claim No: 51	<i>Status:</i>
IMMUCOR INC	<i>Original Filed</i>	<i>Filed by:</i> CR
3130 GATEWAY DRIVE	<i>Date:</i> 09/25/2018	<i>Entered by:</i> Intake1
NORCROSS, GA 30071	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 09/25/2018	

Amount claimed: \$13008.56

History:

[Details](#) [51-1](#) 09/25/2018 Claim #51 filed by IMMUCOR INC, Amount claimed: \$13008.56 (Intake1)

Description: (51-1) 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*	\$13008.56
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		