

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
 9/27/2018
 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?	MarketLab _____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Where should notices to the creditor be sent? MarketLab _____ Name 6850 Southbelt Dr Caledonia, MI 49316 Contact phone <u>800-237-3604</u> Contact email <u>ar@marketlab.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ </td> <td style="width: 50%; vertical-align: top;"> Where should payments to the creditor be sent? (if different) MarketLab _____ Name Dept 2493 PO BOX 11407 Birmingham, AL 35246-2493 Contact phone <u>800-237-3604</u> Contact email <u>ar@marketlab.com</u> </td> </tr> </table>	Where should notices to the creditor be sent? MarketLab _____ Name 6850 Southbelt Dr Caledonia, MI 49316 Contact phone <u>800-237-3604</u> Contact email <u>ar@marketlab.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) MarketLab _____ Name Dept 2493 PO BOX 11407 Birmingham, AL 35246-2493 Contact phone <u>800-237-3604</u> Contact email <u>ar@marketlab.com</u>
Where should notices to the creditor be sent? MarketLab _____ Name 6850 Southbelt Dr Caledonia, MI 49316 Contact phone <u>800-237-3604</u> Contact email <u>ar@marketlab.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) MarketLab _____ Name Dept 2493 PO BOX 11407 Birmingham, AL 35246-2493 Contact phone <u>800-237-3604</u> Contact email <u>ar@marketlab.com</u>		
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

<p>6. Do you have any number you use to identify the debtor?</p>	<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: <u>8614</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>1328.70</u></p> <p>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).</p>
<p>8. What is the basis of the claim?</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;"><u>Good sold</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>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: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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 9/27/2018

MM / DD / YYYY

/s/ Amanda Martinez

Signature

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

Name Amanda Martinez

First name Middle name Last name

Title Accounting Specialist

Company MarketLab

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

Address 6850 Southbelt Dr

Number Street

Caledonia, MI 49316

City State ZIP Code

Contact phone 8002373604 Email ar@marketlab.com



Please Remit Payment To:

MarketLab Inc
 Dept 2506
 PO Box 11407
 Birmingham, AL 35246-2506
 Phone: (800) 237-3604 or (616) 656-2484
 Fax: (616) 656-2475
 www.MarketLab.com

INVOICE

Invoice No. IN00394536
 Date 08/01/2018
 Order No. OR00395598
 Shipper ID SH00398346
 Order Type MLI Order
 Customer ID NW38614

Invoice Due Date: 8/31/2018

BILL TO:

829 902 Accounting
 Merit Health Northwest Mississippi
 PO Box 1218
 CLARKSDALE, MS 38614

SHIP TO:

Northwest MS Regional Med Ctr
 1970 Hospital Dr
 Clarksdale, MS 38614-7202

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
08/01/2018	Yatasha Muskin	749-6779528	Ashleigh Turbett		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service	284687914		
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
1646	1.0000	PK500	1.0000	229.0000	229.00

TypeSafe Segment Sampling Device - PK500

Notes: In order to insure the safety of both customers and patients by avoiding inadvertent contamination, any registered medical device cannot be returned if it has been opened. NOTE: As of 12/23/2013 this product is now green in color. In the past it was blue.

Tracking number(s): [438457459810](#)

Sales Total	229.00
Trade Discount	0.00
Shipping & Handling	14.95
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	243.95
Less Amount Paid	0.00
TOTAL DUE	243.95 USD

This invoice may reflect a discount or other reduction in price. Pursuant to the Federal anti-kickback statute's discount safe harbor at 42 C.F.R. § 1001.952(h), Buyer may have an obligation to report this discount, and must provide information upon request by the Federal or State agencies. Our complete Terms of Sale can be referenced at: <http://www.marketlab.com/conditions/a/terms-of-sale>. All payments due in USD currency. Thank You



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 www.MarketLab.com

INVOICE

Invoice No. IN00391841
 Date 07/30/2018
 Order No. OR00392811
 Shipper ID SH00395540
 Order Type MLI Order
 Customer ID NW38614

Invoice Due Date: 8/29/2018

BILL TO:

829 902 Accounting
 Merit Health Northwest Mississippi
 PO Box 1218
 CLARKSDALE, MS 38614

SHIP TO:

Northwest MS Regional Med Ctr
 749 Clarksdale Curae Stores
 1970 Hospital Dr
 Clarksdale, MS 38614-7202

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
07/30/2018	Yatasha Muskin	749-6777412	Erin Moore		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service	284687914		
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
1105-RD	4.0000	EA	4.0000	46.0000	184.00

13mm Transparent Tube Caps 1,000/pk

Tracking number(s): [434335637668](#)

Sales Total	184.00
Trade Discount	0.00
Shipping & Handling	14.95
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	198.95
Less Amount Paid	0.00
TOTAL DUE	198.95 USD

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INVOICE

Invoice No. IN00348442
 Date 06/04/2018
 Order No. OR00349197
 Shipper ID SH00351757
 Order Type MLI Order
 Customer ID NW38614

Invoice Due Date: 7/4/2018

BILL TO:

829 902 Accounting
 Merit Health Northwest Mississippi
 PO Box 1218
 CLARKSDALE, MS 38614

SHIP TO:

Northwest MS Regional Med Ctr
 1970 Hospital Dr
 829 Clarksdale Stores
 Clarksdale, MS 38614-7202

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
06/04/2018	Yatasha Muskin	749-6745957	Dale Moon		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service	284687914		
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
1646	1.0000	PK500	1.0000	229.0000	229.00

TypeSafe Segment Sampling Device - PK500

Notes: In order to insure the safety of both customers and patients by avoiding inadvertent contamination, any registered medical device cannot be returned if it has been opened.

Tracking number(s): [432382005213](#)

Sales Total	229.00
Trade Discount	0.00
Shipping & Handling	14.95
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	243.95
Less Amount Paid	0.00
TOTAL DUE	243.95 USD

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INVOICE

Invoice No. IN00337953
 Date 05/21/2018
 Order No. OR00338629
 Shipper ID SH00341178
 Order Type MLI Order
 Customer ID NW38614

Invoice Due Date: 6/20/2018

BILL TO:

829 902 Accounting
 Merit Health Northwest Mississippi
 PO Box 1218
 CLARKSDALE, MS 38614

SHIP TO:

Northwest MS Regional Med Ctr
 1970 Hospital Dr
 829 Clarksdale Stores
 Clarksdale, MS 38614-7202

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
05/21/2018	Yatasha Muskin	749-6737485	Dale Moon		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service	329771482		
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
1105-RD	4.0000	EA	4.0000	46.0000	184.00

13mm Transparent Tube Caps 1,000/pk

Tracking number(s): 434335602192

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Sales Total	184.00
Trade Discount	0.00
Shipping & Handling	14.95
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	198.95
Less Amount Paid	0.00
TOTAL DUE	198.95 USD



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 Birmingham, AL 35246-2506
 Phone: (800) 237-3604 or (616) 656-2484
 Fax: (616) 656-2475
 www.MarketLab.com

INVOICE

Invoice No. IN00298515
 Date 04/04/2018
 Order No. OR00298639
 Shipper ID SH00301315
 Order Type MLI Order
 Customer ID NW38614

Invoice Due Date: 5/4/2018

BILL TO:

829 902 Accounting
 Merit Health Northwest Mississippi
 PO Box 1218
 CLARKSDALE, MS 38614

SHIP TO:

Northwest Mississippi Regional
 1970 Hospital Dr
 Clarksdale, MS 38614-7202

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
04/04/2018	Yatasha Muskin	749-6705121	Carlee Williams		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service	284687914		
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
1105-RD	4.0000	EA	4.0000	46.0000	184.00

13mm Transparent Tube Caps 1,000/pk

Tracking number(s): [434335578746](#)

Sales Total	184.00
Trade Discount	0.00
Shipping & Handling	14.95
Misc. Charges	0.00
Tax Total	0.00
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	198.95
Less Amount Paid	0.00
TOTAL DUE	198.95 USD

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 Fax: (616) 656-2475
 www.MarketLab.com

INVOICE

Invoice No. IN00273377
 Date 03/06/2018
 Order No. OR00273411
 Shipper ID SH00276076
 Order Type MLI Order
 Customer ID NW38614

Invoice Due Date: 4/5/2018

BILL TO:

829 902 Accounting
 Merit Health Northwest Mississippi
 PO Box 1218
 CLARKSDALE, MS 38614

SHIP TO:

Northwest Mississippi Med Ctr
 1970 Hospital Dr
 749 Clarksdale Curae Stores
 CLARKSDALE, MS 38614

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
03/06/2018	Yatasha Muskin	749-6684031	Kate Crews		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service	284687914		
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
1646	1.0000	PK500	1.0000	229.0000	229.00

TypeSafe Segment Sampling Device - PK500

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Tracking number(s): [719982151407](#)

Sales Total	229.00
Trade Discount	0.00
Shipping & Handling	14.95
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	243.95
Less Amount Paid	0.00
TOTAL DUE	243.95 USD

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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> (6718318)	Claim No: 55
MARKET LAB	<i>Original Filed</i>
6850 SOUTHBELT DR	<i>Date:</i> 09/27/2018
CALEDONIA, MI 49316	<i>Original Entered</i>
	<i>Date:</i> 09/27/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$1328.70

History:

[Details](#) [55-1](#) 09/27/2018 Claim #55 filed by MARKET LAB, Amount claimed: \$1328.70 (admin)

Description:

Remarks: (55-1) Account Number (last 4 digits):8614

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*	\$1328.70
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		