

Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.	
5. Brief description of claim (attach any additional information): Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: Shipment date of goods: Place of delivery of goods: Method of delivery of goods: Name of carrier of goods: Value of goods: Whether the value of goods listed in this claim relates to services and goods: The percentage of value related to services and the percentage of value related to goods: Whether claimant has filed any other claim against debtor relating to goods underlying this claim: <u>Attach supporting materials required by field 8 and instructions below.</u>	
6. Credits, setoffs, and counterclaims: All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon. This claim is subject to setoff or counterclaim as follows:	7. Assignment: Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.
8. Supporting documents: <u>Attach redacted copies of supporting documents</u> , such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts. <u>All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.</u> <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u> <u>Do not send original documents. Attached documents may be destroyed after scanning.</u> If the documents are not available, explain. If the documents are voluminous, attach a summary.	
9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.	
10. Signature: Check the appropriate box. <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005). I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.	

66130571.3

Print name: Eric R. von Helms

Title: Attorney in Fact/Agent

Company: Kohner, Mann & Kailas, S.C.

Address and telephone number (if different from notice address above):
4650 N. Port Washington Road
Milwaukee, WI 53212

(Signature) [Signature] (Date) 1/4/2019

Telephone number 414-962 Email: evonhelms@kmksc.com
5110

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by **January 21, 2019**.

Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

**STATEMENT IN SUPPORT OF PROOF OF 503(b)(9) CLAIM
OF ABBOTT DIABETES DIVISION OF ABBOTT LABORATORIES INC.**

Abbott Diabetes Division of Abbott Laboratories Inc. ("Abbott") submits its proof of 503(b)(9) claim (the "Claim") in the bankruptcy proceedings of Debtor Curae Health Inc., ("Debtor") pursuant to the requirements described in the Order Fixing Bar Dates for Filing Proofs of Claim, Approving 503(b)(9) Proof of Claim Form, and Approving the Form and Manner of Notice of the 503(b)(9) Claims Bar Date entered by the Court on December 10, 2018 (the "Order").

Pursuant to Paragraph 2(a) of the Order, Abbott amends the proof of claim it submitted to the Court as Claim No. 58 on October 1, 2018 to provide all of the requirements for 503(b)(9) Claims as described in the Order.

The Claim is made in the amount of \$11,441.40, with \$4,478.40 of the amount of the Claim consisting of goods that the Debtor received within twenty days Debtor's August 24, 2018 Petition Date (the "503(b)(9) Claim)."

Attached to the Claim are the following documents as required pursuant to the terms of the Order:

- Invoice showing goods delivered to Debtor;
- Shipment date of goods to Debtor;
- Place of delivery of goods to Debtor;
- Method of delivery of goods to Debtor;
- Name of carrier of goods;
- Value of goods;
- Delivery receipts for delivery of goods to Debtor.

Abbott states that all of the value of the 503(b)(9) Claim is for goods, and that none of the 503(b)(9) Claim is for services and that Abbott has not filed any other claim against Debtor regarding the goods described in this Claim.

Abbott hereby certifies that all of the goods described in the Claim were sold to Debtor in the ordinary course of business. No portion of the Claim has been paid.



INVOICE
Abbott Diabetes Care Sales Corporation
Any questions please contact
Abbott Diabetes Care Customer Service at 1-800-537-3575

Page 1 of 1
Fed Tax ID 22-3890190
DUNS # 00-130-7602

Sold to Customer # 50279066
NORTHWEST MS MEDICAL
PO Box 1218
CLARKSDALE MS 38614-1218

Ship to Customer # 50279066
NORTHWEST MS MEDICAL
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Invoice # 609171664
Billing Date 08/10/2018
PO # 749-6783332
Payment Terms 15 days 2%, 30 net

Order # 109039945
Delivery # 510945994
Ship Date 08/10/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
10	7093201	PXP STRIPS 100CT	72 EA (1/EA)	62.20	4,478.40	N
	NDC 57599093205	Cust Prod 291598	Contract # 00007651			

(Qty) Batch # (72) 4E6N5H

Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by ADC to Customer are intended to reflect discounts or other reductions in price within the meaning set forth in the Social Security Act and may reflect a bundled discount pricing arrangement. With regard to any bundled discount pricing arrangement, ADC will, where appropriate, timely provide Customer (either herein or by separate statement) further detail pertaining to such discounts and the allocation of total net purchase dollars for equipment, service and products, as applicable. Customer may have an obligation to report such discounts to any State or Federal program that provides reimbursement to the Customer for the items to which the discount applies, and, if so, Customer must fully and accurately report such discounts. Further, Customer should retain invoices and other price documentation and make them available to Federal or State officials upon request.

Abbott Diabetes Care Sales Corp. of Alameda, California, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Diabetes Care Sales Corp. certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

Terms specific to FreeStyle Libre Pro: "For purchases of the FreeStyle Libre Pro™ Flash Glucose Monitoring System and components thereof (#FreeStyle Libre Pro™), you agree that all such purchases (including those made through phone, fax, electronic data interchange (EDI), email and online) are subject to the FreeStyle Libre Pro™ Flash Glucose Monitoring System Terms and Conditions located at e-Abbott.com, as amended from time to time." By placing an order to purchase a FreeStyle Libre Pro, you are agreeing to be bound by those terms and conditions. Only product(s) that you notify ADC were damaged during transit within 10 days of shipment may be returned to ADC. See e-Abbott.com for more information.

Extended Price	\$4,478.40
Shipping/Handling Charge	\$25.05
Shipping/Handling Credit	-\$25.05
Total Before Tax	\$4,478.40
Total Tax	\$0.00
Total	\$4,478.40

If postmarked by 08/25/2018, cash discount is \$89.57

PLEASE REMIT
PAYMENT TO:

Abbott Laboratories
P.O Box 92679
Chicago, IL 60675-2679

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **451751283953**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 14, 2018 10:45
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	451751283953	Ship date:	Aug 10, 2018
		Weight:	12.6 lbs/5.7 kg

Recipient:
CLARKSDALE, MS US

Shipper:
Plainfield, IN US

Reference	0510945994
Purchase order number:	749-6783332
Shipment Id	451751283953

Thank you for choosing FedEx.

PO	Invoice	Invoice Date	Due date	Amount
749-6720310	608705109	4/26/2018	5/11/2018	\$3,816.00
749-6754343	608893139	6/18/2018	7/3/2018	\$165.60
749-6783332	609171664	8/10/2018	8/25/2018	\$4,478.40
ADC				\$8,460.00

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:** 01/21/2019

Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (6753366)	Claim No: 58	<i>Status:</i>
Abbott Diabetes Division of	<i>Original Filed</i>	<i>Filed by:</i> CR
Abbott Laboratories Inc.	<i>Date:</i> 10/01/2018	<i>Entered by:</i> ERIC ROBERT
c/o Kohner, Mann & Kailas, S.C.	<i>Original Entered</i>	VON HELMS
4650 North Port Washington	<i>Date:</i> 10/01/2018	<i>Modified:</i>
Road	<i>Last Amendment</i>	
Milwaukee, Wisconsin	<i>Filed:</i> 01/04/2019	
53212	<i>Last Amendment</i>	
	<i>Entered:</i> 01/04/2019	

Amount claimed: \$11441.40

Priority claimed: \$4478.40

History:

[Details](#) [58-1](#) 10/01/2018 Claim #58 filed by Abbott Diabetes Division of, Amount claimed: \$11441.40 (VON HELMS, ERIC)

[Details](#) [58-2](#) 01/04/2019 Amended Claim #58 filed by Abbott Diabetes Division of, Amount claimed: \$11441.40 (VON HELMS, ERIC)

Description: (58-1) goods sold
(58-2) goods sold with formal 503(b)(9) administrative claim

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*	\$11441.40
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	\$4478.40	
Administrative		

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee 

Case number 18-05665

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?	Abbott Diabetes Division of Abbott Laboratories 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?	<input 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? Kohner, Mann & Kailas, S.C. Name 4650 North Port Washington Road Number Street Milwaukee WI 53212 City State ZIP Code Contact phone 414-962-5110 Contact email evonhelms@kmksc.com	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?	<input 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 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? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 11,441.40. 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:

☐ 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)(2) that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 4,478.40

* 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 09/28/2018

MM / DD / YYYY

Signature

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

Name Eric R. von Helms

First name

Middle name

Last name

Title Attorney in fact / Agent

Company Kohner, Mann & Kailas, S.C.

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

Address 4650 North Port Washington Road

Number Street

Milwaukee

WI

53212

City

State

ZIP Code

Contact phone 414-962-5110

Email evonhelms@kmksc.com

PO	Invoice	Invoice Date	Due Date	Amount in local currency
01033	608891686	6/18/2018	7/18/2018	\$396.00
01033	608891687	6/18/2018	7/3/2018	\$2,544.00
01444	609032819	7/10/2018	7/25/2018	\$41.40
ADC				\$2,981.40



INVOICE

Abbott Diabetes Care Sales Corporation

Any questions please contact

Abbott Diabetes Care Customer Service at 1-800-537-3575

Page 1 of 1

Fed Tax ID 22-3890190

DUNS # 00-130-7602

Sold to Customer # 56496938
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Ship to Customer # 56496938
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Invoice # 608891686
Billing Date 06/18/2018
PO # 01033
Payment Terms Net 30 Days

Order # 108673362
Delivery # 510599761
Ship Date 06/18/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
10	7090102	UNISTIK2 LANCING DEVICE SINGLE USE	12 EA (1/EA)	33.00	396.00	N
	GTIN 30357599000692	Cust Prod 291592	Contract # 00007651			

(Qty) Batch # (12) L4376

Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by ADC to Customer are intended to reflect discounts or other reductions in price within the meaning set forth in the Social Security Act and may reflect a bundled discount pricing arrangement. With regard to any bundled discount pricing arrangement, ADC will, where appropriate, timely provide Customer (either herein or by separate statement) further detail pertaining to such discounts and the allocation of total net purchase dollars for equipment, service and products, as applicable. Customer may have an obligation to report such discounts to any State or Federal program that provides reimbursement to the Customer for the items to which the discount applies, and, if so, Customer must fully and accurately report such discounts. Further, Customer should retain invoices and other price documentation and make them available to Federal or State officials upon request.

Extended Price	\$396.00
Total Before Tax	\$396.00
Total Tax	\$0.00
Total	\$396.00

Abbott Diabetes Care Sales Corp. of Alameda, California, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Diabetes Care Sales Corp. certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

Terms specific to FreeStyle Libre Pro: "For purchases of the FreeStyle Libre Pro™ Flash Glucose Monitoring System and components thereof (FreeStyle Libre Pro), you agree that all such purchases (including those made through phone, fax, electronic data interchange (EDI), email and online) are subject to the FreeStyle Libre Pro™ Flash Glucose Monitoring System Terms and Conditions located at e-Abbott.com, as amended from time to time." By placing an order to purchase FreeStyle Libre Pro, you are agreeing to be bound by those terms and conditions. Only product(s) that you notify ADC were damaged during transit within 10 days of shipment may be returned to ADC. See e-Abbott.com for more information.

**PLEASE REMIT
PAYMENT TO:**

Abbott Laboratories
P.O. Box 100997
Atlanta, GA 30384-0997

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **441440145438**.

Delivery Information:

Status:	Delivered	Delivered to:	Shipping/Receiving
Signed for by:	M.MCNEESE	Delivery location:	Amory, MS
Service type:	FedEx 2Day	Delivery date:	Jun 20, 2018 09:28
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	441440145438	Ship date:	Jun 18, 2018
		Weight:	22.0 lbs/10.0 kg

Recipient:
Amory, MS US

Shipper:
Plainfield, IN US

Reference	0510599761
Purchase order number:	01033

Thank you for choosing FedEx.



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **441440145427**.

Delivery Information:

Status:	Delivered	Delivered to:	Shipping/Receiving
Signed for by:	M.MCNEESE	Delivery location:	Amory, MS
Service type:	FedEx 2Day	Delivery date:	Jun 20, 2018 09:28
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	441440145427	Ship date:	Jun 18, 2018
		Weight:	9.0 lbs/4.1 kg

Recipient:
Amory, MS US

Shipper:
Plainfield, IN US

Reference	0510599761
Purchase order number:	01033

Thank you for choosing FedEx.



INVOICE
Abbott Diabetes Care Sales Corporation
Any questions please contact
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Page 1 of 1
Fed Tax ID 22-3890190
DUNS # 00-130-7602

Sold to Customer # 56496938
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Ship to Customer # 56496938
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Invoice # 608891687
Billing Date 06/18/2018
PO # 01033
Payment Terms 15 days 2%, 30 net

Order # 108673362
Delivery # 510599761
Ship Date 06/18/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
20	7093201	PXP STRIPS 100CT	48 EA (1/EA)	53.00	2,544.00	N
	NDC 57599093205	Cust Prod 291598	Contract # 00007651			

(Qty) Batch # (48) 4E695H

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Extended Price	\$2,544.00
Total Before Tax	\$2,544.00
Total Tax	\$0.00
Total	\$2,544.00

If postmarked by 07/03/2018, cash discount is \$50.88

Abbott Diabetes Care Sales Corp. of Alameda, California, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Diabetes Care Sales Corp. certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

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**PLEASE REMIT
PAYMENT TO:**

Abbott Laboratories
P.O Box 100997
Atlanta, GA 30384-0997

Thank you for your order



September 12, 2018

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Delivery Information:

Status:	Delivered	Delivered to:	Shipping/Receiving
Signed for by:	M.MCNEESE	Delivery location:	Amory, MS
Service type:	FedEx 2Day	Delivery date:	Jun 20, 2018 09:28
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	441440145438	Ship date:	Jun 18, 2018
		Weight:	22.0 lbs/10.0 kg

Recipient:
Amory, MS US

Shipper:
Plainfield, IN US

Reference	0510599761
Purchase order number:	01033

Thank you for choosing FedEx.



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **441440145427**.

Delivery Information:

Status:	Delivered	Delivered to:	Shipping/Receiving
Signed for by:	M.MCNEESE	Delivery location:	Amory, MS
Service type:	FedEx 2Day	Delivery date:	Jun 20, 2018 09:28
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	441440145427	Ship date:	Jun 18, 2018
		Weight:	9.0 lbs/4.1 kg

Recipient:
Amory, MS US

Shipper:
Plainfield, IN US

Reference

0510599761

Purchase order number:

01033

Thank you for choosing FedEx.



INVOICE
Abbott Diabetes Care Sales Corporation
Any questions please contact
Abbott Diabetes Care Customer Service at 1-800-537-3575

Page 1 of 1
Fed Tax ID 22-3890190
DUNS # 00-130-7602

Sold to Customer # 56496938
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Ship to Customer # 56496938
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Invoice # 609032819
Billing Date 07/10/2018
PO # 01444
Payment Terms 15 days 2%, 30 net

Order # 108861635
Delivery # 510741281
Ship Date 07/10/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
10	8013904	GLUCOSE/KETONE CONTROL SOLUTION H/L	6 EA (1/EA)	6.90	41.40	N
	NDC 05759901391	Cust Prod 1714511	Contract # 00007651			

(Qty) Batch # (6) 105461

Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by ADC to Customer are intended to reflect discounts or other reductions in price within the meaning set forth in the Social Security Act and may reflect a bundled discount pricing arrangement. With regard to any bundled discount pricing arrangement, ADC will, where appropriate, timely provide Customer (either herein or by separate statement) further detail pertaining to such discounts and the allocation of total net purchase dollars for equipment, service and products, as applicable. Customer may have an obligation to report such discounts to any State or Federal program that provides reimbursement to the Customer for the items to which the discount applies, and, if so, Customer must fully and accurately report such discounts. Further, Customer should retain invoices and other price documentation and make them available to Federal or State officials upon request.

Extended Price	\$41.40
Total Before Tax	\$41.40
Total Tax	\$0.00
Total	\$41.40

If postmarked by 07/25/2018, cash discount is \$0.83

Abbott Diabetes Care Sales Corp. of Alameda, California, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Diabetes Care Sales Corp. certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

Terms specific to FreeStyle Libre Pro: "For purchases of the FreeStyle Libre Pro™ Flash Glucose Monitoring System and components thereof (FreeStyle Libre Pro), you agree that all such purchases (including those made through phone, fax, electronic data interchange (EDI), email and online) are subject to the FreeStyle Libre Pro™ Flash Glucose Monitoring System Terms and Conditions located at e-Abbott.com, as amended from time to time." By placing an order to purchase FreeStyle Libre Pro, you are agreeing to be bound by those terms and conditions. Only product(s) that you notify ADC were damaged during transit within 10 days of shipment may be returned to ADC. See e-Abbott.com for more information.

PLEASE REMIT
PAYMENT TO:

Abbott Laboratories
P.O Box 100997
Atlanta, GA 30384-0997

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **441440224650**.

Delivery Information:

Status:	Delivered	Delivery location:	Amory, MS
Signed for by:	MMCNEESE	Delivery date:	Jul 12, 2018 11:55
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	441440224650	Ship date:	Jul 10, 2018
		Weight:	0.6 lbs/0.3 kg

Recipient:
AMORY, MS US

Shipper:
Plainfield, IN US

Reference

0510741281

Purchase order number:

01444

Shipment Id

441440224650

Thank you for choosing FedEx.

PO	Invoice	Invoice Date	Due date	Amount
749-6720310	608705109	4/26/2018	5/11/2018	\$3,816.00
749-6754343	608893139	6/18/2018	7/3/2018	\$165.60
749-6783332	609171664	8/10/2018	8/25/2018	\$4,478.40
ADC				\$8,460.00



INVOICE
Abbott Diabetes Care Sales Corporation
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Page 1 of 1
Fed Tax ID 22-3890190
DUNS # 00-130-7602

Sold to Customer # 50279066
NORTHWEST MS MEDICAL
PO Box 1218
CLARKSDALE MS 38614-1218

Ship to Customer # 50279066
NORTHWEST MS MEDICAL
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Invoice # 608705109
Billing Date 04/26/2018
PO # 749-6720310
Payment Terms 15 days 2%, 30 net

Order # 108449465
Delivery # 510306014
Ship Date 04/26/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
10	7093201	PXP STRIPS 100CT	72 EA (1/EA)	53.00	3,816.00	N
	NDC 57599093205		Contract # 00007651			

(Qty) Batch # (72) 4E575H

Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by ADC to Customer are intended to reflect discounts or other reductions in price within the meaning set forth in the Social Security Act and may reflect a bundled discount pricing arrangement. With regard to any bundled discount pricing arrangement, ADC will, where appropriate, timely provide Customer (either herein or by separate statement) further detail pertaining to such discounts and the allocation of total net purchase dollars for equipment, service and products, as applicable. Customer may have an obligation to report such discounts to any State or Federal program that provides reimbursement to the Customer for the items to which the discount applies, and, if so, Customer must fully and accurately report such discounts. Further, Customer should retain invoices and other price documentation and make them available to Federal or State officials upon request.

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Extended Price	\$3,816.00
Shipping/Handling Charge	\$25.05
Shipping/Handling Credit	-\$25.05
Total Before Tax	\$3,816.00
Total Tax	\$0.00
Total	\$3,816.00

If postmarked by 05/11/2018, cash discount is \$76.32

PLEASE REMIT
PAYMENT TO:

Abbott Laboratories
P.O Box 92679
Chicago, IL 60675-2679

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **434329751257**.

Delivery Information:

Status:	Delivered	Delivery location:	CLARKSDALE, MS
Signed for by:	K.TAYLOR	Delivery date:	Apr 30, 2018 09:38
Service type:	FedEx Standard Overnight		
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	434329751257	Ship date:	Apr 28, 2018
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Recipient:
CLARKSDALE, MS US

Shipper:
MEMPHIS, TN US

Reference	61282363
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Thank you for choosing FedEx.



INVOICE

Abbott Diabetes Care Sales Corporation

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Abbott Diabetes Care Customer Service at 1-800-537-3575

Page 1 of 1

Fed Tax ID 22-3890190

DUNS # 00-130-7602

Sold to Customer # 50279066
NORTHWEST MS MEDICAL
PO Box 1218
CLARKSDALE MS 38614-1218

Ship to Customer # 50279066
NORTHWEST MS MEDICAL
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Invoice # 608893139
Billing Date 06/18/2018
PO # 749-6754343
Payment Terms 15 days 2%, 30 net

Order # 108690430
Delivery # 510606676
Ship Date 06/18/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
10	8013904	GLUCOSE/KETONE CONTROL SOLUTION H/L	24 EA (1/EA)	6.90	165.60	N
	NDC 05759901391	Cust Prod 310492	Contract # 00007651			

(Qty) Batch # (24) 105461

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Extended Price	\$165.60
Total Before Tax	\$165.60
Total Tax	\$0.00
Total	\$165.60

If postmarked by 07/03/2018, cash discount is \$3.31

Abbott Diabetes Care Sales Corp. of Alameda, California, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Diabetes Care Sales Corp. certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

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**PLEASE REMIT
PAYMENT TO:**

Abbott Laboratories
P.O. Box 92679
Chicago, IL 60675-2679

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **441440147809**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	TBUCKNER	Delivery date:	Jun 20, 2018 12:05
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	441440147809	Ship date:	Jun 18, 2018
		Weight:	1.5 lbs/0.7 kg

Recipient:
CLARKSDALE, MS US

Shipper:
Plainfield, IN US

Reference	0510606676
Purchase order number:	749-6754343
Shipment Id	441440147809

Thank you for choosing FedEx.



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Abbott Diabetes Care Customer Service at 1-800-537-3575

Page 1 of 1
Fed Tax ID 22-3890190
DUNS # 00-130-7602

Sold to Customer # 50279066
NORTHWEST MS MEDICAL
PO Box 1218
CLARKSDALE MS 38614-1218

Ship to Customer # 50279066
NORTHWEST MS MEDICAL
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Invoice # 609171664
Billing Date 08/10/2018
PO # 749-6783332
Payment Terms 15 days 2%, 30 net

Order # 109039945
Delivery # 510945994
Ship Date 08/10/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
10	7093201	PXP STRIPS 100CT	72 EA (1/EA)	62.20	4,478.40	N
	NDC 57599093205	Cust Prod 291598	Contract # 00007651			

(Qty) Batch # (72) 4E6N5H

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Extended Price	\$4,478.40
Shipping/Handling Charge	\$25.05
Shipping/Handling Credit	-\$25.05
Total Before Tax	\$4,478.40
Total Tax	\$0.00
Total	\$4,478.40

If postmarked by 08/25/2018, cash discount is \$89.57

PLEASE REMIT
PAYMENT TO:

Abbott Laboratories
P.O Box 92679
Chicago, IL 60675-2679

Thank you for your order



September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **451751283953**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 14, 2018 10:45
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	451751283953	Ship date:	Aug 10, 2018
		Weight:	12.6 lbs/5.7 kg

Recipient:
CLARKSDALE, MS US

Shipper:
Plainfield, IN US

Reference	0510945994
Purchase order number:	749-6783332
Shipment Id	451751283953

Thank you for choosing FedEx.

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):

Creditor: (6753366)
Abbott Diabetes Division of
Abbott Laboratories Inc.
c/o Kohner, Mann & Kailas, S.C.
4650 North Port Washington
Road
Milwaukee, Wisconsin
53212

Claim No: 58
Original Filed
Date: 10/01/2018
Original Entered
Date: 10/01/2018

Status:
Filed by: CR
Entered by: ERIC ROBERT
VON HELMS
Modified:

Amount claimed: \$11441.40

Priority claimed: \$4478.40

History:

[Details](#) [58-1](#) 10/01/2018 Claim #58 filed by Abbott Diabetes Division of, Amount claimed: \$11441.40 (VON HELMS, ERIC)

Description: (58-1) 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*	\$11441.40
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	\$4478.40	
Administrative		