

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**

04/19

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?	<u>Abbott Point of Care Inc.</u> 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Kohner, Mann & Kailas, S.C.</u> Name <u>4650 North Port Washington Road</u> Number Street <u>Milwaukee WI 53212</u> City State ZIP Code Contact phone <u>414-962-5110</u> Contact email <u>evonhelms@kmksc.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) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>59</u> <div style="text-align: right;">Filed on <u>10/01/2018</u> MM / DD / YYYY</div>	
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? ☒ 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? \$ 7,364.40 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:

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 \$3,025* 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 \$13,650*) 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 4/01/22 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 07/11/2019
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

ATTACHMENT TO PROOF OF CLAIM OF ABBOTT POINT OF CARE INC.

Abbott Point of Care Inc. ("Point of Care") amends its proof of claim originally filed in the bankruptcy of Debtor Curae Health Inc. ("Debtor") on October 1, 2018 as Claim No. 59 in the amount of \$1,236.27. Point of Care had only received notice that Northwest Mississippi Medical was part of the Curae bankruptcy and only filed its claim for amounts owed to it by Northwest Mississippi Medical. Point of Care did not receive notice that Tri Lakes Medical Center was part of the Curae bankruptcy until April of 2019, when Point of Care requested payment on its past due invoices from Tri Lakes Medical Center.

Accordingly, Point of Care could not have included the amounts owed to it by Tri Lakes Medical Center as part of its original proof of claim filing. Point of Care has since been paid in the amount of \$1,236.00 for the Northwest Mississippi Medical cure obligations on June 27, 2019. As a result, the amended claim of Point of Care only reflects the \$7,364.40 amount owed to it by Tri Lakes Medical Center.



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Page 1 of 1
Fed Tax ID 36-4184946
DUNS # 00-130-7602

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Invoice # 608279297
Billing Date 01/21/2018
PO # 701-6642838
Payment Terms Net 30 Days

Order # 107896081
Delivery # 509685233
Ship Date 01/21/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10 03P7850 CART, G3+, CR1
GTIN 10054749002280

50 EA (1/EA)
Contract # 00141162

6.78 339.00 Y

(Qty) Batch # (50) D17296

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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ALLIANCE HEALTH PARTNERS LLC
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BATESVILLE MS 38606-8608

Invoice # 608293593
Billing Date 01/30/2018
PO # 701-6655255
Payment Terms Net 30 Days

Order # 108001841
Delivery # 509761619
Ship Date 01/30/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280 Cust Prod 452312

50 EA (1/EA)
Contract # 00141162

6.78

339.00 Y

(Qty) Batch # (50) D17321

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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ALLIANCE HEALTH PARTNERS LLC
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BATESVILLE MS 38606-8608

Invoice # 608332297
Billing Date 02/19/2018
PO # 701-6670547
Payment Terms Net 30 Days

Order # 108116332
Delivery # 509878527
Ship Date 02/19/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280 Cust Prod 452312

50 EA (1/EA)
Contract # 00141162

6.78

339.00 Y

(Qty) Batch # (50) D18033

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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Debit memo # 830511462
Billing Date 02/19/2018
PO # 701-6667974
Payment Terms Net 30 Days

Debit Memo Request # 330499181
Reference Invoice #
Reference Invoice Date

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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PPI 29664, RGA 742812, 12/06/17, SN 351392 Chris Ware Respiratory @ 662-712-2234. For questions, call 800-366-8020 option 4.

Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10 06F2310 PIS PRTCLN ANLYZR(1 EA)
GTIN 00054749001637

1 EA (1/EA)

1,800.00

1,800.00 Y

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$1,800.00
Total Before Tax	\$1,800.00
Total Tax	\$126.00
Total	\$1,926.00

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303 MED CTR DR
BATESVILLE MS 38606-8608

Invoice # 608404581
Billing Date 02/19/2018
PO # 701-6670750
Payment Terms Net 30 Days

Order # 108078984
Delivery # 509872166
Ship Date 02/19/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10	05P7201	TRICONTROL LVL 2(1)	1 EA (1/EA)	31.50	31.50	Y
	GTIN 00054749001071		Contract # 00141162			

(Qty) Batch # (1) 311100

20	05P7301	TRICONTROL LVL 3(1)	1 EA (1/EA)	31.50	31.50	Y
	GTIN 00054749001088		Contract # 00141162			

(Qty) Batch # (1) 321094

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Extended Price	\$63.00
Shipping/Handling Charge	\$47.57
Total Before Tax	\$110.57
Total Tax	\$7.74
Total	\$118.31

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BATESVILLE MS 38606-8608

Invoice # 608506210
Billing Date 03/12/2018
PO # 701-6685519
Payment Terms Net 30 Days

Order # 108209566
Delivery # 510019471
Ship Date 03/12/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280 Cust Prod 452312

50 EA (1/EA)
Contract # 00141162

6.78

339.00 Y

(Qty) Batch # (50) D17277

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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Page 1 of 2
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BATESVILLE MS 38606-8608

Invoice # 608522939
Billing Date 03/19/2018
PO # 701-6690628
Payment Terms Net 30 Days

Order # 108219298
Delivery # 510065745
Ship Date 03/19/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.						
10	05P7301	TRICONTR LVL 3(1)	1 EA (1/EA)	31.50	31.50	Y
	GTIN 00054749001088		Contract # 00141162			
(Qty) Batch # (1) 321100						
20	05P7101	TRICONTR LVL 1(1)	1 EA (1/EA)	31.50	31.50	Y
	GTIN 00054749001064		Contract # 00141162			
(Qty) Batch # (1) 301100						
30	05P7001	TRICONTR CALVER(1)	1 EA (1/EA)	64.00	64.00	Y
	GTIN 00054749001057		Contract # 00141162			
(Qty) Batch # (1) 17153						
40	09P3125	APOC CHEM8 CART(1X25)	25 EA (1/EA)	12.49	312.25	Y
	GTIN 10054749001917		Contract # 00141162			
(Qty) Batch # (25) H18033						
50	06P1710	TROPONIN CTL LV 2(1)	1 EA (1/EA)	135.80	135.80	Y
	GTIN 00054749001149		Contract # 00141162			
(Qty) Batch # (1) 021091						
70	06P2325	APOC Troponin Cart	25 EA (1/EA)	9.50	237.50	Y
	GTIN 10054749001986		Contract # 00141162			
(Qty) Batch # (25) P18037A						



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Page 2 of 2
Fed Tax ID 36-4184946
DUNS # 00-130-7602

Invoice # 608522939
Billing Date 03/19/2018
PO # 701-6690628
Payment Terms Net 30 Days

Order # 108219298
Delivery # 510065745
Ship Date 03/19/2018

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Extended Price	\$812.55
Shipping/Handling Charge	\$52.48
Total Before Tax	\$865.03
Total Tax	\$60.55
Total	\$925.58

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BATESVILLE MS 38606-8608

Ship to Customer # 51248425
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ALLIANCE HEALTH PARTNERS LLC
303 MED CTR DR
BATESVILLE MS 38606-8608

Invoice # 608537092
Billing Date 03/20/2018
PO # 701-6691551
Payment Terms Net 30 Days

Order # 108230587
Delivery # 510073293
Ship Date 03/20/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10 D6P1709 TROPONIN CTL LV 1
GTIN 00054749001132

1 EA (1/EA)
Contract # 00141162

135.80

135.80 Y

(Qty) Batch # (1) 011091

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$135.80
Shipping/Handling Charge	\$46.94
Total Before Tax	\$182.74
Total Tax	\$12.79
Total	\$195.53

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ALLIANCE HEALTH PARTNERS LLC
303 MED CTR DR
BATESVILLE MS 38606-8608

Invoice # 608561580
Billing Date 03/26/2018
PO # 701-6697471
Payment Terms Net 30 Days

Order # 108300127
Delivery # 510076864
Ship Date 03/26/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10 03P7850 CART, G3+, CR1
GTIN 10054749002280 Cust Prod 452312

75 EA (1/EA)
Contract # 00141162

6.78

508.50 Y

(Qty) Batch # (75) D18062

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (a) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (ii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$508.50
Shipping/Handling Charge	\$52.11
Total Before Tax	\$560.61
Total Tax	\$39.24
Total	\$599.85

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303 MED CTR DR
BATESVILLE MS 38606-8608

Invoice # 608756736
Billing Date 05/08/2018
PO # 00171
Payment Terms Net 30 Days

Order # 108544102
Delivery # 510380243
Ship Date 05/08/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280

75 EA (1/EA)
Contract # 00141162

6.78

508.50 Y

(Qty) Batch # (75) D18121

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$508.50
Shipping/Handling Charge	\$52.11
Total Before Tax	\$560.61
Total Tax	\$39.24
Total	\$599.85

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303 MED CTR DR
BATESVILLE MS 38606-8608

Invoice # 608824363
Billing Date 06/06/2018
PO # 00360
Payment Terms Net 30 Days

Order # 108657639
Delivery # 510559029
Ship Date 06/06/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280

50 EA (1/EA)
Contract # 00141162

6.78

339.00 Y

(Qty) Batch # (50) D18147C

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement from a third party, or (iii) provided as a replacement for an original charged-for product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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Invoice # 608838761
Billing Date 06/11/2018
PO # 00398
Payment Terms Net 30 Days

Order # 108722404
Delivery # 510571472
Ship Date 06/11/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 05P7101 TRICONTROL LVL 1(1)
GTIN 00054749001064

1 EA (1/EA)
Contract # 00141162

31.00

31.00 Y

(Qty) Batch # (1) 301100

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$31.00
Shipping/Handling Charge	\$47.10
Total Before Tax	\$78.10
Total Tax	\$5.47
Total	\$83.57

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Invoice # 609059607
Billing Date 07/15/2018
PO # 00571
Payment Terms Net 30 Days

Order # 108895622
Delivery # 510755457
Ship Date 07/15/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280

50 EA (1/EA)
Contract # 00141162

6.78

339.00 Y

(Qty) Batch # (50) D181858

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Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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Invoice # 609176386
Billing Date 08/22/2018
PO # 00788
Payment Terms Net 30 Days

Order # 109111649
Delivery # 511084668
Ship Date 08/22/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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10 03P7850 CART, G3+, CR1
GTIN 10054749002280

50 EA (1/EA)
Contract # 00148323

6.78

339.00 Y

(Qty) Batch # (50) D182118

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$339.00
Shipping/Handling Charge	\$50.28
Total Before Tax	\$389.28
Total Tax	\$27.25
Total	\$416.53

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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:
01/21/2019

Trustee: Steven D Sass LLC as Debtor Representative and
Liquidating Trustee

Last Date to file (Govt):

Creditor: (6753368)	Claim No: 59	Status:
Abbott Point of Care Inc.	<i>Original Filed</i>	<i>Filed by:</i> CR
c/o Kohner, Mann & Kailas, S.C.	<i>Date:</i> 10/01/2018	<i>Entered by:</i> ERIC ROBERT
4650 North Port Washington	<i>Original Entered</i>	VON HELMS
Road	<i>Date:</i> 10/01/2018	<i>Modified:</i>
Milwaukee, Wisconsin	<i>Last Amendment</i>	
53212	<i>Filed:</i> 07/11/2019	
	<i>Last Amendment</i>	
	<i>Entered:</i> 07/11/2019	

Amount claimed: \$7364.40

History:

[Details](#) [59-1](#) 10/01/2018 Claim #59 filed by Abbott Point of Care Inc., Amount claimed: \$1236.27 (VON HELMS, ERIC)

[Details](#) [59-2](#) 07/11/2019 Amended Claim #59 filed by Abbott Point of Care Inc., Amount claimed: \$7364.40 (VON HELMS, ERIC)

Description: (59-1) goods sold
(59-2) 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*	\$7364.40
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		
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?	<u>Abbott Point of Care Inc.</u> 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? <u>Kohner, Mann & Kailas, S.C.</u> Name <u>4650 North Port Washington Road</u> Number Street <u>Milwaukee</u> <u>WI</u> <u>53212</u> City State ZIP Code Contact phone <u>414-962-5110</u> Contact email <u>evonhelms@kmksc.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) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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? \$ 1,236.27 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

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). \$ _____

☐ 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 09/28/2018
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
749-6718464	608717805	4/30/2018	5/30/2018	\$661.39
749-6728312	608775364	5/13/2018	6/12/2018	\$504.36
749-6751077	608880046	6/14/2018	7/14/2018	\$70.52
APOC				\$1,236.27



INVOICE
Abbott Laboratories Inc(ALI)
Any questions please contact
Diagnostics Customer Service at 1-877-4ABBOTT

Page 1 of 1
Fed Tax ID 36-4184946
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 # 608717805
Billing Date 04/30/2018
PO # 749-6718464
Payment Terms Net 30 Days

Order # 108441277
Delivery # 510318939
Ship Date 04/30/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10	06P1712	TROPONIN CAL VER(1)	1 EA (1/EA)	135.80	135.80	N
		GTIN 00054749001163	Contract # 00127793			

(Qty) Batch # (1) 170338

20	06P2325	APOC Troponin Cart	50 EA (1/EA)	9.50	475.00	N
		GTIN 10054749001986	Contract # 00127793			

(Qty) Batch # (50) P18069

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$610.80
Shipping/Handling Charge	\$50.59
Total Before Tax	\$661.39
Total Tax	\$0.00
Total	\$661.39

**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 **421510009365**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	TBUCKNER	Delivery date:	Apr 30, 2018 11:11
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:	421510009365	Ship date:	Apr 26, 2018
		Weight:	12.3 lbs/5.6 kg

Recipient:
CLARKSDALE, MS US

Shipper:
Plainfield, IN US

Reference	0510306014
Purchase order number:	749-6720310
Shipment Id	421510009365

Thank you for choosing FedEx.



INVOICE
Abbott Laboratories Inc(All)
Any questions please contact
Diagnostics Customer Service at 1-877-4ABBOTT

Page 1 of 1
Fed Tax ID 36-4184946
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 # 608775364
Billing Date 05/13/2018
PO # 749-6728312
Payment Terms Net 30 Days

Order # 108518225
Delivery # 510405061
Ship Date 05/13/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10	03P8425	APOC CREA CART(1X25)	3 BX (25/BX)	150.75	452.25	N
	GTIN 00054749000128	Cust Prod 350573	Contract # 00127793			

(Qty) Batch # (3) A18109

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$452.25
Shipping/Handling Charge	\$52.11
Total Before Tax	\$504.36
Total Tax	\$0.00
Total	\$504.36

**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 **434329816497**.

Delivery Information:

Status:	Delivered	Delivery location:	CLARKSDALE, MS
Signed for by:	K.TAYLOR	Delivery date:	May 14, 2018 09:31
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:	434329816497	Ship date:	May 13, 2018
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Recipient:	Shipper:
CLARKSDALE, MS US	MEMPHIS, TN US

Reference	61288890
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Thank you for choosing FedEx.



INVOICE
Abbott Laboratories Inc(ALL)
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Diagnostics Customer Service at 1-877-4ABBOTT

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Fed Tax ID 36-4184946
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 # 608880046
Billing Date 06/14/2018
PO # 749-6751077
Payment Terms Net 30 Days

Order # 108724924
Delivery # 510612621
Ship Date 06/14/2018

Line	Product #	Product Description	Quantity UOM (Size)	Unit Price	Extended Price	Tax
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Any discounts, rebates or other price reductions (collectively referred to herein as discounts) issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). Abbott is providing this detail pertaining to such discounts and the allocation of total net purchase dollars for Instrument, Service, Reagent and Miscellaneous purchases, as applicable. You may have an obligation to report such discounts to any State or Federal program, which provides reimbursement to you for the items to which the discount applies, and, if so, you must fully and accurately report such discounts. Further, you should retain invoices and other price documentation and make them available to Federal or State officials upon request.

10 06F2126 9V LITHIUM BATTYS(1X6) 1 EA (1/EA) 35.00 35.00 N
GTIN 00054749000821 Cust Prod 279670 Contract # 00058479

The invoice prices stated herein may be subject to quarterly or annual reconciliation. Any discounts, rebates or other price reductions (collectively referred to herein as "discounts") issued by Abbott to you constitute a discount under applicable law (42 U.S.C. Section 1320a-7b(b)(3)(A)). The 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, you should retain invoices and other price documentation and make them available to Federal or State officials upon request. To the extent that any no-charge product is being provided (e.g., evaluation or warranty replacement product), you may not seek reimbursement from third parties for such product, unless it is (i) provided as part of a bundled pricing or other discount arrangement, (ii) provided as a replacement for an original no-charge product that was part of a bundled pricing or other discount arrangement and that you have not and will not seek reimbursement for from a third party, or (iii) provided as a replacement for an original charged-for product you have not and will not seek reimbursement for from any third party. If the services are covered under global payments systems such as DRG's, the No Charge product must be treated appropriately under the billing procedures applicable to the payment system. Customer must destroy product whenever 1) there is any unused product (reagent, calibrator and/or control) that was used to perform a reagent evaluation, regardless of price paid or 2) the original charged or no charge product has been replaced.

Extended Price	\$35.00
Shipping/Handling Charge	\$35.52
Total Before Tax	\$70.52
Total Tax	\$0.00
Total	\$70.52

**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 **491548170220371**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Jun 15, 2018 10:57
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:	491548170220371	Ship date:	Jun 14, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
Clarksdale, MS US

Shipper:
Memphis, TN US

Reference	61304382
Purchase order number:	749-6751077
Shipment Id	491548170220371
Department number	C/O FedEx SupplyChain

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: (6753368)

Claim No: 59

Status:

Abbott Point of Care Inc.

Original Filed

Filed by: CR

c/o Kohner, Mann & Kailas, S.C.

Date: 10/01/2018

Entered by: ERIC ROBERT

4650 North Port Washington

Original Entered

VON HELMS

Road

Date: 10/01/2018

Modified:

Milwaukee, Wisconsin

53212

Amount claimed: \$1236.27

History:

[Details](#) [59-1](#) 10/01/2018 Claim #59 filed by Abbott Point of Care Inc., Amount claimed: \$1236.27 (VON HELMS, ERIC)

Description: (59-1) 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*	\$1236.27
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		