

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

Debtor 1 GILMORE MEMORIAL HOSPITAL

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

United States Bankruptcy Court for the: TENNESSEE MIDDLE BANKRUPTCY COUF

Case number 3:18-BK-05665-CURAE HEALTH

**FILED**

**OCT 02 2018**

**U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN**

**Official Form 410**

**Proof of Claim**

12/15

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>CERTIFIED LABS</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NCH CORPORATION</u>	
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>NCH CORPORATION</u> Name <u>2727 Chemsearch Dr</u> Number Street <u>IRVING TX 75062</u> City State ZIP Code Contact phone <u>800 527-9919 x0541</u> Contact email <u>CAC.CREDIT@NCH.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) <u>SAME</u> Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

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: 9 1 0 8

7. How much is the claim? \$ 2,659.77. 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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 \$2,775\* 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 \$12,475\*) 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.

Amount entitled to priority

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

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

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

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

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

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

\* Amounts are subject to adjustment on 4/01/16 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 09/19/2018  
MM / DD / YYYY

Della Cruz  
Signature

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

Name Della Cruz  
First name Middle name Last name

Title Credit Manager

Company \_\_\_\_\_

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

Address 2727 Chemsearch Blvd.  
Number Street

Irving TX 75062  
City State ZIP Code

Contact phone 800-527-9919 Email CAG-CREDIT@NCH.com

## United States Bankruptcy Court

Middle District Of TennesseeIn re Gilmore Memorial Hospital  
DebtorCase No. 3:18-BK-05665-Currae Hal  
Chapter 11

## GENERAL POWER OF ATTORNEY

To Russ Price of \* Certified Labs, and  
Della Cruz of \* Certified Labs

The undersigned claimant hereby authorizes you, or any one of you, as attorney in fact for the undersigned and with full power of substitution, to vote on any question that may be lawfully submitted to creditors of the debtor in the above-entitled case; [if appropriate] to vote for a trustee of the estate of the debtor and for a committee of creditors; to receive dividends; and in general to perform any act not constituting the practice of law for the undersigned in all matters arising in this case.

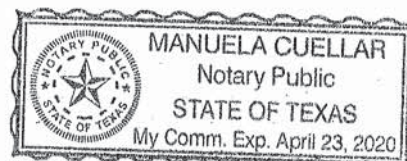
Dated: 9/19/18Signed: Certified Laboratories  
By: Della Cruz  
as Credit Manager  
Address: 2127 Chemsearch Blvd  
Irving, TX 75062

[If executed by an individual] Acknowledged before me on \_\_\_\_\_

[If executed on behalf of a partnership] Acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_ who says that he [or she] is a member of the partnership  
named above and is authorized to execute this power of attorney in its behalf.[If executed on behalf of a corporation] Acknowledged before me on 9/20/18  
by Della Cruz who says that he [or she] is Credit mgr  
of the corporation named above and is authorized to execute this power of attorney in its behalf.Manuela Cuellar

[Official character.]

\* State mailing address.







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299108		15-NOV-17	10 NET	25-NOV-17		3202063		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
2931648		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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299108	2931648	295.53		USD

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299108		15-DEC-17	10 NET	25-DEC-17		3239847		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
2963984		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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299108	2963984	295.53		USD

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299108		15-JAN-18	10 NET	25-JAN-18		3274103		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
2994494		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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299108	2994494	295.53		USD

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299108		15-FEB-18	10 NET	25-FEB-18		3313638		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
3029482		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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299108	3029482	295.53		USD

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299108		15-MAR-18	10 NET	25-MAR-18		3350064		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
3061811		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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299108	3061811	295.53		USD

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299108		15-APR-18	10 NET	25-APR-18		3389962		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
3096183		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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299108	3096183	295.53		USD

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299108		15-MAY-18	10 NET	25-MAY-18		3428793		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
3133614		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

CERTIFIED LABORATORIES, DIVISION OF NCH CORPORATION . ALL RETURNS CLAIMS FOR ERRORS, OR ADJUSTMENTS OF ANY KIND MUST BE  
MADE WITHIN 15 DAYS AFTER RECEIPT OF GOODS. MERCHANDISE NOT ACCEPTED FOR CREDIT WITHOUT OUR PRIOR WRITTEN CONSENT. \*\*  
DISTRIBUTION SERVICES INCLUDE SHIPPING & HANDLING CHARGES - F.O.B. FORT WORTH .

**Please MAIL WITH PAYMENT**

TO ENSURE PROPER CREDIT PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE  
MAKE CHECKS PAYABLE ONLY TO CERTIFIED LABORATORIES



Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
299108	3133614	295.53		USD

Sold To

GILMORE MEMORIAL HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Make Checks Payable To

CERTIFIED LABORATORIES  
PO BOX 971269  
DALLAS, TX 75397-1269

Address Changes or Comments  
A/P Email Address :



CORRESPONDENCE TO  
PO BOX 2493  
FT WORTH TX 76113-2493

INVOICE  
ORIGINAL COPY

REORDERS CALL # 1-800-527-9929  
FAX # 1-972-438-0634  
WWW.CERTIFIEDLABS.COM

Page: 1 of 1

Remittance Address

CERTIFIED LABORATORIES  
PO BOX 971269  
DALLAS, TX 75397-1269

Sold To

Attn: ACCOUNTS PAYABLE

GILMORE MEMORIAL HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Ship To

GILMORE MEMORIAL HOSPITAL  
FAC MANAGEMENT  
1105 EARL FRYE BLVD  
AMORY MS 38821

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next invoice via email  
or pay your next invoice  
ach/eft/direct deposit  
simply email us at  
cac.credit@nch.com

Customer No.		Billing Date	Terms	Due Date	Ship Date	Sales Order		
299108		15-JUN-18	10 NET	25-JUN-18		3470659		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
3167149		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
299108	3167149	295.53		USD

Sold To

GILMORE MEMORIAL HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

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CERTIFIED LABORATORIES  
PO BOX 971269  
DALLAS, TX 75397-1269

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A/P Email Address :





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Remittance Address

CERTIFIED LABORATORIES  
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Sold To

Attn: ACCOUNTS PAYABLE

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AMORY MS 38821

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1105 EARL FRYE BLVD  
AMORY MS 38821

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next invoice via email  
or pay your next invoice  
ach/eft/direct deposit  
simply email us at  
cac.credit@nch.com

Customer No.		Billing Date	Terms	Due Date	Ship Date	Sales Order		
299108		15-JUL-18	10 NET	25-JUL-18		3505608		
Invoice No.		Purchase Order No.		Sales Rep. No.	Sales Rep. Name			
3199875		854-554496		USCL784W	HOWELL, Mr. RICK D			
Product	Qty Ordered	Description			Packaging	Qty Billed	Unit Price	Amount
12056095	1	LIQUID CERTI-ZYME DRAIN MAINTENANCE AGREEMENT, CL			EA	1.00	295.53	295.53

Merchandise	State Tax	Local Tax	** Shipping	Split Inv. No.	Currency	Total Amount
295.53	0.00	0.00	0.00		USD	295.53
MS		Tax ID # 185-00909-9		Federal ID # 75-0457200		

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Customer Acct. No.	Invoice No.	Amount Due	Amount Paid	Currency
299108	3199875	295.53		USD

Sold To

GILMORE MEMORIAL HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Make Checks Payable To

CERTIFIED LABORATORIES  
PO BOX 971269  
DALLAS, TX 75397-1269

Address Changes or Comments  
A/P Email Address :

# 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:* (6754127)

**Claim No:** 62

*Status:*

CERTIFIED LABS

*Original Filed*

*Filed by:* CR

NCH CORPORATION

*Date:* 10/02/2018

*Entered by:* Intake1

2727 CHEMSEARCH DR

*Original Entered*

*Modified:*

IRVING TX 75062

*Date:* 10/02/2018

Amount claimed: \$2659.77

*History:*

[Details](#) [62-1](#) 10/02/2018 Claim #62 filed by CERTIFIED LABS, Amount claimed: \$2659.77 (Intake1)

*Description:* (62-1) 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

<b>Total Amount Claimed*</b>	\$2659.77
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		