Fill in this in	formation to identify the case:
Debtor 1	GILMORE MEMORIAL HOSPITAL
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: TENNESSEE MIDDLE BANKRUPTCY COUF
Case number	3:18-BK-05665-CURAE HEALTH

Official Form 410 Proof of Claim

FILED

OCT 0 2 2018

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

Proof	of	Claim	12/	/15
				All provide the

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.

	Who is the current	CERTIFIED LABS					
	creditor?	Name of the current cred					
		Other names the creditor	used with the debto	NCH CORPOR	ATION		
2	Has this claim been acquired from someone else?	Vo Ves. From whom	?				
2	Where should notices and payments to the	Where should notice	es to the credito		Where should pay different)	ments to the creditor	be sent? (if
	creditor be sent?	NCH CORPORA	TION		SAME		
	Federal Rule of	Name			Name		
	Bankruptcy Procedure (FRBP) 2002(g)	2727 Chemsearc	h Dr				
	(((()) = 0 - (3)	Number Street		-	Number Street		
		IRVING	TX	75062		2	ZIP Code
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 800 52	27-9919 x054	1	Contact phone		
		Contact email CAC.C			Contact email		
				nts in chapter 13 (if you u	use one):		
	Does this claim amend one already filed?	ビ No ロ Yes. Claim numt	per on court claim	ns registry (if known) _		Filed on	D / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	Mo U Yes. Who made	the earlier filing?				

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 ✓
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).
What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
claimr	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
Is all or part of the claim	No No
secured?	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)%
	G Fixed
	Variable
0. Is this claim based on a	No.
lease?	Yes. Amount necessary to cure any default as of the date of the petition.
1. Is this claim subject to a	No No
right of setoff?	Yes. Identify the property:

12. Is all or part of the claim	No No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	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).	\$
entitied to priority.	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.	\$
	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or aft	er the date of adjustment.

Part 3: Sign Below

and the state of the	
The person completing	Check the appropriate box:
this proof of claim must sign and date it.	I am the creditor.
FRBP 9011(b).	I am the creditor's attorney or authorized agent.
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.
to establish local rules	
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.
A person who files a	
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.
3571.	Executed on date 09/19/2018
	Della Cruz Signature
	Print the name of the person who is completing and signing this claim:
	Della Cruz
	Name DUILA Middle name Last name
	Title <u>Credit Manager</u>
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.
	Address 2727 Chemsearch Blud. Number Street
	Irving TX 75062 City State ZIP Code
	City
	Contact phone 800-527-9919 Email CAC.CREDITONCH.COM

Form 4011A (12/15)

United States Bankruptcy Court Middle District Of Tennessee Case No. 3: 8-BK-05665-Curae Hal Inre Gilmore Memorial Chapter GENERAL POWER OF ATTORNEY of* Certified Lat Russ Price To of* Certified Della 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. 9/19/ Dated: entified haboratories Signed: Address: [If executed by an individual] Acknowledged before me on [If executed on behalf of a partnership] Acknowledged before me on who says that he [or she] is a member of the partnership by named above and is authorized to execute this power of attorney in its behalf. 170118 [If executed on behalf of a corporation] Acknowledged before me on who says that he [or she] is ella by nun of the corporation named above and is authorized to execute this power of attorney in its behalf. [Official character.] * State mailing address. MANUELA CUELLAR Notary Public

Case 3:18-bk-05665

Claim 62-1 Filed 10/02

Filed 10/02/18 Desc Main Document

Page 4 of 13

My Comm. Exp. April 23, 2020

CERTIFIED.			INVOICE GINAL COPY		Remitta	Page: ince Address	1 01 1	
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295.53 CERTIFIED LABC MADE WITHIN 1 DISTRIBUTION S	0.00 MS DRATORIES, DIVISION OF 5 DAYS AFTER RECEIPT C ERVICES INCLUDE SHIPF PIE ROPER CREDIT	0.00 Tax ID # 18: NCH CORPORATION . ALL F OF GOODS. MERCHANDISE N ING & HANDLING CHARGES PARE MAIL PLEASE DETACH TO CKS PAYABLE ONI	0.0 5-00909-9 RETURNS CLAIMS FOR E NOT ACCEPTED FOR CRE S – F.O.B. FORT WORTH . WITH PAY THIS STUB AND LY TO CERTIFIE ustomer Acct. No.	Feder RRORS, OR ADJUS DIT WITHOUT OU YMENT RETURN W ED LABORA' Invoice No.	al ID # 75-0457 TMENTS OF ANY R PRIOR WRITTEN ITH YOUR FORIES Amount Due	USD 200 KIND MUST BE N CONSENT. ** REMITTANC	295.53 CE 1 Currenc
295.53 CERTIFIED LABC MADE WITHIN I DISTRIBUTION S TO ENSURE P	0.00 MS DRATORIES, DIVISION OF 5 DAYS AFTER RECEIPT C ERVICES INCLUDE SHIPF PIE ROPER CREDIT	0.00 Tax ID # 18: NCH CORPORATION . ALL F OF GOODS. MERCHANDISE N ING & HANDLING CHARGES PARE MAIL PLEASE DETACH TO CKS PAYABLE ONI	0.0 5-00909-9 RETURNS CLAIMS FOR E NOT ACCEPTED FOR CRE S - F.O.B. FORT WORTH WITH PA THIS STUB AND LY TO CERTIFIE	00 Feder RRORS, OR ADJUS DIT WITHOUT OU VMENT RETURN W ED LABORA' Invoice No. 3061811	al ID # 75-0457 TMENTS OF ANY R PRIOR WRITTEN TITH YOUR TORIES	USD 200 KIND MUST BE N CONSENT. ** REMITTANC	295.53

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CORRESPONDENCE TO PO BOX 2493 T WORTH TX 76113-2493			# 1-800-527-99 # 1-972-438-06 ABS.COM	29 PO	RTIFIED LAE BOX 971269 LLAS, TX 753		ES
old To			Ship To	CARE PORT	and the second second	Sign up to	receive you
ttn: ACCOUNTS PA ILMORE MEMORIAL 105 EARL FRYE BL MORY MS 38821	HOSPITAL		GILMORE M FAC MANAG 1105 EARL AMORY MS	EMENT		next invo or pay you ach/eft/di simply o	ice via email ir next invoid irect deposit email us at it@nch.com
Customer No.	Billing Date	Terms	Due Da	ite	Ship Date		Order
299108	15-APR-18	10 NET	25-APR-	-18		and the second	9962
Invoice No. 3096183	2002-2008	hase Order No. 854-554496	USCL78			es Rep. Name ELL, Mr. RICK D))
Product Qty Ordered		Description	HALFER MARKEN STREET	Packa	ging Qty Billed	Unit Price	Amount
			EEMENT, CL				
Merchandise	State Tax	Local Tax	** Sh	ipping	Split Inv. No.	Currency	Total Amou 295 53
295.53	0.00 MS	0.00 Tax ID # 185-00	** Sh 0.)909-9 TDIS CLAIMS FOR J	.00 Fee	leral ID # 75-045	USD 57200 Y KIND MUST BE	295.53
295.53 CERTIFIED LAB MADE WITHIN DISTRIBUTION	0.00 MS IS DAYS AFTER RECEIPT (SERVICES INCLUDE SHIPT PIC PROPER CREDIT	0.00 Tax ID # 185-00 NCH CORPORATION . ALL RETU OF GOODS. MERCHANDISE NOT NIG & HANDLING CHARGES - F PASE MAIL V PLEASE DETACH TH CKS PAYABLE ONLY	** Sh 0. 1909-9 JRNS CLAIMS FOR I ACCEPTED FOR CR 0.0.B. FORT WORTH VITH PA IS STUB ANIL TO CERTIFII TO CERTIFII	.00 Fea ERRORS, OR AD EDIT WITHOUT YMEN D RETURN	leral ID # 75-045 JUSTMENTS OF AN OUR PRIOR WRITTI F WITH YOUR ATORIES	USD 37200 Y KIND MUST BE EN CONSENT. * 1	295,53 * NCE
295.53 CERTIFIED LAB MADE WITHIN DISTRIBUTION TO ENSURE F	0.00 MS IS DAYS AFTER RECEIPT O SERVICES INCLUDE SHIP PIO PROPER CREDIT MAKE CHEO	0.00 Tax ID # 185-00 NCH CORPORATION . ALL RETU OF GOODS. MERCHANDISE NOT NIG & HANDLING CHARGES - F PASE MAIL V PLEASE DETACH TH CKS PAYABLE ONLY	** Sh 0. 1909-9 JRNS CLAIMS FOR I ACCEPTED FOR CR 20.B. FORT WORTH VITH PA IS STUB ANE TO CERTIFII	.00 Fea ERRORS, OR AD EDIT WITHOUT YMEN O RETURN ED LABOR Invoice No 3096183	Ieral ID # 75-045 JUSTMENTS OF AN OUR PRIOR WRITTH F WITH YOUR ATORIES . Amount Do 295.53	USD 37200 Y KIND MUST BE EN CONSENT. * 1	295.53

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CORRESPONDENCE TO PO BOX 2493 FT WORTH TX 76113-2493		REORDERS CAL FAX WWW.CERTIFIE	L # 1-800-527-99 # 1-972-438-06	29 PO I	CERTIFIED LABORATORI PO BOX 971269 DALLAS, TX 75397-1269		ES		
old To			Ship To						
Attn: ACCOUNTS PA GILMORE MEMORIAL L105 EARL FRYE BL AMORY MS 38821	HOSPITAL	GILMORE MEMORIAL FAC MANAGEMENT 1105 EARL FRYE BL AMORY MS 38821				Sign up to receive your 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 Da	te	Ship Date		Order	RANK	
299108	15-MAY-18	10 NET	25-MAY			3428	3793	G7-197825.W	
Invoice No. 3133614	Conditioner by a	hase Order No. 854-554496	Sales Rep. USCL784			es Rep. Name ELL, Mr. RICK D	(694397)))))))))))))))))))))))))))))))))))		
Product Qty Ordered		Description	WARDEN BARREN PROVIDER	Packagii	g Qty Billed	Unit Price	Unit Price Amou		
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								293.2	
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295.53 CERTIFIED LABG MADE WITHIN 1 DISTRIBUTION S TO ENSURE P	0.00 MS DRATORIES, DIVISION OF 5 DAYS AFTER RECEIPT (ERVICES INCLUDE SHIPF PIC ROPER CREDIT	0.00 Tax ID # 18 NCH CORPORATION . ALL DF GOODS. MERCHANDISE ING & HANDLING CHARGE CHARGE MAIL PLEASE DETACH CKS PAYABLE ON	0. 85-00909-9 RETURNS CLAIMS FOR E NOT ACCEPTED FOR CRI ES – F.O.B. FORT WORTH WITH PA THIS STUB AND	00 Fede ERRORS, OR ADJU EDIT WITHOUT OF 	ral ID # 75-0457 STMENTS OF ANY JR PRIOR WRITTE	USD 7200 KIND MUST BE N CONSENT. ** REMITTAN	295 NCE	mount	
295.53 CERTIFIED LABO MADE WITHIN I DISTRIBUTION S TO ENSURE P	0.00 MS DRATORIES, DIVISION OF 5 DAYS AFTER RECEIPT (ERVICES INCLUDE SHIPF PIC ROPER CREDIT	0.00 Tax ID # 18 NCH CORPORATION . ALL DF GOODS. MERCHANDISE ING & HANDLING CHARGE CHARGE MAIL PLEASE DETACH CKS PAYABLE ON	0. RETURNS CLAIMS FOR F NOT ACCEPTED FOR CRI ES – F.O.B. FORT WORTH WITH PA' THIS STUB AND THIS STUB AND ULY TO CERTIFIE Customer Acct. No.	00 Fede ERRORS, OR ADJU EDIT WITHOUT OUT STANDARD YMENT O RETURN V ED LABORA	ral ID # 75-0457 STMENTS OF ANY JR PRIOR WRITTE VITH YOUR ATORIES	USD 7200 KIND MUST BE N CONSENT. ** REMITTAN	295 NCE	mount .53	
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CORRESPONDENCE TO PO BOX 2493 FT WORTH TX 76113-2493	ORIGIN	INVOICE ORIGINAL COPY		Page: 1 of Remittance Address			
	REORDERS CALL FAX WWW.CERTIFIED	# 1-800-527-99 # 1-972-438-06	²⁹ PO	CERTIFIED LABORATOR PO BOX 971269 DALLAS, TX 75397-1269		RIES	
Sold To Attn: ACCOUNTS PAYABLE		Ship To GILMORE MEMORIAL HOSPITAL FAC MANAGEMENT 1105 EARL FRYE BLVD AMORY MS 38821			Sign up to receive your ITAL next invoice via email or pay your next invoice ach/eft/direct deposit simply email us at cac.credit@nch.com		
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821							
Customer No. Billing Date	Terms	Due Da		Ship Date	Sales O		
299108 15-JUN-18	10 NET	25-JUN	and the second	Self.	34706 s Rep. Name	59 1991/1992 1999/1999	
Invoice No. 3167149	Purchase Order No. 854-554496	Sales Rep USCL78			ELL, Mr. RICK D		
Product Qty Ordered	Description		Packag	ing Qty Billed	Unit Price Amount		
Merchandise State Tax	Local Tax	** Sh	ipping	Split Inv. No.		Fotal Amount	
295.53 0.00	0.00 Tax ID # 185-		.00	eral ID # 75-0457	USD	295.53	
MS CERTIFIED LABORATORIES, DIVISIO MADE WITHIN 15 DAYS AFTER RECE DISTRIBUTION SERVICES INCLUDE S	IPT OF GOODS. MERCHANDISE NO SHIPPING & HANDLING CHARGES Please MAIL	HIS STUB ANI	YMENT	WITH YOUR			
TO ENSURE PROPER CRED MAKE CH	(THE ROOM	stomer Anat No	Invoice No	Amount Du	Amount Pa		
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File@9000222999688 Main 90003167149 90000000029553 4 13 Case 3:18-bk-05665 Claim 62-1

CERTIFIED		INVOICE ORIGINAL COPY			Page: 1 of 3 Remittance Address				
CORRESPONDENCE TO PO BOX 2493 FT WORTH TX 76113-2493		REORDERS CALL FAX WWW.CERTIFIEDI	# 1-800-527-99 # 1-972-438-06	29 P	CERTIFIED LABORATOR PO BOX 971269 DALLAS, TX 75397-1269			IES	
old To		Ship To			Sign up to receive your				
Attn: ACCOUNTS PAY SILMORE MEMORIAL H 105 EARL FRYE BLV MORY MS 38821	OSPITAL	GILMORE MEMORI FAC MANAGEMENT 1105 EARL FRYE AMORY MS 3882		EMENT FRYE B		ITAL	Sign up to receive your next invoice via email or pay your next invoice ach/eft/direct deposit simply email us at cac.credit@nch.com		
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Product Qty Ordered	這種使用的對於建築的行為	Description	的复数法国际 网络马克马克	Pacl	kaging	Qty Billed	Unit Price	1	Amount
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Merchandise 295.53 CERTIFIED LABO MADE WITHIN 15 DISTRIBUTION SE	0.00 MS RATORIES, DIVISION OF DAYS AFTER RECEIPT C RVICES INCLUDE SHIPP PIE ROPER CREDIT I	0.00 Tax ID # 185-0	** Shi 0.0 10909-9 TURNS CLAIMS FOR E F.O.B. FORT WORTH WITH PAY HIS STUB AND	pping 00 F ERFORTS, OR A ERFORTS, OR A VMEN 0 RETURI	Pederal I ADJUSTM JT OUR PI	D # 75-0457 ENTS OF ANY NOR WRITTE H YOUR	USD 7200 KIND MUST BE N CONSENT. * *	2	95.53
Merchandise 295.53 CERTIFIED LABO MADE WITHIN 15 DISTRIBUTION SE	0.00 MS RATORIES, DIVISION OF DAYS AFTER RECEIPT C RVICES INCLUDE SHIPP PIE ROPER CREDIT I	0.00 Tax ID # 185-0 NCH CORPORATION . ALL RET OF GOODS, MERCHANDISE NOT ING & HANDLING CHARGES - CASE MAIL V PLEASE DETACH TH CKS PAYABLE ONLY	** Shi 0.0 10909-9 TURNS CLAIMS FOR E F.O.B. FORT WORTH WITH PAY HIS STUB AND	pping 00 F ERFORTS, OR A ERFORTS, OR A VMEN 0 RETURI	TOUR PI	D # 75-0457 ENTS OF ANY NOR WRITTE H YOUR	USD 7200 KIND MUST BE N CONSENT. ** REMITTA]	2 NCE	95.53
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Merchandise 295.53 CERTIFIED LABO MADE WITHIN 15 DISTRIBUTION SE TO ENSURE PE YOU CAN RELY ON	0.00 MS RATORIES, DIVISION OF DAYS AFTER RECEIPT C RVICES INCLUDE SHIPP PIE ROPER CREDIT I	0.00 Tax ID # 185-0 NCH CORPORATION . ALL RET OF GOODS, MERCHANDISE NOT ING & HANDLING CHARGES - CASE MAIL V PLEASE DETACH TH CKS PAYABLE ONLY	** Shi 0.0 00909-9 URNS CLAIMS FOR E F.O.B. FORT WORTH F.O.B. FORT WORTH WITH PA HIS STUB AND (TO CERTIFIE omer Acct. No.	pping 00 F ERRORS, OR A EDIT WITHOU MED LABO Invoice N 319987.	Pederal I Adjustm IT OUR PI IT N WIT DRATC	D # 75-0457 ENTS OF ANY RIOR WRITTEI H YOUR PRIES Amount Due	USD 7200 KIND MUST BE N CONSENT. ** REMITTA]	2 NCE	95.53 Currenc

Case 3:18-bk-05665 Claim 62-1 Filed 10/02/18 Desc Main Document Page 13 of 13

MIDDLE DISTRICT OF TENNESSEE Claims Register

3:18-bk-05665 Curae Health Inc.

Judge: Charles M WalkerChapter: 11Office: NashvilleLast Date to file claims:Trustee:Last Date to file (Govt):Creditor:(6754127)Claim No: 62Status:

CERTIFIED LABS NCH CORPORATION 2727 CHEMSEARCH DR IRVING TX 75062 Claim No: 62 Original Filed Date: 10/02/2018 Original Entered Date: 10/02/2018

Status: Filed by: CR Entered by: Intake1 Modified:

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

Total Amount Claimed* \$2659.77

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		