

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Michelle Schnitzler
Title: Finance Supervisor
Company: Crest Healthcare Supply
Address and telephone number (if different from notice address above):


(Signature)

09/21/2018
(Date)

Telephone number: (320) 275-3382 email: accounting@cresthealthcare.com

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



HEALTHCARE SUPPLY®

STATEMENT

195 Third Street South, PO Box 727
Dassel, MN 55325-0727
P: 800-328-8908 F: 800-369-9207
www.cresthealthcare.com

Statement Date: 8/9/2018

Account Number: CR22216

Page: 1

Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Document	Date	Terms	Type	Debits	Credits	Balance
0077722	4/12/2018	Net 30	Invoice	55.90		55.90
0082979	5/31/2018	Net 30	Invoice	421.95		477.85
0083428	6/5/2018	Net 30	Invoice	421.95		899.80
0083774	6/7/2018	Net 30	Invoice	424.95		1,324.75
0085285	6/21/2018	Net 30	Invoice	254.62		1,579.37
0085974	6/28/2018	Net 30	Invoice	421.95		2,001.32

Statement Aging:	Statement Balance	2,001.32	0.00	2,001.32
Days old:	Current	32 - 61 Days	62 - 92 Days	Over 92 Days
Aged amounts:	0.00	676.57	1,268.85	55.90

Case 3:18-bk-05665 Claim 63-1 Filed 10/02/18 Desc Main Document Page 3 of 9



195 Third Street South, PO Box 727
Dassel, MN 55325-0727
P: 800-328-8908 F: 800-369-9207
www.cresthealthcare.com

INVOICE

Page: 1

Invoice Number: 0077722
Invoice Date: 4/12/2018
Due Date: 5/12/2018
Terms: Net 30

Bill To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Ship To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory, MS 38821
UNITED STATES

Freight: Third Party Billing

Customer ID: CR22216
P.O. Number: 00418
Sales Order No.: SO082578

Item/Description	UM	Order Qty	Shipped Qty	Unit Price	Total Price
XN0401W-08 CABLE ASSEMBLY,RAU,8 PIN DIN,XN AND XT Tracking #: 055479815722153	EA	2	2	27.95	55.90



Thank you for your recent order with Crest Healthcare Supply. Please let us know at (800) 328-8908 how we can better serve you, or if you have any questions regarding your invoice. Invoices are subject to Crest Healthcare Supply Policies and Warranties located at www.cresthealthcare.com/policies.asp

Subtotal: 55.90
Tax: 0.00
Total USD: \$55.90

DUE DATE: 5/12/2018

Payable in U.S. funds only

CR22216 Gilmore Memorial Hospital

INVOICE NO.: 0077722

INVOICE AMT: \$55.90

Please Remit to: Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

Amount Enclosed

Please do not staple check to remittance



195 Third Street South, PO Box 727
Dassel, MN 55325-0727
P: 800-328-8908 F: 800-369-9207
www.cresthealthcare.com

INVOICE

Page: 1

Invoice Number: 0082979
Invoice Date: 5/31/2018
Due Date: 6/30/2018
Terms: Net 30

Bill To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Ship To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory, MS 38821
UNITED STATES

Freight: Pre-Paid and Add

Customer ID
P.O. Number
Sales Order No.

CR22216
00910
SO087409

Item/Description	UM	Order Qty	Shipped Qty	Unit Price	Total Price
32LV570M TV,LG 32" SLIM DIRECT LED HDTV, HOSPITAL GRADE	EA	1	1	389.95	389.95
S/H FedEx Tracking# 437693698762	EA	1	1	32.00	32.00



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Subtotal: 421.95
Tax: 0.00
Total USD: \$421.95

DUE DATE: 6/30/2018

Payable in U.S. funds only

CR22216 Gilmore Memorial Hospital

INVOICE NO.: 0082979

INVOICE AMT: \$421.95

Please Remit to: Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

Amount Enclosed

Please do not staple check to remittance



195 Third Street South, PO Box 727
Dassel, MN 55325-0727
P: 800-328-8908 F: 800-369-9207
www.cresthealthcare.com

INVOICE

Page: 1

Invoice Number: 0083428
Invoice Date: 6/5/2018
Due Date: 7/5/2018
Terms: Net 30

Bill To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Ship To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory, MS 38821
UNITED STATES

Customer ID: CR22216
P.O. Number: 00971
Sales Order No.: SO088029

Freight: Pre-Paid and Add

Item/Description	UM	Order Qty	Shipped Qty	Unit Price	Total Price
32LV570M TV,LG 32" SLIM DIRECT LED HDTV, HOSPITAL GRADE	EA	1	1	389.95	389.95
S/H FedEx Tracking# 445991252215	EA	1	1	32.00	32.00



Thank you for your recent order with Crest Healthcare Supply. Please let us know at (800) 328-8908 how we can better serve you, or if you have any questions regarding your invoice. Invoices are subject to Crest Healthcare Supply Policies and Warranties located at www.cresthealthcare.com/policies.asp

Subtotal: 421.95
Tax: 0.00
Total USD: \$421.95

DUE DATE: 7/5/2018

Payable in U.S. funds only

CR22216

Gilmore Memorial Hospital

INVOICE NO.: 0083428

INVOICE AMT: \$421.95

Please Remit to: Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

Amount Enclosed

Please do not staple check to remittance



195 Third Street South, PO Box 727
Dassel, MN 55325-0727
P: 800-328-8908 F: 800-369-9207
www.cresthealthcare.com

INVOICE

Page: 1

Invoice Number: 0083774
Invoice Date: 6/7/2018
Due Date: 7/7/2018
Terms: Net 30

Bill To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Ship To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory, MS 38821
UNITED STATES

Customer ID: CR22216
P.O. Number: 01021
Sales Order No.: SO088500

Freight: Pre-Paid and Add

Item/Description	UM	Order Qty	Shipped Qty	Unit Price	Total Price
32LV570M TV,LG 32" SLIM DIRECT LED HDTV, HOSPITAL GRADE	EA	1	1	389.95	389.95
S/H FedEx Tracking# 445991256129	EA	1	1	35.00	35.00



Thank you for your recent order with Crest Healthcare Supply. Please let us know at (800) 328-8908 how we can better serve you, or if you have any questions regarding your invoice. Invoices are subject to Crest Healthcare Supply Policies and Warranties located at www.cresthealthcare.com/policies.asp

Subtotal: 424.95
Tax: 0.00
Total USD: \$424.95

DUE DATE: 7/7/2018

Payable in U.S. funds only

CR22216

Gilmore Memorial Hospital

INVOICE NO.: 0083774

INVOICE AMT: \$424.95

Please Remit to: Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

Amount Enclosed

Please do not staple check to remittance



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INVOICE

Page: 1

Invoice Number: 0085285
Invoice Date: 6/21/2018
Due Date: 7/21/2018
Terms: Net 30

Bill To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Ship To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory, MS 38821
UNITED STATES

Freight: Pre-Paid and Add

Customer ID: CR22216
P.O. Number: 01226
Sales Order No.: SO090349

Item/Description	UM	Order Qty	Shipped Qty	Unit Price	Total Price
106412 RECEPTACLE,RAU,12P, PIGTAIL&HEADER	EA	1	1	28.95	28.95
BS300C STATION,CRE/RAU,1/4-2C,SGL	EA	1	1	125.95	125.95
HVB-100BC STATION,CR/EKT,SGL,8P,1G	EA	1	1	74.95	74.95
Tracking #: 055479815780801 S/H Freight	EA	1	1	24.77	24.77



Thank you for your recent order with Crest Healthcare Supply. Please let us know at (800) 328-8908 how we can better serve you, or if you have any questions regarding your invoice. Invoices are subject to Crest Healthcare Supply Policies and Warranties located at www.cresthealthcare.com/policies.asp

Subtotal: 254.62
Tax: 0.00
Total USD: \$254.62

DUE DATE: 7/21/2018

Payable in U.S. funds only

CR22216

Gilmore Memorial Hospital

INVOICE NO.: 0085285

INVOICE AMT: \$254.62

Please Remit to: Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

Amount Enclosed

Please do not staple check to remittance



HEALTHCARE SUPPLY®

INVOICE

Page: 1

195 Third Street South, PO Box 727
Dassel, MN 55325-0727
P: 800-328-8908 F: 800-369-9207
www.cresthealthcare.com

Invoice Number: 0085974
Invoice Date: 6/28/2018
Due Date: 7/28/2018
Terms: Net 30

Bill To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
PO Box 459
Amory, MS 38821
UNITED STATES

Ship To: Gilmore Memorial Hospital
1105 Earl Frye Blvd
Amory, MS 38821
UNITED STATES

Freight: Pre-Paid and Add

Customer ID: CR22216
P.O. Number: 01137
Sales Order No.: SO090000

Item/Description	UM	Order Qty	Shipped Qty	Unit Price	Total Price
32LV570M TV, LG 32" SLIM DIRECT LED HDTV, HOSPITAL GRADE	EA	1	1	389.95	389.95
S/H FedEx Tracking# 445991291381	EA	1	1	32.00	32.00



Thank you for your recent order with Crest Healthcare Supply. Please let us know at (800) 328-8908 how we can better serve you, or if you have any questions regarding your invoice. Invoices are subject to Crest Healthcare Supply Policies and Warranties located at www.cresthealthcare.com/policies.asp

Subtotal: 421.95
Tax: 0.00
Total USD: \$421.95

DUE DATE: 7/28/2018

Payable in U.S. funds only

CR22216 Gilmore Memorial Hospital

INVOICE NO.: 0085974

Please Remit to: Crest Healthcare Supply
PO Box 727
Dassel, MN 55325-0727

INVOICE AMT: \$421.95

Amount Enclosed

Please do not staple check to remittance

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: (6754173)

Claim No: 63

Status:

CREST HEALTHCARE

Original Filed

Filed by: CR

SUPPLY

Date: 10/02/2018

Entered by: Intake1

PO BOX 727

Original Entered

Modified:

195 THIRD STREET S

Date: 10/02/2018

DASSEL MN 55325

Amount claimed: \$2001.32

History:

[Details](#) [63-1](#) 10/02/2018 Claim #63 filed by CREST HEALTHCARE SUPPLY, Amount claimed: \$2001.32 (Intake1)

Description: (63-1) 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*	\$2001.32
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		