

Fill in this information to identify the case:

Debtor 1	Curae Health Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	MIDDLE DISTRICT OF TENNESSEE
Case number:	18-05665

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 10/2/2018
 MATTHEW T. LOUGHNEY, Clerk

**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?	SHARN INC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor																		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?																		
3. Where should notices and payments to the creditor be sent?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>SHARN INC</td> <td>Dept 2459</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td></td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>4517 GEORGE RD SUITE 200 TAMPA, FL 33634</td> <td>PO Box 11407</td> </tr> <tr> <td></td> <td>Birmingham, AL 35246-2459</td> </tr> <tr> <td>Contact phone 800-325-3671</td> <td>Contact phone 800-325-3671</td> </tr> <tr> <td>Contact email ar@sharn.com</td> <td>Contact email ar@sharn.com</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one):</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	SHARN INC	Dept 2459	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		Name	Name	4517 GEORGE RD SUITE 200 TAMPA, FL 33634	PO Box 11407		Birmingham, AL 35246-2459	Contact phone 800-325-3671	Contact phone 800-325-3671	Contact email ar@sharn.com	Contact email ar@sharn.com	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
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Contact email ar@sharn.com	Contact email ar@sharn.com																		
Uniform claim identifier for electronic payments in chapter 13 (if you use one):																			
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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>6264</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>804.00</u></p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p style="text-align: center;"><u>Goods Sold</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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 10/2/2018
MM / DD / YYYY

/s/ Merrilee Kadwell

Signature

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

Name Merrilee Kadwell
First name Middle name Last name

Title AR Specialist

Company Sharn Inc

Address 4517 George Rd, Ste 200
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street
Tampa, FL 33634
City State ZIP Code

Contact phone 800-325-3671 Email ar@sharn.com



Please Remit Payment To:

Sharn Inc
Dept 2459
PO Box 11407
Birmingham, AL 35246-2459
Phone: (800) 325-3671
Fax: (813) 886-2701
www.Sharn.com

INVOICE

Invoice No. IN00366639
Date 06/26/2018
Order No. OR00367414
Shipper ID SH00370098
Order Type SAI Order
Customer ID 1000106264

Invoice Due Date: 7/26/2018

BILL TO:

Accounts Payable
Russellville Hospital
PO Box 1089
Russellville, AL 35653

SHIP TO:

Russellville Hospital
15155 Highway 43
Russellville, AL 35653-1975

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
06/26/2018	Cindy Brown	14492	Dawn Myers		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service			
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
NS-1053-62	2.0000	EA	2.0000	259.0000	518.00

NERVE SIMULATOR PLUS 1/PK

Notes: In order to insure the safety of both customers and patients by avoiding inadvertent contamination, any registered medical device cannot be returned if it has been opened.

Tracking number(s): [733976418850](#)

Sales Total	518.00
Trade Discount	0.00
Shipping & Handling	25.90
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	543.90
Less Amount Paid	0.00
TOTAL DUE	543.90 USD

This invoice may reflect a discount or other reduction in price. Pursuant to the Federal anti-kickback statute's discount safe harbor at 42 C.F.R. § 1001.952(h), Buyer may have an obligation to report this discount, and must provide information upon request by the Federal or State agencies. Our complete Terms of Sale can be referenced at:<http://www.sharn.com/conditions/a/terms-of-sale>. All payments due in USD currency. Thank You



Please Remit Payment To:

Sharn Inc
Dept 2459
PO Box 11407
Birmingham, AL 35246-2459
Phone: (800) 325-3671
Fax: (813) 886-2701
www.Sharn.com

INVOICE

Invoice No. IN00334440
Date 05/17/2018
Order No. OR00334812
Shipper ID SH00337525
Order Type SAI Order
Customer ID 1000106264

Invoice Due Date: 6/16/2018

BILL TO:

Accounts Payable
Russellville Hospital
PO Box 1089
Russellville, AL 35653

SHIP TO:

Russellville Hospital
15155 Highway 43
Russelville, AL 35653

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
05/16/2018	Cindy Brown	14306	Sara Lundy		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service			
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
MAX-2211-1	1.0000	PK	1.0000	216.0000	216.00

ADULT DISPOSABLE SPO2 SENSOR, NELLCOR COMPATIBLE, 24/PK

Notes: In order to insure the safety of both customers and patients by avoiding inadvertent contamination, any registered medical device cannot be returned if it has been opened.

Tracking number(s): [733976412141](#)

Sales Total	216.00
Trade Discount	0.00
Shipping & Handling	16.98
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	232.98
Less Amount Paid	0.00
TOTAL DUE	232.98 USD

This invoice may reflect a discount or other reduction in price. Pursuant to the Federal anti-kickback statute's discount safe harbor at 42 C.F.R. § 1001.952(h), Buyer may have an obligation to report this discount, and must provide information upon request by the Federal or State agencies. Our complete Terms of Sale can be referenced at:<http://www.sharn.com/conditions/a/terms-of-sale>. All payments due in USD currency. Thank You



Please Remit Payment To:

Sharn Inc
Dept 2459
PO Box 11407
Birmingham, AL 35246-2459
Phone: (800) 325-3671
Fax: (813) 886-2701
www.Sharn.com

INVOICE

Invoice No. IN00142309
Date 09/22/2017
Order No. OR00132630
Shipper ID SH00143701
Order Type SAI Order
Customer ID 1000106264

Invoice Due Date: 10/22/2017

BILL TO:

Accounts Payable
Russellville Hospital
PO Box 1089
Russellville, AL 35653

SHIP TO:

Russellville Hospital
15155 Highway 43
Russellville, AL 35653-1975

ORDER DATE	P.O. CONTACT	CUSTOMER P.O. NO.	CUSTOMER CARE REP		
09/11/2017	Cindy Brown	13100	Katie Carroll		
PAYMENT TERMS	SHIPPING TERMS	SHIP VIA	CUSTOMER SHIPPING ACCT.		
Net 30 Days	FOB DESTINATION	Fedex Ground Service			
SKU	QTY ORDERED	UOM	QTY SHIPPED	UNIT NET PRICE	EXT. NET PRICE
27687	1.0000	PK	1.0000	16.0000	16.00

Thermostrip DL, Three Temperature Point, 150°F/65.5° PK16

Tracking number(s): [712658007341](#)

This invoice may reflect a discount or other reduction in price. Pursuant to the Federal anti-kickback statute's discount safe harbor at 42 C.F.R. § 1001.952(h), Buyer may have an obligation to report this discount, and must provide information upon request by the Federal or State agencies. Our complete Terms of Sale can be referenced at: <http://www.sharn.com/conditions/a/terms-of-sale>. All payments due in USD currency. Thank You

Sales Total	16.00
Trade Discount	0.00
Shipping & Handling	11.12
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	27.12
Less Amount Paid	0.00
TOTAL DUE	27.12 USD

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):
<i>Creditor:</i> (6718597)	Claim No: 64
SHARN INC	<i>Original Filed</i>
4517 GEORGE RD	<i>Date:</i> 10/02/2018
SUITE 200	<i>Original Entered</i>
TAMPA, FL 33634	<i>Date:</i> 10/02/2018
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$804.00

History:

[Details](#) [64-1](#) 10/02/2018 Claim #64 filed by SHARN INC, Amount claimed: \$804.00 (admin)

Description:

Remarks: (64-1) Account Number (last 4 digits):6264

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*	\$804.00
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		