#### 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

10/4/2018

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 Clair	n	
1.Who is the current creditor?	CARRIER COMMERCIAL SYSTEMS AND	
	Name of the current creditor (the person or entity to be pa	aid for this claim)
	Other names the creditor used with the debtor	
2.Has this claim been acquired from someone else?	<ul> <li>☑ No</li> <li>□ Yes. From whom?</li> </ul>	
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
and payments to the creditor be sent?	CARRIER COMMERCIAL SYSTEMS AND	Carrier Corporation
Federal Rule of	Name	Name
Bankruptcy Procedure (FRBP) 2002(g)	PO BOX 93844 CHICAGO, IL 60673–3844	PO Box 93844
		Chicago, IL 60673-3844
	Contact phone	Contact phone 315-432-7677
	Contact email _elisabeth.m.coles@carrier.utc.com_	Contact email elisabeth.m.coles@carrier.utc.com
	Uniform claim identifier for electronic payments in chapt	er 13 (if you use one):
4.Does this claim amend one already filed?	<ul> <li>☑ No</li> <li>☑ Yes. Claim number on court claims registry (if known)</li> </ul>	wn) Filed on
		MM / DD / YYYY
5.Do you know if anyone else has filed a proof of claim for this claim?	✓ No ✓ Yes. Who made the earlier filing?	
Official Form 410	Proof of Claim	page 1

6.Do you have any number you use to identify the debtor?		It the Claim as of the Date the No Yes. Last 4 digits of the debtor's acco		to identify the debtor:	2733
7.How much is the claim?	\$	18065.14 <b>Do</b>	<b>es this amount includ</b> No	le interest or other cl	harges?
			Yes. Attach statement other charges required	itemizing interest, fees by Bankruptcy Rule 3	s, expenses, or 3001(c)(2)(A).
8.What is the basis of the claim?	deat Ban Limi	mples: Goods sold, money loar h, or credit card. Attach redact kruptcy Rule 3001(c). t disclosing information that is e	ed copies of any docum	nents supporting the cl	laim required by
	G	ood sold, services performed			
9. Is all or part of the claim secured?		Yes. The claim is secured by a <b>Nature of property:</b> □ Real estate. If the claim	lien on property. is secured by the debto <i>im Attachment</i> (Official	or's principal residence Form 410–A) with this	e, file a Mortgage s Proof of Claim.
		Basis for perfection:			
		Attach redacted copies of doc interest (for example, a mortg document that shows the lien	age, lien, certificate of	title, financing stateme	tion of a security ent, or other
		Value of property:	\$		
		Amount of the claim that is secured:	\$		
		Amount of the claim that is unsecured:	\$	ùnsecured	of the secured and d amounts should amount in line 7.)
		Amount necessary to cure a date of the petition:	any default as of the	\$	
		Annual Interest Rate (when	case was filed)	%	
		<ul><li>Fixed</li><li>Variable</li></ul>			
10.Is this claim based on a lease?		No Yes. <b>Amount necessary to c</b>	cure any default as of	the date of the petiti	on.\$
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:			
Official Form 410			of Claim		page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		No Yes. <i>Check all that apply</i> :		Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example	0	Domestic support obligation under 11 U.S.C. § 507(a)(1	ns (including alimony and child support) )(A) or (a)(1)(B).	\$
in some categories, the law limits the amount entitled to priority.	e,	Up to \$2,850* of deposits to property or services for per- U.S.C. § 507(a)(7).	oward purchase, lease, or rental of sonal, family, or household use. 11	\$
		180 days before the bankru	ssions (up to \$12,850*) earned within uptcy petition is filed or the debtor's s earlier. 11 U.S.C. § 507(a)(4).	\$
		□ Taxes or penalties owed to 507(a)(8).	governmental units. 11 U.S.C. §	\$
		Contributions to an employed	ee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		□ Other. Specify subsection of	of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to adjustment of adjustment.	on 4/01/19 and every 3 years after that for case	es begun on or after the date
Part 3: Sign Below				
The person completing this proof of claim must	Che	ck the appropriate box:		
sign and date it. FRBP 9011(b).	$\checkmark$	I am the creditor.		
		I am the creditor's attorney or	authorized agent.	
If you file this claim electronically, FRBP		I am the trustee, or the debtor,	, or their authorized agent. Bankruptcy I	Rule 3004.
5005(a)(2) authorizes courts to establish local rules		I am a guarantor, surety, endo	orser, or other codebtor. Bankruptcy Rul	e 3005.
specifying what a signature is.	l und the a	erstand that an authorized signature of mount of the claim, the creditor gave	on this Proof of Claim serves as an acknowledge the debtor credit for any payments received tow	ment that when calculating ard the debt.
A person who files a fraudulent claim could be		e examined the information in this Pro correct.	oof of Claim and have a reasonable belief that th	ne information is true
fined up to \$500,000, imprisoned for up to 5 years, or both.		lare under penalty of perjury that the f	oregoing is true and correct.	
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date $10/4/2018$		
		MM / DD / Y	YYYY	
	/s/ 1	Elisabeth Coles		
	Sign	ature		
	Prin	t the name of the person who is	s completing and signing this claim:	
	Nar	ne	Elisabeth Coles	
			First name Middle name Last name	
	Title	<b>;</b>	Credit Analyst	
	Cor	npany	Carrier Corporation	
	A _1 _		Identify the corporate servicer as the company servicer	if the authorized agent is a
	Add	Iress	PO Box 4808	
			Number Street	
			Syracuse, NY 13221–4808	
			City State ZIP Code	
	Cor	atact phone <u>315–432–7677</u>		s@carrier.utc.com

Official Form 410

Proof of Claim

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PLEASE RENT PANENT TO:       DURAGE HEALTH INC DBA CLARKSDALE RMC       P ATTN ACCOUNTS PAYABLE       P O. BOX 1218       CLARKSDALE MS 38814       TIP CLARKSDALE REGIONAL MEDICAL CENTER- 1970 HOSPITAL DR       CLARKSDALE REGIONAL MEDICAL CENTER- MS       ISTO HOSPITAL DR       CLARKSDALE REGENVES THE RIGHT TO ASSESS INTERESTS AT THE MAX- IMUM RATE ALLOWABLE BY LAW ON AMOUNTS PAST DUE       CARRIER RESERVES THE RIGHT TO ASSESS INTERESTS AT THE MAX- IMUM RATE ALLOWABLE BY LAW ON AMOUNTS PAST DUE       INTERSITATION THE AND 122HRS-1.5       I 1 TAUCK CHARGE FOUND BAD REVERSING VALUE. REVOVED REVERSING VALUE ET/10271. INSTALLED NV (LAUDE YOUR SUBJECT ON TOTAL 2280.00       I 1 TAUCK CHARGE FOUND BAD REVERSING VALUE. REVOVED REVERSING VALUE AND/ED NV (LAUDE YOUR SUBJECT). INTEL COLORD VALUE AND/ED NV (LAUDE)       I 1 TAUCK CHARGE FERENCES IN THE AND 122HRS-1.5       I 1 TAUCK CHARGE FERENCES CONTENT INFORMATION ON THE FRUCE AND/ED NV (LAUDE)       I 1 TAUCK CHARGE FERENCES CONTENT INSTALL ALLOWED TO PULL SUBJECT ON TOTAL 2280.00       I 1 TAUCK CHARGE FERENCE ACK TO SYSTEM, STARTED UNIT IN ALLOWED TO PULL SUCTION 135 HEAD 300. SUPERHEAT 14DEREES. CHECKED SPACED 72 AND/ CONCILIES CLARGED DUE TOOLS. UNIT I S RUNNING OK AT THIS TIME. JOB COMPLETE COMPLETED 07/09/18       IF OULS IN THE ROUND AND AND AND AND AND AND AND AND AND A	N26	286	Α				01	6U15594	600	860					
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P. O. BOX 1218 CLARKSDALE MS 38614       CHICAGO. IL 60673-3844 INCLUE YOUR CUSTOMER CODE WHEN SUBMITTING PAYMENT         TIP CLARKSDALE REGIONAL MEDICAL CENTER- INTERCOMPACTURE CONTROL OF A SUBMITTING PAYMENT       Inclue Your Customer Code MEDICARKSDALE REGIONAL MEDICAL CENTER- INCLUE YOUR CUSTOMER CODE MEDICARKSDALE MS         CARRESDALE MS       ISTO HOSPITAL DR CLARKSDALE MS       Inclue Your Customer Code MEDICARKSDALE MS         CARRESDALE MS       CLARKSDALE MS       Inclue Your Customer Code MEDICARKSDALE MS         CARRESS INTERESTS AT THE MAX- INMUM RATE ALLOWABLE BY LAW ON AMOUNTS PAST DUE       Inclue Your Customer MS         MOUNTS PAST DUE       WITTED MAT MANAGEMENT       Inclue Your Customer MS         MINIM RATE ALLOWABLE BY LAW ON AMOUNTS PAST DUE       Intermed MATE AND TABLE WARKSDALE MS       Intermed MATE AND TABLE WARKSDALE MS         11       11.6       LABOR - STRAIGHT TIMEHRS-1.0       EA       126.00       1449.00         12       4       LABOR - TIME AND 1/2HRS-1.5       EA       189.00       756.00         13       1       TRUCK CHARGE TRUC CHARGE TRUCHOLS. UNIT IS RUCH PAYMENT AND CALLER MATE MARKESCONF.       SUBTOTAL       2280.00         13       1       TRUCK CHARGE TRUCHOLS. UNIT IS INTALLED NEW YALVE AND SWARTED IN I. LEAKED COLONE BAD STATUED VACUUM. ASSEMBLED UNIT ALLOWED TO RUN. SUCTION 135 HEAD 300. SUPERMEAT 14005MBLED UNIT ALLOWED TO RUN. SUCTION 136 HEAD 300. SUPERMEAT 14005MBLED WIT ALLOWED TO RUN. SUCTION 136 HEAD 300. SUPERMEAT 14005MBLED WI	OLD	CURAE	HEALTH IN	IC DBA CLA	RKSDA	LE RMC		CAF	RIER	CORPO	RATIO	N			
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AMOUNTS PAST DUE           INCLUSION         PART HAMBERANCES         DESCRIPTION         U/H HIT LIST PRICE HALTIFLIEF         U/T NUT FRUE         EXTEMBED ANOUNT           11         11.5         LABOR - STRAIGHT TIME HRS-1.0         A         126.00         1449.00           12         4         LABOR - TIME AND 1/2HRS-1.5         EA         189.00         756.00           13         1         TRUCK CHARGE         TRK-CHGLEA         75.00         75.00           14         LABOR - TIME AND 1/2HRS-1.5         EA         189.00         756.00         75.00           14         LABOR - TIME AND 1/2HRS-1.5         EA         189.00         756.00         75.00           15         FRUND BAD REVERSING VALVE. REMOVED REVERSING         VALVE. FE1782271. INSTALLED NEW YALVE AND SWEATED IN. LEAKED         FOUND SUCTION           135         HEAD 300. SUPERHEAT 14DEGREES. CHECKED SPACED 72 AND         COOLING. LOADED UP TOOLS. UNIT IS RUNNING OK AT THIS TIME.           JOB COMPLETE         COMPLETE COMPLETE S01.945-6000         TOTAL         2280.00           15         FROOSEVELT         LITTLE ROCK. ARKANSAS 72206         TO PAY BY M/C.VISA. AMEX CALL         NICO E MUNN @ 316-432.7330           AMERIE COMPONION: A BELAMARE COMP.         NET 30 DAYS         DUE 08/08/18 NET         2280.00							NOT	FS.							
D1       11.5       LABOR - STRAIGHT TIMEHRS-1.0       EA       126.00       1449.00         D2       4       LABOR - TIME AND 1/2HRS-1.5       EA       189.00       756.00         D3       1       TRUCK CHARGE       TRK-CHGLEA       75.00       75.00         D3       1       TRUCK CHARGE       TRK-CHGLEA       75.00       75.00         D4       LABOR - TIME AND 1/2HRS-1.5       EA       189.00       756.00         D3       1       TRUCK CHARGE       TRK-CHGLEA       75.00       75.00         D3       1       TRUCK CHARGE       TRK-CHGLEA       75.00       75.00         VALVE.FF1782Z11. INSTALLED NEW VALVE AND SWEATED IN. LEAKED       CHECKED OK. STARTED VACUUM. ASSEMBLED UN IT ALLOWED TO FUN. SUCTION       135 HEAD 300. SUPERHEAT 14DEGREES. CHECKED SPACED 72 AND         COOLING. LOADED UP TOOLS. UN T S RUNNING CONTACT: ACCOUNTING       SUBTOTAL       2280.00         JOB COMPLETE       .       .       .       .         COMPLETED 07/09/18       .       .       SUBTOTAL       2280.00         TO PAY BY M/C, VISA.AMEX CALL       .       .       .       .       .         AMRIER COMPLETE       .       .       .       .       .       .       .	L	AMOUN	TS PAST DU	JE			NOT								
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то:	ATTN ACCOUNTS PAYABLE						P.O.BOX # 93844									
	P O BOX 1218 CLARKSDALE MS 38614						CHICAGO, IL 60673-3844 INCLUDE YOUR CUSTOMER CODE									
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NE HE	REBY CERTIFY	THAT THESE GOODS H	ERE PRODUCED IN CON	PLIANCE KITH ALL	L APPLICABLE RE	QUIRENED	ITS OF SECTIONS	, 7 & 12 O	THE THE I	AIR LABOR STA	WDARDS ACT,	AS AMENDED A	WD OF REGULATION	-		
order Recei	S OF THE U.S VED. ANY CLA	DEPT. OF LABOR IS	adjustment nust be	HADE METHEDN 30 D			VER OR			AV NAVE BEEN D	mun undertel	and mull be				
8/91	Са	se 3:18-b	k-05665	Claim						3 De	SC Att	achmo		age		
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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: **Trustee:** Last Date to file (Govt): Creditor: (6717926) Claim No: 71 Status: CARRIER COMMERCIAL Original Filed Filed by: CR Date: 10/04/2018 Entered by: admin SYSTEMS AND

Original Entered

Date: 10/04/2018

Amount claimed: \$18065.14

CHICAGO, IL 60673-3844

History:

PO BOX 93844

Details 71-1 10/04/2018 Claim #71 filed by CARRIER COMMERCIAL SYSTEMS AND, Amount claimed: \$18065.14 (admin)

Modified:

Description:

Remarks: (71-1) Account Number (last 4 digits):2733

### **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\*** \$18065.14

**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		