

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 Claim

1. Who is the current creditor?	<u>Copeland, Cook, Taylor & Bush, P.A.</u> 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Copeland, Cook, Taylor & Bush, P.A.</u> Name <u>John Hunter Nance, COO</u> <u>P.O. Box 6020</u> <u>Ridgeland, MS 39158</u> Contact phone <u>(601) 427-1207</u> Contact email <u>jhnance@cctb.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) Name 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? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><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:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">1112</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>7906.50</u></div><div>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).</div></div>
8. What is the basis of the claim?	<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><u>Attorney's Fees, Costs and Expenses for Legal Services</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>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: _____</div> <div>Basis for perfection: _____</div> <div>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.)</div> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

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. <i>Check all that apply.</i>	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 10/4/2018
MM / DD / YYYY

/s/ John Hunter Nance
Signature

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

Name	<u>John Hunter Nance</u>		
	First name	Middle name	Last name
Title	<u>Chief Operating Officer</u>		
Company	<u>Copeland, Cook, Taylor & Bush, P.A.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>P.O. Box 6020</u>		
	<u>Ridgeland, MS 39158</u>		
	Number	Street	
Contact phone	City	State	ZIP Code
	<u>(601) 427-1207</u>	Email	<u>jhnance@cctb.com</u>

Fill in this information to identify the case:

Debtor 1 Curae Health, Inc.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05665

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?	<u>Copeland, Cook, Taylor & Bush, P.A.</u> 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Copeland, Cook, Taylor & Bush, P.A.</u> Name <u>P.O. Box 6020</u> Number Street <u>Ridgeland</u> <u>MS</u> <u>39158</u> City State ZIP Code Contact phone <u>(601) 427-1207</u> Contact email <u>jhnance@cctb.com</u>	Where should payments to the creditor be sent? (if different) <u>John Hunter Nance (CCTB)</u> Name <u>P.O. Box 6020</u> Number Street <u>Ridgeland</u> <u>MS</u> <u>39158</u> City State ZIP Code Contact phone <u>(601) 427-1207</u> Contact email <u>jhnance@cctb.com</u>
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

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: 11124-1

7. How much is the claim? \$ 7,906.50 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).
See Attached Exhibit "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.
Attorney's Fees, Costs and Expenses for Legal Services
See Attached Exhibit "B"

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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ 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).

☐ 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 4/01/19 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.

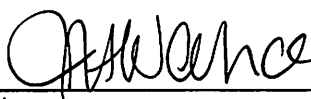
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/04/2018
MM / DD / YYYY



Signature

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

Name	John	Hunter	Nance
	First name	Middle name	Last name
Title	Chief Operating Officer		
Company	Copeland, Cook, Taylor & Bush, P.A. Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	P.O. Box 6020		
	Number	Street	
	Madison	MS	39158
	City	State	ZIP Code
Contact phone	(601) 427-1207		Email jhnance@cctb.com

STATEMENT OF ACCOUNT
Copeland, Cook, Taylor & Bush, P.A.

Debtor: Curae Health, Inc.

Indebtedness Description	Amount
Attorney's Fees, Costs, and Expenses (as of 3/9/2018)	
Invoice No. 1102608	\$212.00
Invoice No. 1104964	\$2,581.00
Invoice No. 1107686	\$2,839.50
Invoice No. 1110013	\$2,113.00
Invoice No. 1114576	\$50.00
Invoice No. 1116597	\$111.00
Total Indebtedness as of 3/9/2018¹	\$7,906.50

¹ Attorney's fees, costs, and expenses owed in this amount are exclusive of interest, late fees, and other applicable fees accruing after 3/9/2018, and any attorney's fees, costs, and expenses incurred by Copeland, Cook, Taylor & Bush, P.A. in connection with collection of the indebtedness after 3/9/2018, as may be allowable under the Bankruptcy Code and other applicable law.

COPELAND
COOK
TAYLOR &
BUSH

**EXHIBIT
B**

September 20, 2017
Invoice No. 1102608

Curae Health Care
Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

INVOICE SUMMARY

I.D. 11124-1-TLK

RE: General

For Services Rendered through August 31, 2017

Current Fees	\$ 212.00
Total Current Costs	<u>\$.00</u>
TOTAL THIS INVOICE	\$ 212.00

I.D. 11124-1-TLK

September 20, 2017
Invoice No. 1102608**PROFESSIONAL SERVICES**

Date	Description of Services	Atty	Hours
7/26/17	Telephone conference with T. Sisson [REDACTED] [REDACTED]	TLK	.40
7/26/17	Review State Health Plan regarding [REDACTED] [REDACTED]	ACS	.40

PROFESSIONAL FEE SUMMARY

	Atty	Rate	Hours	Amount
Kirkland Jr., Thomas L.	TLK	280.00	.40	112.00
Simpson, Allison C.	ACS	250.00	.40	100.00

TOTAL CURRENT FEES \$ 212.00**TOTAL THIS INVOICE \$ 212.00**

**COPELAND
COOK
TAYLOR &
BUSH**

Curae Health Care
Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

September 20, 2017
Invoice No. 1102608

REMITTANCE ADVICE

I.D. 11124-1-TLK

RE: General

BALANCE DUE THIS INVOICE

\$ 212.00

Please return Remittance page with payment to:

Copeland, Cook, Taylor & Bush, PA
ATTN: Accounting Department
P.O. BOX 6020
Ridgeland, MS 39158

Wiring/ACH Instructions: Credit to :

ABA/Routing #:
Account #:
Account Name:
Instructions:

Copeland, Cook, Taylor & Bush, PA
For proper credit, email remittance advice to:
accountsreceivable@cctb.com

Tax I.D. [REDACTED] 4435

JACKSON | RIDGELAND
600 Concourse, Suite 100
1076 Highland Colony Parkway
Ridgeland, Mississippi 39157

P.O. Box 6020
Ridgeland, MS 39158

Tel (601) 856-7200
Fax (601) 856-7626

GULF COAST | HATTIESBURG

www.CCTB.com

**COPELAND
COOK
TAYLOR &
BUSH**

Curae Health Care
Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

October 16, 2017
Invoice No. 1104964

INVOICE SUMMARY

I.D. 11124-1-TLK

RE: General

For Services Rendered through September 30, 2017

Current Fees	\$ 2,581.00
Total Current Costs	<u>\$.00</u>
TOTAL THIS INVOICE	\$ 2,581.00
Previous Balance	<u>\$ 212.00</u>
TOTAL BALANCE DUE	<u>\$ 2,793.00</u>

I.D. 11124-1-TLK

October 16, 2017
Invoice No. 1104964**PROFESSIONAL SERVICES**

Date	Description of Services	Atty	Hours
9/01/17	Review email from T. Sisson regarding [REDACTED]; Conference with A. Simpson regarding [REDACTED].	TLK	.30
9/05/17	Review deadline for upcoming [REDACTED].	ACS	.20
9/05/17	Review previously filed [REDACTED] Certificate of Need six month extension requests.	MJK	.60
9/05/17	Draft [REDACTED] Certificate of Need six month extension request.	MJK	1.80
9/05/17	Email correspondence with A. Simpson regarding [REDACTED] [REDACTED]	MJK	.30
9/07/17	Conference with A. Simpson regarding availability [REDACTED] [REDACTED]	TLK	.20
9/07/17	Conference with T. Kirkland regarding [REDACTED]; Review State Health Plan criteria and CON statute regarding [REDACTED]	ACS	.80
9/08/17	Telephone conference with T. Sisson regarding [REDACTED]	TLK	.30
9/08/17	Review State Health Plan criteria and prior memorandum regarding [REDACTED] [REDACTED] Conference with M. J. Fuller regarding [REDACTED]; Telephone conference with T. Sisson and V. Brummett regarding [REDACTED] [REDACTED].	ACS	.70
9/08/17	Telephone conference with T. Sisson and V. Brummett regarding [REDACTED] [REDACTED].	ACS	.30
9/08/17	Conference with A. Simpson regarding status update [REDACTED] [REDACTED]	MJK	.30
9/11/17	Continued drafting [REDACTED] Certificate of Need six month extension request.	MJK	1.70
9/12/17	Review and revise [REDACTED].	ACS	.50
9/12/17	Revise narrative of [REDACTED] Certificate of Need six month extension request.	MJK	.90
9/13/17	Review and revise [REDACTED]; Email correspondence to S. McSween, S. Clapp and T. Sisson [REDACTED].	ACS	.70
9/13/17	Review comments from S. Clapp and T. Sisson regarding [REDACTED] [REDACTED] Revise same.	ACS	.40
9/13/17	Revise [REDACTED] six month extension request [REDACTED] [REDACTED]	MJK	.80
9/14/17	Finalize and file [REDACTED] six month extension; Receive and review filed copy of	ACS	.30

I.D. 11124-1-TLK

October 16, 2017
Invoice No. 1104964

Date	Description of Services	Atty	Hours
	same.		
9/14/17	Prepare final version of [REDACTED] six month extension request for filing with the Mississippi State Department of Health.	MJK	.80
9/15/17	Email to S. McSween, S. Clapp and T. Sisson regarding [REDACTED] [REDACTED]	ACS	.20

PROFESSIONAL FEE SUMMARY

	Atty	Rate	Hours	Amount
Kirkland Jr., Thomas L.	TLK	280.00	.80	224.00
Simpson, Allison C.	ACS	250.00	4.10	1,025.00
Fuller, Mary J.	MJK	185.00	7.20	1,332.00

TOTAL CURRENT FEES \$ 2,581.00**TOTAL THIS INVOICE** \$ 2,581.00

I.D. 11124-1-TLK

October 16, 2017
Invoice No. 1104964**INVOICES OUTSTANDING**

Invoice Number	Date	Invoice Total	Payments Received	Ending Balance
1102608	9/20/17	212.00	.00	212.00

Previous Balance	\$ 212.00
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Balance Due This Invoice	<u>\$ 2,581.00</u>
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TOTAL BALANCE DUE	<u>\$ 2,793.00</u>
--------------------------	---------------------------

**COPELAND
COOK
TAYLOR &
BUSH**

Curae Health Care
Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

October 16, 2017
Invoice No. 1104964

REMITTANCE ADVICE

I.D. 11124-1-TLK

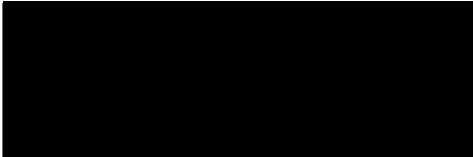
RE: General

BALANCE DUE THIS INVOICE	\$ 2,581.00
Previous Balance	<u>\$ 212.00</u>
TOTAL BALANCE DUE	<u>\$ 2,793.00</u>

Please return Remittance page with payment to: Copeland, Cook, Taylor & Bush, PA
ATTN: Accounting Department
P.O. BOX 6020
Ridgeland, MS 39158

Wiring/ACH Instructions: Credit to :

ABA/Routing #:
Account #:
Account Name:
Instructions:


Copeland, Cook, Taylor & Bush, PA
For proper credit, email remittance advice to:
accountsreceivable@cctb.com

Tax I.D.  **4435**

JACKSON | RIDGELAND
600 Concourse, Suite 100
1076 Highland Colony Parkway
Ridgeland, Mississippi 39157

P.O. Box 6020
Ridgeland, MS 39158

Tel (601) 856-7200
Fax (601) 856-7626

GULF COAST | HATTIESBURG

www.CCTB.com

**COPELAND
COOK
TAYLOR &
BUSH**

Curae Health Care
Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

November 17, 2017
Invoice No. 1107686

INVOICE SUMMARY

I.D. 11124-1-TLK

RE: General

For Services Rendered through October 31, 2017

Current Fees	\$ 2,589.50
Total Current Costs	<u>\$ 250.00</u>
TOTAL THIS INVOICE	\$ 2,839.50
Previous Balance	<u>\$ 2,793.00</u>
TOTAL BALANCE DUE	<u>\$ 5,632.50</u>

I.D. 11124-1-TLK

November 17, 2017
Invoice No. 1107686**PROFESSIONAL SERVICES**

Date	Description of Services	Atty	Hours
10/06/17	Review previously filed [REDACTED] Certificate of Need six month extension requests.	MJK	.60
10/06/17	Draft six month extension request for [REDACTED] Certificate of Need.	MJK	1.80
10/11/17	Email correspondence with T. Sisson regarding [REDACTED] [REDACTED]; Review and revise [REDACTED] Certificate of Need six month extension.	ACS	.50
10/11/17	Revise six month extension for Alzheimers' Certificate of Need.	MJK	.60
10/13/17	Email follow up to T. Sisson et al regarding [REDACTED] [REDACTED] Review and finalize same.	ACS	.30
10/13/17	Prepare final version of [REDACTED] Certificate of Need six month extension for filing with the Mississippi State Department of Health.	MJK	1.20
10/13/17	Calendar next six month extension deadline for [REDACTED] Certificate of Need.	MJK	.40
10/16/17	Email correspondence to S. McSween al regarding [REDACTED] [REDACTED]	ACS	.20
10/25/17	Conference with S. Clapp and Travis Sisson regarding [REDACTED] [REDACTED]	TLK	1.50
10/25/17	Conference with T. Sisson, V. Brummett and S. Clapp regarding [REDACTED] [REDACTED] [REDACTED]	ACS	1.50
10/25/17	Draft email correspondence to A. Simpson regarding [REDACTED] [REDACTED] [REDACTED]	MJK	.50
10/25/17	Research [REDACTED].	BMT	.50
10/26/17	Review [REDACTED] [REDACTED]	MJK	1.90
10/27/17	Review and finalize [REDACTED]; Email same to T. Sisson and S. Clapp	ACS	.40
10/27/17	Receive and review six month extension approval letter form the Mississippi State Department of Health regarding [REDACTED] Certificate of Need.	MJK	.20

I.D. 11124-1-TLK

November 17, 2017
Invoice No. 1107686**PROFESSIONAL FEE SUMMARY**

	Atty	Rate	Hours	Amount
Tolsdorf, Bea	BMT	225.00	.50	112.50
Kirkland Jr., Thomas L.	TLK	280.00	1.50	420.00
Simpson, Allison C.	ACS	250.00	2.90	725.00
Fuller, Mary J.	MJK	185.00	7.20	1,332.00

TOTAL CURRENT FEES **\$ 2,589.50****COSTS**

Date	Description	Amount
10/09/17	Filing Fee for Six Month Extenson, Mississippi State Dept. of Health	250.00

TOTAL CURRENT COSTS **\$ 250.00****TOTAL THIS INVOICE** **\$ 2,839.50**

I.D. 11124-1-TLK

November 17, 2017
Invoice No. 1107686**INVOICES OUTSTANDING**

Invoice Number	Date	Invoice Total	Payments Received	Ending Balance
1102608	9/20/17	212.00	.00	212.00
1104964	10/16/17	2,581.00	.00	2,581.00

Previous Balance	\$ 2,793.00
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Balance Due This Invoice	<u>\$ 2,839.50</u>
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TOTAL BALANCE DUE	<u>\$ 5,632.50</u>
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Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

November 17, 2017
Invoice No. 1107686

REMITTANCE ADVICE

I.D. 11124-1-TLK

RE: General

BALANCE DUE THIS INVOICE	\$ 2,839.50
Previous Balance	<u>\$ 2,793.00</u>
TOTAL BALANCE DUE	<u>\$ 5,632.50</u>

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December 15, 2017
Invoice No. 1110013

INVOICE SUMMARY

I.D. 11124-1-TLK

RE: General

For Services Rendered through November 30, 2017

Current Fees	\$ 2,113.00
Total Current Costs	<u>\$.00</u>
TOTAL THIS INVOICE	\$ 2,113.00
Previous Balance	<u>\$ 5,632.50</u>
TOTAL BALANCE DUE	<u>\$ 7,745.50</u>

I.D. 11124-1-TLK

December 15, 2017
Invoice No. 1110013**PROFESSIONAL SERVICES**

Date	Description of Services	Atty	Hours
11/02/17	Review email from S. Clapp on [REDACTED] Conference with A. Simpson regarding same.	TLK	.30
11/02/17	Review response from [REDACTED] [REDACTED]	ACS	.20
11/06/17	Review email from [REDACTED]; Conference with A. Simpson regarding same.	TLK	.50
11/06/17	Conference with T. Kirkland regarding response to NMMC [REDACTED] [REDACTED]	ACS	.20
11/06/17	Review and research [REDACTED] [REDACTED]	BMT	1.10
11/08/17	Receive and review Six Month Extension approval letter for [REDACTED] Certificate of Need	ACS	.20
11/08/17	Receive and review approval letter from the Department of Health regarding [REDACTED] Certificate of Need six month extension request.	MJK	.20
11/09/17	Continue to research [REDACTED] [REDACTED]	BMT	.90
11/13/17	Review prior [REDACTED] [REDACTED]	ACS	1.20
11/14/17	Email correspondence with A. Tyra regarding [REDACTED]	ACS	.20
11/16/17	Review State Health Plan; Conference with A. Simpson regarding [REDACTED] [REDACTED]	TLK	.50
11/16/17	Work on [REDACTED]; Review prior filings with Mississippi State Department of Health and responses to same; Conference with T. Kirkland regarding same [REDACTED].	ACS	2.20
11/21/17	Review email from T. Sisson regarding [REDACTED] [REDACTED] Conference with A. Simpson regarding same.	TLK	.20
11/21/17	Conference with A. Simpson regarding [REDACTED] [REDACTED].	TLK	.20
11/21/17	Email correspondence with T. Sisson regarding [REDACTED] [REDACTED]	ACS	.20
11/29/17	Review six month extension on [REDACTED]; Email to T. Sisson et al regarding [REDACTED] [REDACTED]	ACS	.20

I.D. 11124-1-TLK

December 15, 2017
Invoice No. 1110013**PROFESSIONAL FEE SUMMARY**

	Atty	Rate	Hours	Amount
Tolsdorf, Bea	BMT	225.00	2.00	450.00
Kirkland Jr., Thomas L.	TLK	280.00	1.70	476.00
Simpson, Allison C.	ACS	250.00	4.60	1,150.00
Fuller, Mary J.	MJK	185.00	.20	37.00

TOTAL CURRENT FEES **\$ 2,113.00****TOTAL THIS INVOICE** **\$ 2,113.00**

I.D. 11124-1-TLK

December 15, 2017
Invoice No. 1110013**INVOICES OUTSTANDING**

Invoice Number	Date	Invoice Total	Payments Received	Ending Balance
1102608	9/20/17	212.00	.00	212.00
1104964	10/16/17	2,581.00	.00	2,581.00
1107686	11/17/17	2,839.50	.00	2,839.50

Previous Balance	\$ 5,632.50
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Balance Due This Invoice	<u>\$ 2,113.00</u>
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TOTAL BALANCE DUE	<u><u>\$ 7,745.50</u></u>
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**COPELAND
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Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

December 15, 2017
Invoice No. 1110013

REMITTANCE ADVICE

I.D. 11124-1-TLK

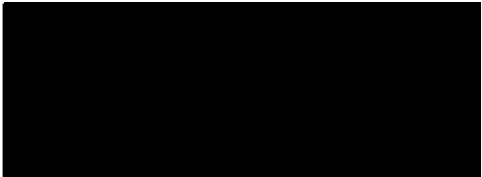
RE: General

BALANCE DUE THIS INVOICE	\$ 2,113.00
Previous Balance	<u>\$ 5,632.50</u>
TOTAL BALANCE DUE	<u>\$ 7,745.50</u>

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February 20, 2018
Invoice No. 1114576

INVOICE SUMMARY

I.D. 11124-1-TLK

RE: General

For Services Rendered through January 31, 2018

Current Fees	\$ 50.00
Total Current Costs	<u>\$.00</u>
TOTAL THIS INVOICE	\$ 50.00
Previous Balance	<u>\$ 7,745.50</u>
TOTAL BALANCE DUE	<u>\$ 7,795.50</u>

I.D. 11124-1-TLK

February 20, 2018
Invoice No. 1114576**PROFESSIONAL SERVICES**

Date	Description of Services	Atty	Hours
1/09/18	Review email from S. Clapp regarding [REDACTED] [REDACTED].	ACS	.20

PROFESSIONAL FEE SUMMARY

	Atty	Rate	Hours	Amount
Simpson, Allison C.	ACS	250.00	.20	50.00

TOTAL CURRENT FEES \$ 50.00**TOTAL THIS INVOICE \$ 50.00**

I.D. 11124-1-TLK

February 20, 2018
Invoice No. 1114576**INVOICES OUTSTANDING**

Invoice Number	Date	Invoice Total	Payments Received	Ending Balance
1102608	9/20/17	212.00	.00	212.00
1104964	10/16/17	2,581.00	.00	2,581.00
1107686	11/17/17	2,839.50	.00	2,839.50
1110013	12/15/17	2,113.00	.00	2,113.00

Previous Balance	\$ 7,745.50
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Balance Due This Invoice	<u>\$ 50.00</u>
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TOTAL BALANCE DUE	<u>\$ 7,795.50</u>
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Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

February 20, 2018
Invoice No. 1114576

REMITTANCE ADVICE

I.D. 11124-1-TLK

RE: General

BALANCE DUE THIS INVOICE	\$ 50.00
Previous Balance	<u>\$ 7,745.50</u>
TOTAL BALANCE DUE	<u>\$ 7,795.50</u>

Please return Remittance page with payment to: Copeland, Cook, Taylor & Bush, PA
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March 9, 2018
Invoice No. 1116597

INVOICE SUMMARY

I.D. 11124-1-TLK

RE: General

For Services Rendered through March 7, 2018

Current Fees	\$ 111.00
Total Current Costs	<u>\$.00</u>
TOTAL THIS INVOICE	\$ 111.00
Previous Balance	<u>\$ 7,795.50</u>
TOTAL BALANCE DUE	<u>\$ 7,906.50</u>

I.D. 11124-1-TLK

March 9, 2018
Invoice No. 1116597

PROFESSIONAL SERVICES

Date	Description of Services	Atty	Hours
3/07/18	Begin drafting six month extension request for [REDACTED] Certificate of Need.	MJK	.60

PROFESSIONAL FEE SUMMARY

	Atty	Rate	Hours	Amount
Fuller, Mary J.	MJK	185.00	.60	111.00

TOTAL CURRENT FEES **\$ 111.00**

TOTAL THIS INVOICE **\$ 111.00**

I.D. 11124-1-TLK

March 9, 2018
Invoice No. 1116597**INVOICES OUTSTANDING**

Invoice Number	Date	Invoice Total	Payments Received	Ending Balance
1102608	9/20/17	212.00	.00	212.00
1104964	10/16/17	2,581.00	.00	2,581.00
1107686	11/17/17	2,839.50	.00	2,839.50
1110013	12/15/17	2,113.00	.00	2,113.00
1114576	2/20/18	50.00	.00	50.00

Previous Balance \$ 7,795.50

Balance Due This Invoice \$ 111.00**TOTAL BALANCE DUE** \$ 7,906.50

**COPELAND
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Curae Health Care
Travis Sisson
Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

March 9, 2018
Invoice No. 1116597

REMITTANCE ADVICE

I.D. 11124-1-TLK

RE: General

BALANCE DUE THIS INVOICE	\$ 111.00
Previous Balance	<u>\$ 7,795.50</u>
TOTAL BALANCE DUE	<u>\$ 7,906.50</u>

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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: (6755802) **Claim No:** 72 *Status:*
Copeland, Cook, Taylor & Bush, *Original Filed* *Filed by:* CR
P.A. *Date:* 10/04/2018 *Entered by:* admin
John Hunter Nance, COO *Original Entered* *Modified:*
P.O. Box 6020 *Date:* 10/04/2018
Ridgeland, MS 39158

Amount claimed: \$7906.50

History:

[Details](#) [72-1](#) 10/04/2018 Claim #72 filed by Copeland, Cook, Taylor & Bush, P.A., Amount claimed: \$7906.50 (admin)

Description:

Remarks: (72-1) Account Number (last 4 digits):1112

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*	\$7906.50
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		