

**Fill in this information to identify the case:**

Debtor 1 Curae Health (Parola Med Ctr 10/6643)  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: Middle District of Tennessee  
 Case number 3:18-bk-05665

**FILED**

OCT 05 2018

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

## 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?

Bio Merieux, 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?

☒ No☐ 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?

Bio Merieux, Inc  
 Name  
100 Rodolphe Street  
 Number Street  
Durham N.C. 27712  
 City State ZIP Code

Where should payments to the creditor be sent? (if different)

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Number Street  
 \_\_\_\_\_  
 City State ZIP Code

Contact phone 919-479-3571

Contact phone \_\_\_\_\_

Contact email clay.cheston@biomerieux.com

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No☐ 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?

☒ No☐ 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: 6643

7. How much is the claim? \$ 5,011.58 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).

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.

Goods

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)?

☒ No

☐ Yes. Check one:

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.

☐ 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.

\$ \_\_\_\_\_

\* 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 01 2018  
MM / DD / YYYY

Signature

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

Name

Clay O'Hewry

First name

Middle name

Cheston

Last name

Title

Sr. Credit Analyst

Company

B. & M. Merieux, Inc

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

100 Rodolphe St

Number

Street

City

Durham

State

N.C.

ZIP Code

27712

Contact phone

919-479-3571

Email

clay.cheston@bmerieux.com

DEFAULT--PANOLA MED CTR - 0001016643-0021									
Inv #	Flex 6	Original Invoice #	Bill Date	Order Type	Due Date	Amount	Tracking Number	PO Number	Reference#
1211970090-001	1211970090	1211970090	05-01-18	YOR	05-31-18	464.00	138487472793739	00138	0105238550
1211961080-001	1211961080	1211961080	04-16-18	YOR	05-16-18	985.80	431319794363	7016712430	0105206699
1211976293-001	1211976293	1211976293	05-10-18	YOR	06-09-18	180.06	437894355991	00200	0105257341
1211978605-001	1211978605	1211978605	05-15-18	YOR	06-14-18	140.00	780981020202	00217	0105268554
1211986727-001	1211986727	1211986727	05-30-18	YOR	06-29-18	480.16	437894455983	00319	0105300827
1211991874-001	1211991874	1211991874	06-07-18	YOR	07-07-18	232.00	138487472982409	00375	0105317430
1211992366-001	1211992366	1211992366	06-08-18	YOR	07-08-18	232.00	138487472992262	00375	0105317430
1212008236-001	1212008236	1212008236	07-05-18	YOR	08-04-18	744.80	444620143313	00523	0105372433
1212018238-001	1212018238	1212018238	07-23-18	YOR	08-22-18	928.00	138487473221507	00608	0105413483
1212030316-001	1212030316	1212030316	08-13-18	YOR	09-12-18	300.10	451253191101	00730	0105457041
1212036152-001	1212036152	1212036152	08-22-18	YOR	09-21-18	324.66	451253252600	00780	0105475658

5,011.58



INVOICE  
1211961080



DUPLICATE

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BILLING ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

SOLD-TO ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
16-APR-2018	1211961080	7016712430	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
16-APR-2018	105206699	30 DAYS NET	
TOTAL		985.80	USD

SHIPPING ADDRESS 1016643  
PANOLA MED CTR  
PO 7016712430  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	22226 AST-GP67 TEST KIT 20 CARDS	5 ST	60.02 Batch: 1320662403 Delivery: 8006199952 / Date: 16-APR-2018	60.02 Expiry Date: 19-SEP-2019	1 Country of Origin: US	300.10
21	21341 GN TEST KIT VTK2 20CARDS	5 ST	48.20 Batch: 2410485203 Delivery: 8006199952 / Date: 16-APR-2018	48.20 Expiry Date: 26-MAR-2019	1 Country of Origin: US	241.00
31	21342 GP TEST KIT VTK2 20CARDS	3 ST	48.20 Batch: 2420661403 Delivery: 8006199952 / Date: 16-APR-2018	48.20 Expiry Date: 18-SEP-2019	1 Country of Origin: US	144.60
41	413400 AST-GN69 TEST KIT 20 CARDS	5 ST	60.02 Batch: 5890667203 Delivery: 8006199952 / Date: 16-APR-2018	60.02 Expiry Date: 24-SEP-2019	1 Country of Origin: US	300.10

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	985.80
TOTAL	985.80 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

**INVOICE**  
1211970090



**DUPLICATE**

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**BILLING ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

**SOLD-TO ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
01-MAY-2018	1211970090	00138	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
01-MAY-2018	105238550	30 DAYS NET	
<b>TOTAL</b>		464.00	USD

**SHIPPING ADDRESS 1016643**  
PANOLA MED CTR  
ATTN PO# 00138  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier

Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	410851 BACT/ALERT FA PLUS (PLASTIC)	1 ST	232.00 Batch: 4050378 Delivery: 8006260302 / Date: 01-MAY-2018	232.00 Expiry Date: 06-FEB-2019	1 Country of Origin: US	232.00
21	410852 BACT/ALERT FN PLUS (PLASTIC)	1 ST	232.00 Batch: 4050620 Delivery: 8006260302 / Date: 01-MAY-2018	232.00 Expiry Date: 02-MAR-2019	1 Country of Origin: US	232.00

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

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Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

<b>NET PRICE</b>	<b>464.00</b>
<b>TOTAL</b>	<b>464.00 USD</b>

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**INVOICE**  
**1211976293**



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**BILLING ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

**SOLD-TO ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
10-MAY-2018	1211976293	00200	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
09-MAY-2018	105257341	30 DAYS NET	
<b>TOTAL</b>		180.06	USD

**SHIPPING ADDRESS 1016643**  
PANOLA MED CTR  
PO# 00200  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier

Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	413400	3 ST	60.02	60.02	1	180.06
	AST-GN69 TEST KIT 20 CARDS					
	Batch: 5890685403 Expiry Date: 12-OCT-2019 Country of Origin: US					
	Delivery: 8006296266 / Date: 10-MAY-2018					

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

<b>NET PRICE</b>	<b>180.06</b>
<b>TOTAL</b>	<b>180.06 USD</b>

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

bioMérieux, Inc.

100 Rodolphe Street, Durham, NC 27712, USA, Tel: 1 800 682 2666, Fax: 1 800 432 9682, <http://www.biomerieux.com>



**INVOICE**  
1211978605



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**BILLING ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

**SOLD-TO ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
15-MAY-2018	1211978605	00217	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
15-MAY-2018	105268554	30 DAYS NET	
<b>TOTAL</b>		140.00	USD

**SHIPPING ADDRESS 1016643**  
PANOLA MED CTR  
PO# 00217  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
10	V1221 PIPETTE 145MCL FIXED VOLUME	1 ST	140.00	140.00	1	140.00
Country of Origin: FI						
Delivery: 8006315003 / Date: 15-MAY-2018						

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

<b>NET PRICE</b>	140.00
<b>TOTAL</b>	140.00 USD

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bioMérieux, Inc.

100 Rodolphe Street, Durham, NC 27712, USA, Tel: 1 800 682 2666, Fax: 1 800 432 9682, <http://www.biomerieux.com>



INVOICE  
1211986727



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BILLING ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

SOLD-TO ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
30-MAY-2018	1211986727	00319	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
30-MAY-2018	105300827	30 DAYS NET	
TOTAL		480.16	USD

SHIPPING ADDRESS 1016643  
PANOLA MED CTR  
PO 00319  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	22226 AST-GP67 TEST KIT 20 CARDS	5 ST	60.02 Batch: 1320712203 Delivery: 8006376909 / Date: 30-MAY-2018	60.02 Expiry Date: 08-NOV-2019	1 Country of Origin: US	300.10
21	413400 AST-GN69 TEST KIT 20 CARDS	3 ST	60.02 Batch: 5890708203 Delivery: 8006376909 / Date: 30-MAY-2018	60.02 Expiry Date: 04-NOV-2019	1 Country of Origin: US	180.06

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	480.16
TOTAL	480.16 USD

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INVOICE  
1211991874



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BILLING ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

SOLD-TO ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
07-JUN-2018	1211991874	00375	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
06-JUN-2018	105317430	30 DAYS NET	
TOTAL		232.00	USD

SHIPPING ADDRESS 1016643  
PANOLA MED CTR  
PO 00375  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier

Microtubules: PCN-1100 CamS						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
21	410852	1 ST	232.00	232.00	1	232.00
	BACT/ALERT FN PLUS (PLASTIC)		Batch: 4050934	Expiry Date: 18-APR-2019	Country of Origin: US	
	Delivery: 8006413319 / Date: 07-JUN-2018					

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	232.00
TOTAL	232.00 USD

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INVOICE  
1211992366



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BILLING ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

SOLD-TO ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
08-JUN-2018	1211992366	00375	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
06-JUN-2018	105317430	30 DAYS NET	
TOTAL		232.00	USD

SHIPPING ADDRESS 1016643  
PANOLA MED CTR  
PO 00375  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier

Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	410851	1 ST	232.00	232.00	1	232.00
	BACT/ALERT FA PLUS (PLASTIC)		Batch: 4050852	Expiry Date: 10-APR-2019	Country of Origin: US	
			Delivery: 8006420416 / Date: 08-JUN-2018			

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	232.00
TOTAL	232.00 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.



INVOICE  
1212036152



ORIGINAL

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BILLING ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

SOLD-TO ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
22-AUG-2018	1212036152	00780	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
21-AUG-2018	105475658	30 DAYS NET	
TOTAL		324.66	USD

SHIPPING ADDRESS 1016643  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	22226 AST-GP67 TEST KIT 20 CARDS	3 ST	60.02 Batch: 1320802103 Delivery: 8006734555 / Date: 22-AUG-2018	60.02 Expiry Date: 06-FEB-2020	1 Country of Origin: US	180.06
21	21341 GN TEST KIT VTK2 20CARDS	3 ST	48.20 Batch: 2410616203 Delivery: 8006734555 / Date: 22-AUG-2018	48.20 Expiry Date: 04-AUG-2019	1 Country of Origin: US	144.60

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA

NET PRICE	324.66
TOTAL	324.66 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

**INVOICE**  
1212030316



**ORIGINAL**  
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**BILLING ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Phone 6627122277  
Fax 6627122483

**SOLD-TO ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
13-AUG-2018	1212030316	00730	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
12-AUG-2018	105457041	30 DAYS NET	
<b>TOTAL</b>		300.10	USD

**SHIPPING ADDRESS 1016643**  
PANOLA MED CTR  
PO# 00730  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier							
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount	
11	413400	5 ST	60.02	60.02	1	300.10	
	AST-GN69 TEST KIT 20 CARDS		Batch: 5890784403	Expiry Date: 19-JAN-2020	Country of Origin: US		
	Delivery: 8006694544 / Date: 13-AUG-2018						

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

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**Remit To: PO Box 500308**  
**St. Louis, MO 63150-0308, USA**

<b>NET PRICE</b>	<b>300.10</b>
<b>TOTAL</b>	<b>300.10 USD</b>

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**INVOICE**  
**1212018238**



**ORIGINAL**

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**BILLING ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

**Phone** 6627122277  
**Fax** 6627122483

**SOLD-TO ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
23-JUL-2018	1212018238	00608	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
22-JUL-2018	105413483	30 DAYS NET	
<b>TOTAL</b>		928.00	USD

**SHIPPING ADDRESS 1016643**  
PANOLA MED CTR  
PO# 00608  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

**Incoterms: FCA -Free Carrier**

Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	410851 BACT/ALERT FA PLUS (PLASTIC)	2 ST	232.00 Batch: 4051066 Delivery: 8006603867 / Date: 23-JUL-2018	232.00 Expiry Date: 04-MAY-2019	1 Country of Origin: US	464.00
21	410852 BACT/ALERT FN PLUS (PLASTIC)	2 ST	232.00 Batch: 4051136 Delivery: 8006603867 / Date: 23-JUL-2018	232.00 Expiry Date: 08-MAY-2019	1 Country of Origin: US	464.00

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

**Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA**

<b>NET PRICE</b>	<b>928.00</b>
<b>TOTAL</b>	<b>928.00 USD</b>

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**INVOICE**  
**1212008236**



**ORIGINAL**  
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**BILLING ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

**Phone** 6627122277  
**Fax** 6627122483

**SOLD-TO ADDRESS 1016643**  
PANOLA MED CTR  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
05-JUL-2018	1212008236	00523	1016643
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
02-JUL-2018	105372433	30 DAYS NET	
<b>TOTAL</b>		744.80	<b>USD</b>

**SHIPPING ADDRESS 1016643**  
PANOLA MED CTR  
PO 00523  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606-8608  
US UNITED STATES

Incoterms: FCA -Free Carrier

Line	Material	QTY	UOM	Unit Price	Unit Net Price	Per	Amount
11	22226 AST-GP67 TEST KIT 20 CARDS	5	ST	60.02 Batch: 1320753203 Delivery: 8006522759 / Date: 05-JUL-2018	60.02 Expiry Date: 19-DEC-2019	1 Country of Origin: US	300.10
21	21341 GN TEST KIT VTK2 20CARDS	3	ST	48.20 Batch: 2410559403 Delivery: 8006522759 / Date: 05-JUL-2018	48.20 Expiry Date: 08-JUN-2019	1 Country of Origin: US	144.60
31	413400 AST-GN69 TEST KIT 20 CARDS	5	ST	60.02 Batch: 5890743403 Delivery: 8006522759 / Date: 05-JUL-2018	60.02 Expiry Date: 09-DEC-2019	1 Country of Origin: US	300.10

Surcharges	
Shipping & Handling Fee	0.00
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

**Remit To: PO Box 500308  
St. Louis, MO 63150-0308, USA**

<b>NET PRICE</b>	<b>744.80</b>
<b>TOTAL</b>	<b>744.80 USD</b>

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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:* (6756642)

**Claim No:** 74

*Status:*

BIOMERIEUX INC

*Original Filed*

*Filed by:* CR

100 RUDOLPHE ST

*Date:* 10/05/2018

*Entered by:* Intake1

DURHAM NC 27712

*Original Entered*

*Modified:*

*Date:* 10/05/2018

Amount claimed: \$5011.58

*History:*

[Details](#) [74-1](#) 10/05/2018 Claim #74 filed by BIOMERIEUX INC, Amount claimed: \$5011.58 (Intake1)

*Description:* (74-1) Goods

*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

<b>Total Amount Claimed*</b>	\$5011.58
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		

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