

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.

Debtor 2 _____
(Spouse, if filing)

FDDB AKA DBA GILMORE MEMORIAL HOSPITAL; GILMORE MEMORIAL REGIONAL MEDICAL CENTER (YELLOW PAGES INC.); DIRECTORY ADVERTISING SERVICES: HMA GILMORE MEMORIAL
United States Bankruptcy Court for the Middle District of Tennessee

Case number 18-05665

Official Form 410 Proof of Claim

12/15

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

29. Who is the current

30. creditor? Hibu 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?

Where should notices to the creditor be sent?

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Hibu c/o RMS (an iQor Company)
Name

Hibu c/o RMS (an iQor Company)
Name

P.O. Box 361345
Number Street

P.O. Box 361345
Number Street

Columbus OH 43236
City State Zip Code

Columbus OH 43236
City State Zip Code

Contact Phone 888-560-4067 ex 2040

Contact Phone 888-560-4067 ex 2040

Contact email wendy.messner@iqor.com

Contact email wendy.messner@iqor.com

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? Click here to enter text.

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number No
you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: A0C3J0;
A0C3HY;
A1ZDB4;
A0VOJE
debtor?

7. How much is the claim? \$5,990.08. Does this amount include interest or other charges?
 No
 Yes. Attach statement of 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 sold /Services performed

9. Is all or part of the claim? No
Secured 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: \$5,990.08 (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 all that apply

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 \$2,775* 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 \$12,475*) 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 4/01/16 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 10/5/2018
MM / DD / YYYY

Signature

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

Name	<u>Wendy</u>	<u>Messner</u>
	First name	Last name
Title	<u>Paralegal (Agent for Creditor)</u>	
Company	<u>RMS (an iQor Company)</u>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	<u>P.O. Box 361345</u>	
	Number	Street
	<u>Columbus</u>	<u>OH 43236</u>
	City	State ZIP Code
Contact phone	<u>888-560-4067 ewx 2040</u>	Email <u>Wendy.Messner@iqor.com</u>

MIDATL

>>> Account Inquiry <<<

NATIONAL NYPS

Account Code: A0V0JE YELLOW PAGES INC: HMA-GILMORE MEMORIAL REGIONAL MEDICAL C
Del [StmntGrp: NAT/1st] CSR: HSM Agc: RMI-BD [ZZZZZZ]

>>> Agency Transactions <<<

Account: A0V0JE YELLOW PAGES INC: HMA-GILMORE MEMORIAL REGIONAL MEDICAL CENTE
R Current Agency: RMI-BD Unrecovered Amount: \$4,257.11

Agency	Contract	Book/Year	Transaction	Date	Amount	Contract Balance
RMI-BD	5162348	TAD/14 (T)	WriteOff: BD	03/10/14	3405.69	3405.69
			Collection Fee:		851.42	
			Unrecovered:		4,257.11	

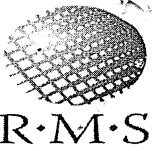
9	GTD/13p	4653997/NAT	07/24/11	2,844.00	2,844.00	0.00
10	TAD/13p	4798661/NAT	11/25/11	4,572.00	4,572.00	0.00
11	MLD/14p	4984205/NAT	05/22/12	2,525.00	2,525.00	0.00
12	GTD/14dp	5041987/NAT	07/22/12	2,922.00	2,922.00	0.00
13	TAD/14dp	5162348/NAT	11/21/12	4,311.00	4,311.00	0.00
14	MLD/15dp	5320309/NAT	05/22/13	1,738.00	1,738.00	0.00

Item/Con/BkYr/aGc/cHks/wrK/cMt/linEs/Tgl/St/sRy/N/call/Opt/Prt/Win/Q: G

Opt's,Summ,Inqry,DiVert,Mail:

Seq Account Name, Address, Flags/Rep/Source/Contact/SSN Phone(s)
 1 A0V0JE YELLOW PAGES INC: HMA-GILMORE MEMORIAL REGIONAL ME 000-440-2211
 MIDATL 222 NORTH MAIN ST, New City, NY 10956
 Flags: D,##, Rep: NATIONAL, Source: NYPS
 Books: GTD/14,GTD/13,GTD/12,GTD/11,MLD/15,MLD/14,
 MLD/13,MLD/12,MLD/11,TAD/14,TAD/13,TAD/12,
 TAD/11,TAD/10
 T: 914-735-0001

Find: DIADID='A0V0JE'



DEBTORS VERBAL NOTIFICATION OF BANKRUPTCY

Please forward to:
RMS Bankruptcy Recovery Services
Attention: Wendy Finnegan
307 International Circle, Ste. 207
Hunt Valley, Maryland, 21031

Date:
Spoke w/:
Telephone #:
RMS Claim # if applicable:

Form with date 9/7/2018 and empty fields for Spoke w/, Telephone #, and RMS Claim #.

Bankruptcy Case Information form containing fields for Debtor Name (Curae Health, Inc.), Filing Date (8/24/2018), Chapter (7 asset), Case # (18-05665), Court Location (Tennessee), District (Middle), and State (TN).

Debtor's Bankruptcy Attorney form containing Name (David Gordon) and Phone # ((404) 253-6005).

Yellow Book Account Information form containing Account Name (Gilmore Memorial Hospital), Account # (A0C3J0), Phone # ((662) 256-7111), and Account Balance (\$1,732.97).

Note section with a large empty box for text entry.

Person Completing this form section containing Name (Mike DeVault) and Phone # ((610) 680-3138).

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: (6758769) **Claim No:** 76 *Status:*
Hibu Inc f/k/a Yellowbook Inc *Original Filed* *Filed by:* CR
c/o RMS Bankruptcy Recovery *Date:* 10/09/2018 *Entered by:* RITA CASEY
Services *Original Entered* *Modified:*
P.O. Box 361345 *Date:* 10/09/2018
Columbus, OH 43236

Amount claimed: \$5990.08

History:

[Details](#) [76-1](#) 10/09/2018 Claim #76 filed by Hibu Inc f/k/a Yellowbook Inc, Amount claimed: \$5990.08 (CASEY, RITA)

Description:

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*	\$5990.08
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		