Fill in this ir	formation 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	18-05665

Official Form 410

Proof of Claim

04/19

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?	MS Department of Name of the current credit Other names the creditor of	or (the person or en				
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	s to the creditor	be sent?	Where should pa different)	ayments to the creditor	be sent? (if
		Bankruptcy Sectio	on-MS Departr	ment of Revenu			
		Name			Name		
		P O Box 22808					
	(11(B)) 2002(9)	Number Street		· · · · · · · · · · · · · · · · · · ·	Number Stree	et	
		Jackson	MS	39225			
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 601-92	3-7393		Contact phone		
		Contact email bankru	ptcy@dor.ms.	gov	Contact email		
		Uniform claim identifier for	r electronic payment	ts in chapter 13 (if you us	se one): 		
4.	Does this claim amend one already filed?	☐ No ☑ Yes. Claim numbe	er on court claims	registry (if known) 7	8-1	Filed on	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ❑ Yes. Who made th	ne earlier filing?				

y	o you have any number ou use to identify the ebtor?	No Ves. Last 4 digits of the debtor's account or any number you use to identify the debtor: $5 6 3 8$
7. H	ow much is the claim?	\$ Does this amount include interest or other charges? □ No
		 No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	/hat is the basis of the laim?	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.
		State Taxes
	all or part of the claim ecured?	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 <i>Mortgage Proof of Claim</i> <i>Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. 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) 6.00 % ☑ Fixed □ Variable
	this claim based on a	No No
le	ease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
	this claim subject to a	No No
rış	ght of setoff?	Yes. Identify the property:
	Case 3:18-bk-0	05665 Claim 78-2 Filed 04/04/19 Desc Main Document Page 2 of 4

12. Is all or part of the claim antified to priority II U.S.C. § 507(a)? A claim may be party norpriority. For example, in some categories, the away inits the amount. Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$
11 U.S.C. § 607(a)? If 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 \$3.025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$
monpriority and parity " 11 U.S.C. § 507(a)(1)(Å) or (a)(1)(B). \$
in some categories, the law limits the amount entitled to priority. Up to \$3.025° 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 \$13,650°) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. \$
Part 3: Sign Below The person completing this proof of claim must sign and date it. Check the appropriate box: Image: Sign Below Image: Sign Below Check the appropriate box: Image: Sign Below If you file this claim selectronically, FRBP 9011(b). Image: Sign and date it. If you file this claim selectronically, FRBP solog(s), 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. A person who files a fraudulent claim could be information in this Proof of Claim and have a reasonable belief that the information is true and correct. Is U.S.C. § 152, 157, and 3571.
Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies. * Amounts are subject to adjustment on 4/01/22 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, claim celdtor gave the debtor credit for any payments received toward the debt. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> 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 04/04/2019
* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment. Sign Below The person completing this proof of claim muts ign 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. 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 Strite
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The person completing this proof of claim must sign and date it. Check the appropriate box: FRBP 9011(b). I am the creditor. If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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 am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. I B U.S.C. §§ 152, 157, and 3571. I declare under penalty of perjury that the foregoing is true and correct.
The person completing this proof of claim must sign and date it. Check the appropriate box: FRBP 9011(b). I am the creditor. If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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 am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. I have examined the information in this <i>Proof of Claim</i> 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. I declare under penalty of perjury that the foregoing is true and correct.
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years, or both. 18 U.S.C. §§ 152, 157, and 3571. Executed on date 04/04/2019
18 U.S.C. §§ 152, 157, and I declare under penalty of perjury that the foregoing is true and correct. 3571. Executed on date 04/04/2019
Executed on date 04/04/2019
MM / DD / YYYY
/s/ Nikeshia Agee
Signature
Print the name of the person who is completing and signing this claim:
Name Nikeshia Agee
First name Middle name Last name
Title Bankruptcy Administrator
Company MS Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.
Address P O Box 22808

//uur033				
	Number	Street		
	Jackson		MS	39225
	City		State	ZIP Code
Contact phone	601-923-7	393	Email	bankruptcy@dor.ms.gov

Case 3:18-bk-05665 Claim 78-2 Official Form 410 Filed 04/04/19 Desc Main Document Proof of Claim Page 3 of 4 page 3

Proof to Claim Exhibit "A"

Name of Debtor:	CURAE HEALTH INC			Та	kpayer Number: 5638	8	
Туре		Account	Period	Assessed	Тах	Interest	Penalty
Unsecured Priori	ty Claim						
	Corporate and Franchise Tax	1380-2791	31-Dec-2017		\$0.00	\$0.00	\$0.00

Case 3:18-bk-05665 Claim 78-2 Filed 04/04/19 Desc Main Document Page 4 of 4

MIDDLE DISTRICT OF TENNESSEE Claims Register

<u>3:18-bk-05665 Curae Health Inc.</u>

Judge: Charles M V	Valker Chapter:	11	
Office: Nashville	Last Date	to file claims: 01/21/2019	
Trustee:	Last Date	to file (Govt):	
<i>Creditor:</i> (67398 Mississippi Departmer Bankruptcy Section P.O. Box 22808 Jackson, MS 39225-2	nt of Revenue	Original Filed Date: 10/09/2018 File Original Entered Date: 10/09/2018 Er	tatus: led by nterec odifie
Amount claimed: \$0 Secured claimed: \$0 Priority claimed: \$0	.00		
History: Details 78 Details 78		m #78 filed by Mississippi Department of Revenue, Amount claimed: \$5 ended Claim #78 filed by Mississippi Department of Revenue, Amount c	
Description: (78-1) Sta (78-2) State Taxes	ate Taxes		
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*\$0.00Total 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	\$0.00	
Priority	\$0.00	
Administrative		

Fill in this ir	formation 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	18-05665

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?		lame of the current creditor (the person or entity to be paid for this claim)						
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?							
3.	Where should notices and payments to the	Where should notices to the creditor be sent?		Where should pays different)	ments to the creditor b	e sent? (if			
	creditor be sent?	Bankruptcy Section-MS Department of	Revenu						
	Federal Rule of	Name		Name					
	Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 22808							
	(FRBF) 2002(9)	Number Street		Number Street					
		Jackson MS 3922	25						
		City State	ZIP Code	City	State	ZIP Code			
		Contact phone (601) 923- 7393		Contact phone		_			
		Contact email bankruptcy@dor.ms.gov		Contact email		_			
		Uniform claim identifier for electronic payments in chapte	er 13 (if you us 	e one): 					
4.	Does this claim amend one already filed?	✓ No☑ Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY			
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No❑ Yes. Who made the earlier filing?							

3.	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: <u>5</u> 6 3 8
7.	How much is the claim?	\$530.00. 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).
3.	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.
		State Taxes
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 <i>Mortgage Proof of Claim</i> <i>Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. 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) 7.20 % ☑ Fixed □ Variable
10	. Is this claim based on a	No No
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
11	. Is this claim subject to a	No No
	right of setoff?	Yes. Identify the property:
	Case 3:18-bk-0	05665 Claim 78-1 Filed 10/09/18 Desc Main Document Page 2 of 4

12. Is all or part of the claim entitled to priority under	No No							
11 U.S.C. § 507(a)?	🗹 Yes. Chec	k one:					Amount entitled to	o priority
A claim may be partly priority and partly	Domes 11 U.S	tic support oblig .C. § 507(a)(1)(/	gations (includin A) or (a)(1)(B).	g alimony and child	support) unde	er	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.				hase, lease, or renta U.S.C. § 507(a)(7).	I of property o	or services for	\$	
	bankru		iled or the debt	to \$12,850*) earned or's business ends, v			\$	
	Taxes	or penalties owe	ed to governme	ntal units. 11 U.S.C.	§ 507(a)(8).		\$	530.00
	Contrib	utions to an em	ployee benefit	olan. 11 U.S.C. § 50	7(a)(5).		\$	
	Other.	Specify subsect	tion of 11 U.S.C	s. § 507(a)() that a	pplies.		\$	
	* Amounts	are subject to adji	ustment on 4/01/1	9 and every 3 years af	er that for case	s begun on or af	ter the date of adjustme	ent.
Part 3: Sign Below								
The person completing	Check the appr	opriate box:						
this proof of claim must sign and date it.	I am the cr	editor.						
FRBP 9011(b).	I am the cr	editor's attorney	/ or authorized a	agent.				
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(2) authorizes courts	I am a gua	rantor, surety, e	endorser, or othe	er codebtor. Bankrup	otcy Rule 300	5.		
to establish local rules specifying what a signature is.							that when calculatin	ig the
A person who files a	amount of the c	laim, the credito	or gave the debt	or credit for any pay	ments receive	ed toward the c	lebt.	
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examine and correct.	d the information	n in this <i>Proof c</i>	of Claim and have a	easonable be	lief that the inf	ormation is true	
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perju	ry that the fore	going is true and cor	rect.			
3571.	Executed on da		÷					
		MM / DD /	YYYY					
		hia Agee				_		
	Signature							
	Print the name	of the person	who is comple	eting and signing th	is claim:			
	Name	Nikeshia /	Agee					
		First name		Middle name		Last name		
	Title	Bankrupto	cy Administra	ator				
	Company	·	· · · · · · · · · · · · · · · · · · ·	nt of Revenue				
		Identify the co	rporate servicer a	s the company if the au	ithorized agent	is a servicer.		
	Address	P.O. Box	22808					
		Number	Street					
		Jackson			MS	39225		
		City			State	ZIP Code		

(601) 923- 7393

Case 3:18-bk-05665 Claim 78-1 Official Form 410

Contact phone

Filed 10/09/18 Desc Main Document Proof of Claim

Email bankruptcy@dor.ms.gov

Proof to Claim Exhibit "A"

Name of Debtor: CURAE HEALTH INC Taxpayer Number: 5638 Period Assessed Туре Account Тах Interest **Unsecured Priority Claim** Corporate and Franchise Tax 1380-2791 \$530.00 \$0.00 31-Dec-2017

*Estimated Assessment - No Return Filed

Penalty

\$0.00

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: Last Date to file (Govt): **Trustee:** Creditor: (6739867) Claim No: 78 Status:

Mississippi Department of Revenue Bankruptcy Section P.O. Box 22808 Jackson, MS 39225-2808

Amount claimed: \$530.00 Secured claimed: \$0.00 Priority claimed: \$530.00 Original Filed

Date: 10/09/2018

Original Entered

Date: 10/09/2018

Filed by: CR Entered by: NIKESHIA AGEE Modified:

History:

Details 78-1 10/09/2018 Claim #78 filed by Mississippi Department of Revenue, Amount claimed: \$530.00 (AGEE, NIKESHIA)

Description: (78-1) State Taxes 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*	\$530.00
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	\$0.00	
Priority	\$530.00	
Administrative		