Fill in this information to identify the case:				
Debtor 1 Curae Health Inc.				
Debtor 2				
(Spouse, if filing)				
United States Bankruptcy Court M	IDDLE DISTRICT OF TENNESSEE			
Case number: 18-05665				

**FILED** 

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

10/16/2018

**MATTHEW T. LOUGHNEY, Clerk** 

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Clair	n				
1.Who is the current creditor?	Med Imaging, LLC				
	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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)			
creditor be sent?	Med Imaging, LLC	· 			
Federal Rule of	Name	Name			
Bankruptcy Procedure (FRBP) 2002(g)	c/o Samuel G. Maddox, Esq. Lake Tindall, LLP P. O. Box 918 Greenville, MS 38702–0918				
	Contact phone662-378-2121	Contact phone			
	Contact email smaddox@ltindall.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) 79  Filed on		79 Filed on 10/09/2018			
		MM / DD / YYYY			
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?				

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:			
7.How much is the claim?	\$		oes this amount include interest or other charges?  No		
		ı	Yes. Attach statement other charges required	t itemizing i d by Bankru	nterest, fees, expenses, or uptcy Rule 3001(c)(2)(A).
3.What is the basis of the claim?	dea Ban	mples: Goods sold, money loth, or credit card. Attach redakruptcy Rule 3001(c). it disclosing information that i	acted copies of any docur	ments supp	orting the claim required by
		equipment lease			
9. Is all or part of the claim secured?		Yes. The claim is secured by  Nature of property:  Real estate. If the clai	m is secured by the debto	or's principa Il Form 410	al residence, file a <i>Mortgage</i> –A) with this <i>Proof of Claim</i> .
		Basis for perfection:			
		Attach redacted copies of cinterest (for example, a mo document that shows the lie	rtgage, lien, certificate of	title, financ	ee of perfection of a security ing statement, or other
		Value of property:	\$		_
		Amount of the claim that secured:	is \$		
		Amount of the claim that unsecured:	\$		(The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount necessary to cur date of the petition:	e any default as of the	\$	
		Annual Interest Rate (whe	en case was filed)		%
		☐ Fixed ☐ Variable			
10.Is this claim based on a lease?	□	No Yes. Amount necessary to petition.	o cure any default as of	the date o	of the \$ 42256.97
11.Is this claim subject to a right of setoff?	<b>Y</b>	No Yes. Identify the property:			

12.Is all or part of the claim entitled to priority under	<b>Y</b>	No Yes. Check all tha	ot applic				Amount entitled to priority
11 U.S.C. § 507(a)?  A claim may be partly		_		ادراد دارد دارد	ling olimonus on	-l -h:l-l	· · · · · · · · · · · · · · · · · · ·
priority and partly nonpriority. For example	Δ	☐ Domestic suppounder 11 U.S.C.	. § 507(a)	ions (includ )(1)(A) or (a	iing ailmony an i)(1)(B).	a chiia support)	\$
in some categories, the law limits the amount entitled to priority.		☐ Up to \$2,850* or property or serv U.S.C. § 507(a)	rices for p	s toward pu ersonal, far	rchase, lease, mily, or househ	or rental of old use. 11	\$
		☐ Wages, salaries 180 days before business ends,	s, or comr the bank	kruptcy peti	tion is filed or tl	he debtor's	\$
		☐ Taxes or penalti 507(a)(8).			_	. , . ,	\$
		☐ Contributions to	an empl	oyee benefi	t plan. 11 U.S.	C. § 507(a)(5).	\$
		☐ Other. Specify s	subsection	n of 11 U.S.	.C. § 507(a)(_)	that applies	\$
		* Amounts are subject to fadjustment.	to adjustme	ent on 4/01/19	and every 3 years	s after that for case	es begun on or after the date
Part 3: Sign Below							
The person completing this proof of claim must	Che	ck the appropriate b	OOX:				
sign and date it. FRBP 9011(b).		I am the creditor.					
	V	I am the creditor's	attorney o	or authorize	d agent.		
If you file this claim electronically, FRBP		I am the trustee, or	the debt	or, or their a	authorized age	nt. Bankruptcy I	Rule 3004.
5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature is.	I und the a	derstand that an authoriz Amount of the claim, the o	ed signatur creditor gav	re on this Produce the debtor of	of of Claim serves credit for any payr	as an acknowledgi nents received tow	ment that when calculating ard the debt.
A person who files a fraudulent claim could be		re examined the informat	tion in this I	Proof of Claim	and have a reaso	onable belief that th	ne information is true
fined up to \$500,000, imprisoned for up to 5 years, or both.	I declare under penalty of perjury that the foregoing is true and correct.						
18 U.S.C. §§ 152, 157 and 3571.	Executed on date 10/16/2018						
			MM / DD		-		
			IVIIVI / DD	, , , , , ,			
	/s/ \$	Samuel G. Maddox				_	
	Sign	ature					
	Prin	t the name of the pe	erson who	is complet	ing and signing	g this claim:	
	Nan	ne		Samuel G. M	Maddox		
				First name	Middle name	Last name	
	Title	<del>)</del>		Attorney			
	Con	mpany					
				Identify the co	orporate servicer a	as the company if the	ne authorized agent is a
	Add	dress		Lake Tindal	ll, LLP, PO Box	918	
				Number Stre	eet		
	Greenville, MS 38702-0918						
	_	ata at a bases		City State 2			
	Con	ntact phone 662-	-378-212	1	Email -	smaddox@ltinda	all.com



Gilmore Memorial Regional Med Ctr

Customer

Name

Invoice No. 1A

Date

### INVOICE =

7/24/2018

1105 Earl Frye Blvd		Order No.		
	821	Rep		
662 256 7111		(FOB		
		Unit Price	TOTAL	
HVAC repair		\$2,945.37	\$2,945.37	
240 Liters of helium lost during outage		\$19.00	\$4,560.00	
Invoice due upon receipt Thank you  Per Client- non-taxable as of 05/1/17				
		SubTotal	\$7,505.37	
ayment Details	-		\$0.00	
Cash	Taxes			
Credit Card		TOTAL	\$7,505.37	
CC # Office Use Only				
Expires		-		
	Amory State Ms ZIP 38 662 256 7111  Description Reimbursement for Power Loss Damages HVAC repair  240 Liters of helium lost during outage  Invoice due upon receipt Thank you  Per Client- non-taxable as of 05/1/17  ayment Details Cash Check Credit Card	Amory 662 256 7111  Description Reimbursement for Power Loss Damages HVAC repair  240 Liters of helium lost during outage  Invoice due upon receipt Thank you  Per Client- non-taxable as of 05/1/17  ayment Details Cash Check Credit Card  Off	Name	



Name

Address

Customer

# Med Imaging,LLC 136 Arkota Shores Drive

136 Arkota Shores Drive Hot Springs, Arkansas 71913 501.262.0244 fax 501.262.0245

Gilmore Memorial Regional Med Ctr

1105 Earl Frye Blvd

Invoice No.

Date

Order No.

80

INVOICE -

8/2/2018

City Phone	Amory State Ms ZIP 38821 662 256 7111	FOB
Qty	Description	Unit Price TOTAL
70	MRI exams*	\$285.00 \$19,950.00
	MRI exams performed July, 2018 Invoice Due net 30	100 R
	Thank you  Per Client- non-taxable as of 05/1/17	
	*70 exams per month guaranteed	
Pr	ayment Details Cash	SubTotal \$19,950.00 \$0.00 Taxes
	Check	State
	Credit Card	TOTAL \$19,950.00
Name CC #		Office Use Only



Name

Address

Customer

# Med Imaging,LLC 136 Arkota Shores Drive

Hot Springs, Arkansas 71913 501.262.0244 fax 501.262.0245

Gilmore Memorial Regional Med Ctr

1105 Earl Frye Blvd

Invoice No.

Date

Order No.

81

**INVOICE** 

9/1/2018

City Phone	Amory 662 256 7111	State Ms ZIP 38		ep OB	
Qty		Description		Unit Price	TOTAL
70	MRI exams*  MRI exams performed  Invoice Due net 30  Thank you  Per Client- non-taxable  *70 exams per month get	e as of 05/1/17	5148.40	\$285.00	\$19,950.00
Pa O O Name CC#			Taxes	SubTotal  State TOTAL  Use Only	\$19,950.00 \$0.00 \$19,950.00

CHECK NO.

34076

DATE 9/10/18

		VENDOR M027			
INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	GROSS AMOUNT	DISCOUNTS	NET AMOUNT THIS CHECK
81 - AUG	9/01/18		5148.40		5148.40
				g.	
PAGE	1	TOTALS	GROSS AMOUNT 5148.40	DISCOUNT AMOUNT	NET AMOUNT 5148.40

# 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: (6759279) Claim No: 79 Status:

Med Imaging, LLC Original Filed Filed by: CR
c/o Samuel G. Maddox, Esq. Date: 10/09/2018 Entered by: admin
Lake Tindall, LLP Original Entered Modified: 10/16/2018

P. O. Box 918

Greenville, MS 387020918

Date: 10/09/2018

Last Amendment
Filed: 10/16/2018

Last Amendment

Entered: 10/16/2018

Amount claimed: \$42256.97

History:

Details 79-1 10/09/2018 Claim #79 filed by Med Imaging, LLC, Amount claimed: \$27455.37 (admin)

Details 79-2 10/16/2018 Amended Claim #79 filed by Med Imaging, LLC, Amount claimed: \$42256.97

(admin)

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

<b>Total Amount Claimed*</b>	\$42256.97
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		

Fill in this information to identify the case:				
Debtor 1 Curae Health Inc.				
Debtor 2				
(Spouse, if filing)				
United States Bankruptcy Court M	IDDLE DISTRICT OF TENNESSEE			
Case number: 18-05665				

**FILED** 

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

10/9/2018

**MATTHEW T. LOUGHNEY, Clerk** 

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Clair	n				
1.Who is the current creditor?	Med Imaging, LLC				
o. Cunco.	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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)			
creditor be sent?	Med Imaging, LLC	, 			
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name			
	c/o Samuel G. Maddox, Esq. Lake Tindall, LLP P. O. Box 918 Greenville, MS 38702–0918				
	Contact phone662-378-2121	Contact phone			
	Contact email <u>smaddox@ltindall.com</u>	Contact email			
	Uniform claim identifier for electronic payments in chapter	13 (if you use one):			
4.Does this claim amend one already filed?	<ul><li>✓ No</li><li>☐ Yes. Claim number on court claims registry (if known</li></ul>	n) Filed on			
		MM / DD / YYYY			
5.Do you know if anyone else has filed a proof of claim for this claim?	<ul><li>✓ No</li><li>☐ Yes. Who made the earlier filing?</li></ul>				

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:					
7.How much is the claim?	\$	Does this amount include interest or other charges?					
		ı	Yes. Attach statement itemiz other charges required by Ba	zing interes ankruptcy f	ct, fees, expenses, or Rule 3001(c)(2)(A).		
3.What is the basis of the claim?	dea Bar	th, or credit card. Attach reda kruptcy Rule 3001(c). it disclosing information that i	paned, lease, services performent acted copies of any documents as entitled to privacy, such as he	supporting	the claim required by		
		equipment lease					
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property:  ☐ Real estate. If the clain	a lien on property. m is secured by the debtor's pri Claim Attachment (Official Form				
	Basis for perfection:						
		interest (for example, a mor	locuments, if any, that show evirtgage, lien, certificate of title, fien has been filed or recorded.)	dence of p	erfection of a security atement, or other		
		Value of property:	\$				
		Amount of the claim that secured:	s \$				
		Amount of the claim that unsecured:	<b>is</b> \$	ùnse	sum of the secured and ecured amounts should th the amount in line 7.)		
		Amount necessary to cur date of the petition:	e any default as of the \$				
		Annual Interest Rate (whe	en case was filed)	%			
		☐ Fixed ☐ Variable					
10.Is this claim based on a lease?	<b>☑</b>	No Yes. Amount necessary to petition.	o cure any default as of the d	ate of the	\$ 27455.37		
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	<b>Y</b>	No Yea Chaok all tha	ot onnha				Amount entitled to priority
11 U.S.C. § 507(a)?		Yes. Check all tha					
A claim may be partly priority and partly nonpriority. For example in some categories, the law limits the amount entitled to priority.	Δ	☐ Domestic suppounder 11 U.S.C.	ort obligat 5. § 507(a	tions (includ )(1)(A) or (a	ling alimony ar a)(1)(B).	nd child support)	\$
				s toward pu personal, far	rchase, lease, mily, or househ	or rental of nold use. 11	\$
Challed to pholity.		☐ Wages, salaries 180 days before business ends,	s, or comi	kruptcy peti	tion is filed or t	he debtor's	\$
		☐ Taxes or penalti 507(a)(8).			_		\$
		☐ Contributions to	an empl	oyee benefi	it plan. 11 U.S.	C. § 507(a)(5).	\$
		☐ Other. Specify s	subsectio	n of 11 U.S	.C. § 507(a)(_)	that applies	\$
		* Amounts are subject t of adjustment.	to adjustme	ent on 4/01/19	and every 3 year	s after that for case	es begun on or after the date
Part 3: Sign Below							
The person completing this proof of claim must	Che	ck the appropriate b	oox:				
sign and date it. FRBP		I am the creditor.					
9011(b).	$\checkmark$	I am the creditor's a	attorney	or authorize	ed agent.		
If you file this claim electronically, FRBP	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature is.	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.						
A person who files a fraudulent claim could be		e examined the informat	tion in this	Proof of Claim	and have a reason	onable belief that th	ne information is true
fined up to \$500,000, imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157 and	Lander Lander and Education Control						
3571.	Exe	cuted on date	10/9/201	18	_		
			MM / DD	/YYYY			
	/s/ \$	Samuel G. Maddox				_	
	Sign	ature					
	Prin	t the name of the pe	erson who	o is complet	ing and signing	g this claim:	
	Nan	ne		Samuel G. I	Maddox		
				First name	Middle name	Last name	
	Title	<b>;</b>		Attorney			
	Con	npany		Lake Tinda	ll, LLP		
	Identify the corporate servicer as the company if the author servicer			ne authorized agent is a			
	Add	lress		Lake Tinda	ll, LLP, P. O. Bo	ox 918	
				Number Stre			
	Greenville, MS 38702–0918						
	00"	ata at mhama		City State 2			
	Con	ntact phone 662-	-378-212	.1	Email -	smaddox@ltinda	all.com



Gilmore Memorial Regional Med Ctr

Customer

Name

Invoice No. 1A

Date

INVOICE -

7/24/2018

Address	1105 Earl Frye Blvd			Order No.	
City	Amory State Ms	ZIP 3	38821	Rep	
Phone	662 256 7111		)	FOB	
Qty	Descript			Unit Price	TOTAL
	Reimbursement for Power Loss	Damages			
1	HVAC repair			\$2,945.37	\$2,945.37
240	240 Liters of helium lost during	outage		\$19.00	\$4,560.00
	Invoice due upon receipt				
	Thank you				
	Per Client- non-taxable as of 05	1/17			
_ D				SubTotal	\$7,505.37
/	nyment Details		_	_	\$0.00
	Cash		Taxes		
	Check			State	47.505.07
	Credit Card			TOTAL	\$7,505.37
Name			,		
CC#			Of	ffice Use Only	
	Expires				



Name

Address

Customer

Med Imaging,LLC

136 Arkota Shores Drive
Hot Springs, Arkansas 71913 501.262.0244 fax 501.262.0245

Gilmore Memorial Regional Med Ctr

1105 Earl Frye Blvd

Invoice No.

Date

Order No.

80

INVOICE

8/2/2018

City Phone	Amory State Ms ZIP 38 662 256 7111		Rep FOB		
Qty	Description		Unit Price	TOTAL	
70	MRI exams*	W	\$285.00	\$19,950.00	
	MRI exams performed July, 2018	110			
	Invoice Due net 30		R		
	Thank you		\ "		
	Per Client- non-taxable as of 05/1/17		7 -	X	
	*70 exams per month guaranteed		# C C C C C C C C C C C C C C C C C C C		
			TITLE TO THE STATE OF THE STATE		
Pa	ayment Details		SubTotal	\$19,950.00 \$0.00	
	Cash	Taxes	State		
0	Check Credit Card	-	TOTAL	\$19,950.00	
Name CC #					
	Expires				

# 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:(6759279)Claim No: 79Status:Med Imaging, LLCOriginal FiledFiled by: CRc/o Samuel G. Maddox, Esq.Date: 10/09/2018Entered by: adminLake Tindall, LLPOriginal EnteredModified:

0918

Amount claimed: \$27455.37

History:

<u>Details</u> 79-1 10/09/2018 Claim #79 filed by Med Imaging, LLC, Amount claimed: \$27455.37 (admin)

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

<b>Total Amount Claimed*</b>	\$27455.37
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		