

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

10/15/2018

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>Med Imaging, LLC</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>Med Imaging, LLC</u> Name c/o Samuel G. Maddox, Esq. Lake Tindall, LLP P. O. Box 918 Greenville, MS 38702-0918 Contact phone <u>662-378-2121</u> Contact email <u>smaddox@ltindall.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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ 42256.97</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 style="text-align: center;">equipment lease</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><div>Value of property:</div><div>\$ _____</div><div>Amount of the claim that is secured:</div><div>\$ _____</div><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><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div><div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ 42256.97</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 10/15/2018
MM / DD / YYYY

/s/ Samuel G. Maddox

Signature

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

Name Samuel G. Maddox

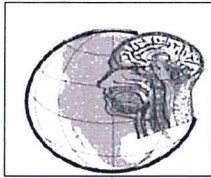
Title Attorney

Company _____

Address Lake Tindall, LLP, P. O. Box 918

Greenville, MS 38702
 Number Street
 City State ZIP Code

Contact phone 662-378-2121 Email smaddox@ltindall.com



Med Imaging, LLC

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

Invoice No. 1A

INVOICE

Customer

Name Gilmore Memorial Regional Med Ctr
Address 1105 Earl Frye Blvd
City Amory State Ms ZIP 38821
Phone 662 256 7111

Date 7/24/2018
Order No.
Rep
FOB

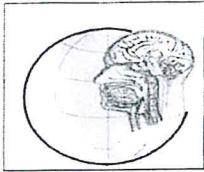
Qty	Description	Unit Price	TOTAL
1	Reimbursement for Power Loss Damages HVAC repair	\$2,945.37	\$2,945.37
240	240 Liters of helium lost during outage	\$19.00	\$4,560.00
Invoice due upon receipt Thank you Per Client- non-taxable as of 05/1/17			
SubTotal			\$7,505.37
Taxes			\$0.00
State			
TOTAL			\$7,505.37

Payment Details

- ☐ Cash
☒ Check
☐ Credit Card

Name
CC #
Expires

Office Use Only



Med Imaging, LLC

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

Invoice No.

80

INVOICE

Customer

Name Gilmore Memorial Regional Med Ctr
Address 1105 Earl Frye Blvd
City Amory State Ms ZIP 38821
Phone 662 256 7111

Date 8/2/2018

Order No. _____

Rep _____

FOB _____

Qty	Description	Unit Price	TOTAL
70	MRI exams*	\$285.00	\$19,950.00
	MRI exams performed July, 2018		
	Invoice Due net 30		
	Thank you		
	Per Client- non-taxable as of 05/1/17		
	*70 exams per month guaranteed		

Handwritten signature: K. Hopewell

Payment Details

- ☐ Cash
☒ Check
☐ Credit Card

Name _____

CC # _____

Expires _____

SubTotal \$19,950.00

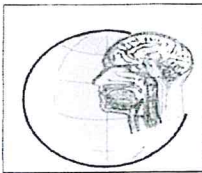
\$0.00

Taxes

State

TOTAL \$19,950.00

Office Use Only



Med Imaging, LLC

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

Invoice No.

81

INVOICE

Customer

Name Gilmore Memorial Regional Med Ctr
Address 1105 Earl Frye Blvd
City Amory State Ms ZIP 38821
Phone 662 256 7111

Date 9/1/2018
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
70	MRI exams*	\$285.00	\$19,950.00
	MRI exams performed		
	Invoice Due net 30		
	Thank you		
	Per Client- non-taxable as of 05/1/17		
	*70 exams per month guaranteed		

*XPR 5148.40 **

SubTotal \$19,950.00
\$0.00

Payment Details

- ☐ Cash
☒ Check
☐ Credit Card

Name _____
CC # _____
Expires _____

Taxes

State _____
TOTAL \$19,950.00

Office Use Only

DATE 9/10/18

PAGE 1

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)
Med Imaging, LLC
c/o Samuel G. Maddox, Esq.
Lake Tindall, LLP
P. O. Box 918
Greenville, MS 38702-0918

Claim No: 85
Original Filed
Date: 10/15/2018
Original Entered
Date: 10/15/2018

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$42256.97

History:

[Details](#) [85-1](#) 10/15/2018 Claim #85 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

Total Amount Claimed*	\$42256.97
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		