

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

Debtor 1 Curae Health Inc  
Gilmore Memorial Regional Medical Center

Debtor 2  
 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05665

**FILED**  
**OCT 18 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?  
Maine Standards Company, 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 creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Maine Standards Company, LLC</u>                  Name</p> <p><u>221 US Route 1</u>                  Number Street</p> <p><u>Cumberland Foreside, ME 04110</u>                  City State ZIP Code</p> <p>Contact phone <u>207 892-1300</u></p> <p>Contact email <u>MSC.ar@LGCgroup.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):                  _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____                  Name</p> <p>_____                  Number Street</p> <p>_____                  City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
--	---

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: \_\_\_\_\_

7. How much is the claim? \$2,575.00 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).

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

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

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 10 2018  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Jonathan R Baldwin  
First name Middle name Last name

Title Controller, U.A.

Company Maine Standards Company, LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 221 US Route 1  
Number Street

Cumberland Foreside ME 04110  
City State ZIP Code

Contact phone 207-892-1300 Email Msc.ar@L6Cgroup.com



maine  
standards

Maine Standards Company, LLC  
221 US Route 1  
Cumberland Foreside, ME 04110  
207-892-1300 Toll Free: 800-377-9684  
Fax: 207-892-2266

# Invoice

DATE	INVOICE #
1/25/2018	18-11173

<b>BILL TO</b>
Gilmore Memorial Regional Medical Center ATTN: 754 902 Curea Accounting Accounting Dept 1105 Earl Frye Blvd Amory, MS 38821

<b>SHIP TO</b>
Gilmore Memorial Regional Medical Center ATTN: 754 Amory Curea Stores 1105 Earl Frye Blvd Amory, MS 38821

P.O. NUMBER	TERMS	SHIP	VIA	ACCOUNT #	F.O.B.
754-6649031	2% 10, Net 30	1/25/2018	Fed-Ex Next Day	284688694	Cumberland ME
ITEM/LOT #	QUANTITY	DESCRIPTION		PRICE EACH	AMOUNT
x701bc_17338AC	1	UC 1 BC Calibration Verification / Linearity Test Set, LOT: 71AC33817, EXP: 2018-12-25, Re-order Number: 701bc		255.00	255.00
x301bc_17311AN	1	TDM 1 BC Calibration Verification / Linearity Test Set, LOT: 30AN31117, EXP: 2018-11-20, Re-order Number: 301bc		480.00	480.00
x705bcc_17314AD	1	UC 5 BCC Calibration Verification / Linearity Test Set, LOT: 75AD31417, EXP: 2019-02-20 Re-order Number: 705bcc		144.00	144.00
x704bc_17321AS	1	UC 4 BC Calibration Verification / Linearity Test Set, LOT: 74AS32117, EXP: 2019-02-27, Re-order Number: 704bc		116.00	116.00
x1400bc_17216AN	1	GC4 BC Calibration Verification / Linearity Test Set, LOT: 14AN21617, EXP: 2018-08-15, Re-order Number: 1400bc		144.00	144.00
x1100bc_17272AI	1	GC1 BC Calibration Verification / Linearity Test Set, LOT: 11AI27217, EXP: 2018-10-05, Re-order Number: 1100bc		636.00	636.00
x1200bc_17300AO	1	GC2 BC Calibration Verification / Linearity Test Set, LOT: 12AO30017, EXP: 2019-02-02 Re-order Number: 1200bc		207.00	207.00
x1300bcc_17296AE	1	GC3 BCC Calibration Verification / Linearity Test Set, LOT: 13AE29617, EXP: 2018-12-27 Re-order Number: 1300bcc		179.00	179.00
x501bc_17206AK	1	LP BC Calibration Verification / Linearity Test Set, LOT: 50AK20617, EXP: 2018-10-04, Re-order number: 501bc		399.00	399.00
Packaging		Subtotal Temperature Control Packaging		15.00	15.00
				<b>Total</b>	<b>\$2,575.00</b>

All amounts are in U.S. Dollars.  
FEDERAL ID#: 01-0539297

# 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):**

<i>Creditor:</i> (6764366)	<b>Claim No: 88</b>	<i>Status:</i>
MAINE STANDARDS	<i>Original Filed</i>	<i>Filed by: CR</i>
COMPANY LLC	<i>Date: 10/16/2018</i>	<i>Entered by: Intake2</i>
221 US ROUTE 1	<i>Original Entered</i>	<i>Modified:</i>
CUMBERLAND FORESIDE	<i>Date: 10/16/2018</i>	
ME 04110		

Amount claimed: \$2575.00

*History:*

[Details](#)   [88-1](#) 10/16/2018 Claim #88 filed by MAINE STANDARDS COMPANY LLC, Amount claimed: \$2575.00 (Intake2)

*Description:* (88-1) GOODS SOLD

*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>	\$2575.00
<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.**

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