

**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**  
 10/31/2018  
**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**

<b>1. Who is the current creditor?</b>	<u>Stryker Instruments</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Stryker Instruments</u> Name Lori L Purkey Purkey & Associates, PLC 5050 Cascade Road, SE, Ste. A Grand Rapids, MI 49546 Contact phone <u>616-940-0553</u> Contact email <u>purkey@purkeyandassociates.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> Name _____ Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<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>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

<b>6. Do you have any number you use to identify the debtor?</b>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">0153</div></div>
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>13434.97</u></div><div><b>Does this amount include interest or other charges?</b> <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>
<b>8. What is the basis of the claim?</b>	<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;"><u>Sale of goods</u></p>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div><b>Nature of property:</b> <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><b>Basis for perfection:</b> _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div><b>Value of property:</b></div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is secured:</b></div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is unsecured:</b></div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div><b>Amount necessary to cure any default as of the date of the petition:</b></div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Annual Interest Rate</b> (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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 10/31/2018  
MM / DD / YYYY

/s/ Lori L Purkey  
Signature

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

Name	<u>Lori L Purkey</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Purkey &amp; Associates, PLC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>5050 Cascade Road, SE., Ste. A</u>		
	Number	Street	
	<u>Grand Rapids, MI 49546</u>		
	City	State	ZIP Code
Contact phone	<u>616-940-0553</u>	Email	<u>purkey@purkeyandassociates.com</u>



Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

\*\* DO NOT MAIL PAYMENT TO THIS ADDRESS \*\*

NORTHWEST MISSISSIPPI REG

1970 HOSPITAL DR

CLARKSDALE

MS 38614-7202

SHIP TO

SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 931856A

P.O. NUMBER 749-6642358

ACCOUNT NUMBER 10153

ATTN: ACCOUNTS PAYABLE

NORTHWEST MISSISSIPPI REG

PO BOX 1218

CLARKSDALE

MS 38614-1218

SOLD TO

Customer Service (800) 253-3210

Gov't Customer Service (844) 795-4688

Service/Repairs (888) 311-4521

Accounts Receivable (800) 733-2383

Please Detach Here and Return with Payment

INVOICE NUMBER 931856A	INVOICE DATE 1/18/18	P.O. NUMBER 749-6642358	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 539077	SHIPPED VIA FEDEX GRND
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TERRITORY 110 602	TERMS NET 30	NET DUE 2/17/18	CONTRACT NO.	PAGE 1
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UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
6	6215-000-000 04546540501851	SYSTEM 6 BATTERY 1 FROM LOT ID: 17249 5 FROM LOT ID: 17258	283.130	1,698.78
ORDER CREATED VIA EDI TRANSMISSION ON:2018-01-17 AT 11:36:33 YATASHA MUSKIN 6626243435 GFAX 6626243397 FEDEX Tracking # 425789338732 On 2018-01-18 At 7:09:30 ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE.

SALES TAX 118.91

Invoice Attachment 1 Page 1

INVOICE TOTAL \$1,817.69



Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

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NORTHWEST MISSISSIPPI REG  
1970 HOSPITAL DR  
ATTN MICHAEL MURPHY  
CLARKSDALE MS 38614-7202

SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 953854A  
P.O. NUMBER 749-6638362  
ACCOUNT NUMBER 10153

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ATTN: ACCOUNTS PAYABLE  
NORTHWEST MISSISSIPPI REG  
PO BOX 1218  
CLARKSDALE MS 38614-1218

Customer Service (800) 253-3210  
Gov't Customer Service (844) 795-4688  
Service/Repairs (888) 311-4521  
Accounts Receivable (800) 733-2383

Please Detach Here and Return with Payment

VOICE NUMBER 953854A	INVOICE DATE 1/24/18	P.O. NUMBER 749-6638362	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 525856	SHIPPED VIA FEDX NXDY
ERRITORY 110 602	TERMS NET 30	NET DUE 2/23/18	CONTRACT NO.	PAGE 1	

UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	6205-000-000R	REPAIR SYS6 DT ROTARY SN:0631216463	1,792.920	1,792.92
0	6215-000-000R	R/R SYSTEM 6 BATTERY		
Approved by: *REID WALDRIP On 2018-01-11 Entered on 2018-01-11 at 18:32:57 by CDRYER OR - FOB ORIGIN/SHIPPING POINT Charge Freight to FedEx Acct 329771482 for Parcel shipments. Freight & Handling for truck ships included if applicable. FEDEX Tracking # 418205716671 On 2018-01-11 At 19:03:39 FEDEX Tracking # 418205500493 On 2018-01-24 At 15:30:00				
* UNSHIPED ITEMS HAVE BEEN BACKORDERED				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF  
RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR  
CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE

SALES TAX 125.50  
INVOICE TOTAL \$1,918.42

Case 3:18-010665-Clark-1121-Part 2 Filed 10/31/18 Desc: Attachment 1 Page 2



Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

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SHIP TO

SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 113277A  
P.O. NUMBER 749-6678193  
ACCOUNT NUMBER 10153

ATTN: ACCOUNTS PAYABLE

NORTHWEST MISSISSIPPI REG

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CLARKSDALE

MS 38614-1218

SOLD TO

Customer Service (800) 253-3210

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Accounts Receivable (800) 733-2383

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INVOICE NUMBER 113277A	INVOICE DATE 3/07/18	P.O. NUMBER 749-6678193	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 682003	SHIPPED VIA FEDEX GRND
TERRITORY 110 602	TERMS NET 30	NET DUE 4/06/18	CONTRACT NO.		PAGE 1
UNITS	PRODUCT CODE	DESCRIPTION		UNIT PRICE	AMOUNT
1	0295-006-000	INDWEL CATH PKG/12		1,388.200	1,388.20
	345465400523	1 FROM LOT ID: 17353012			
1	0295-001-000	PRESSURE MONITOR		2,802.490	2,802.49
	045465400522	SN:1627706613			
ORDER CREATED VIA EDI TRANSMISSION ON:2018-02-28 AT 12:40:05					
YATASHA MUSKIN					
6626243435					
GFAX					
6623243397					
EDI ORDER REJECTED DUE TO UNIT OF MEASUE ,ENTERED MANUALLY.					
*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT					
Your order has been processed at the above pricing. Please update your system accordingly. We thank you for your business.					
*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT					
FEDEX Tracking # 343006691874748 On 2018-03-07 At 13:07:27					
FEDEX Tracking # 432035129573 On 2018-03-07 At 10:15:08					
ORDER COMPLETE					

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE.

SALES TAX 293.34  
INVOICE TOTAL \$4,484.03

**Instruments**

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

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SHIP TO

NORTHWEST MISSISSIPPI REG  
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CLARKSDALE MS 38614-7202

SOLD TO

ATTN: ACCOUNTS PAYABLE  
NORTHWEST MISSISSIPPI REG  
PO BOX 1218  
CLARKSDALE MS 38614-1218SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119INVOICE NUMBER 163966A  
P.O. NUMBER 749-6692342  
ACCOUNT NUMBER 10153Customer Service (800) 253-3210  
Gov't Customer Service (844) 795-4688  
Service/Repairs (888) 311-4521  
Accounts Receivable (800) 733-2383

Please Detach Here and Return with Payment

VOICE NUMBER 163966A	INVOICE DATE 3/21/18	P.O. NUMBER 749-6692342	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 750006	SHIPPED VIA FD EXP 2ND
TERRITORY 110 602	TERMS NET 30	NET DUE 4/20/18	CONTRACT NO.	PAGE 1	

UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	0295-003-000	SD/PORT 18G NEEDLE (12/pkg.	206.010	206.01
	34546540052316	1 FROM LOT ID: 17150012		
2	0295-002-000	QUICK STIC PKG/6	644.930	1,289.86
	34546540892820	2 FROM LOT ID: 18047012		
ORDER CREATED VIA EDI TRANSMISSION ON:2018-03-21 AT 12:10:20				
YATASHA MUSKIN				
6626243435				
GFAX				
6626243397				
*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT				
Your order has been processed at the above pricing. Please update your system accordingly. We thank you for your business.				
*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT*ALERT				
FEDEX Tracking # 434776295980 On 2018-03-21 At 19:07:15				
FEDEX Tracking # 434776295991 On 2018-03-21 At 19:07:15				
FEDEX Tracking # 434776296005 On 2018-03-21 At 19:07:15				
ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE

SALES TAX 104.71  
INVOICE TOTAL \$1,600.58



Instruments

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1970 HOSPITAL DR

CLARKSDALE

MS 38614-7202

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SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 174808A

P.O. NUMBER 749-6697349

ACCOUNT NUMBER 10153

ATTN: ACCOUNTS PAYABLE

NORTHWEST MISSISSIPPI REG

PO BOX 1218

CLARKSDALE

MS 38614-1218

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Customer Service (800) 253-3210

Gov't Customer Service (844) 795-4688

Service/Repairs (888) 311-4521

Accounts Receivable (800) 733-2383

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INVOICE NUMBER 174808A	INVOICE DATE 3/23/18	P.O. NUMBER 749-6697349	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 760201	SHIPPED VIA FEDX NXDY
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TERRITORY 110 602	TERMS NET 30	NET DUE 4/22/18	CONTRACT NO.	PAGE 1
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UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
2	0408-850-100 37613154886334	FLYTE TOGA, PEELAWAY, 3X 2 FROM LOT ID: 17051316	596.420	1,192.84
Reid Waldrip verbal pld Entered on 2018-03-23 at 12:03:00 by DHAYNES OR - FOB ORIGIN/SHIPPING POINT Charge Freight to FedEx Acct 329771482 for Parcel shipments. Freight & Handling for truck ships included if applicable. FEDEX Tracking # 434776340196 On 2018-03-23 At 16:07:17 FEDEX Tracking # 434776340200 On 2018-03-23 At 16:07:17  ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE

SALES TAX 83.50

INVOICE TOTAL \$1,276.34

Page 5





Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

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SHIP TO  
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CLARKSDALE MS 38614-7202

SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 251184A  
P.O. NUMBER 749-6704614  
ACCOUNT NUMBER 10153

SOLD TO  
ATTN: ACCOUNTS PAYABLE  
NORTHWEST MISSISSIPPI REG  
PO BOX 1218  
CLARKSDALE MS 38614-1218

Customer Service (800) 253-3210  
Gov't Customer Service (844) 795-4688  
Service/Repairs (888) 311-4521  
Accounts Receivable (800) 733-2383

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INVOICE NUMBER 251184A	INVOICE DATE 4/16/18	P.O. NUMBER 749-6704614	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 831423	SHIPPED VIA FEDX NXDY
TERRITORY 110 602	TERMS NET 30	NET DUE 5/16/18	CONTRACT NO.	PAGE 1	

UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
4	2296-023-414 04546540945044	PREC OFF 5.5X0.254X25.0MM 4 FROM LOT ID: 17335017	36.690	146.76
Tasha 662 624 3435 VERBAL ORDER Entered on 2018-04-16 at 10:51:37 by SSZATKOWSK OR - FOB ORIGIN/SHIPPING POINT Charge Freight to FedEx Acct 329771482 for Parcel shipments. Freight & Handling for truck ships included if applicable. FEDEX Tracking # 437297326325 On 2018-04-16 At 18:05:37  ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE

SALES TAX 10.27  
INVOICE TOTAL \$157.03

Case 2:18-bk-05665-Clark Document 1-1 Filed 10/31/18 Page 6 of 9  
RECEIVED & ATTACHED 1



Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

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NORTHWEST MISSISSIPPI REG

1970 HOSPITAL DR

CLARKSDALE

MS 38614-7202

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SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 471877A  
P.O. NUMBER 749-6751179  
ACCOUNT NUMBER 10153

ATTN: ACCOUNTS PAYABLE

NORTHWEST MISSISSIPPI REG

PO BOX 1218

CLARKSDALE

MS 38614-1218

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Customer Service (800) 253-3210

Gov't Customer Service (844) 795-4688

Service/Repairs (888) 311-4521

Accounts Receivable (800) 733-2383

Please Detach Here and Return with Payment

INVOICE NUMBER 471877A	INVOICE DATE 6/20/18	P.O. NUMBER 749-6751179	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 43026	SHIPPED VIA FEDX NXDY
TERRITORY 110 602	TERMS NET 30	NET DUE 7/20/18	CONTRACT NO.	PAGE 1	

UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
2	2108-385-000	SAG BL AGG 18.5X1.24X104	19.360	38.72
	04546540042477	2 FROM LOT ID: 18081017		
6	2108-383-000	SAG BL AGG FL 29X1.24X83.5	19.360	116.16
	04546540042460	6 FROM LOT ID: 18084017		
5	2108-389-000	SAG BL AGG 25X1.27X81.5	19.360	96.80
	04546540042484	5 FROM LOT ID: 18093027		
YATASHA MUSKIN 662 624 3453 Entered on 2018-06-20 at 09:42:42 by KFELL OR - FOB ORIGIN/SHIPPING POINT Charge Freight to FedEx Acct 329771482 for Parcel shipments. Freight & Handling for truck ships included if applicable. FEDEX Tracking # 447290232162 On 2018-06-20 At 16:21:20  ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE

SALES TAX .00

INVOICE TOTAL \$251.68

Case 3:18-bk-05663-Clair Document 1-1 Filed 10/31/18 Page 7 of 9



Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

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NORTHWEST MISSISSIPPI REG

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1970 HOSPITAL DR

CLARKSDALE

MS 38614-7202

ATTN: ACCOUNTS PAYABLE

NORTHWEST MISSISSIPPI REG

PO BOX 1218

CLARKSDALE

MS 38614-1218

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SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 571402A

P.O. NUMBER 749-6759675

ACCOUNT NUMBER 10153

Customer Service (800) 253-3210

Gov't Customer Service (844) 795-4688

Service/Repairs (888) 311-4521

Accounts Receivable (800) 733-2383

Please Detach Here and Return with Payment

VOICE NUMBER 571402A	INVOICE DATE 7/20/18	P.O. NUMBER 749-6759675	ACCOUNT NUMBER 10153	OUR ORDER NUMBER 143443	SHIPPED VIA FD ST NXDY
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ERRITORY 110 602	TERMS NET 30	NET DUE 8/19/18	CONTRACT NO.	PAGE 1
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UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
3	5100-037-113	SMALL TEAR CROSS CUT RASP 1	85.400	256.20
	04546540075543	3 FROM LOT ID: 18170017		
4	5100-037-115	SMALL TEAR RASP (10.3 X 5.0	85.400	341.60
	04546540075567	4 FROM LOT ID: 18134017		
2	2108-389-000	SAG BL AGG 25X1.27X81.5	19.360	38.72
	04546540042484	2 FROM LOT ID: 18093037		
4	2296-003-525	THIN OFF 9.0X0.38X31.0MM	24.960	99.84
	04546540046680	4 FROM LOT ID: 18180017		
Verbal Order Tasha 662 624 3435 EOD Entered on 2018-07-20 at 10:57:21 by SMCCOY OR - FOB ORIGIN/SHIPPING POINT Charge Freight to FedEx Acct 329771482 for Parcel shipments. Freight & Handling for truck ships included if applicable. FEDEX Tracking # 450909796378 On 2018-07-20 At 16:06:48  ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE.

SALES TAX

.00

INVOICE TOTAL

\$736.36

Dec 8 Attachment 1

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Instruments

4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002

\*\* DO NOT MAIL PAYMENT TO THIS ADDRESS \*\*

NORTHWEST MISSISSIPPI REG

1970 HOSPITAL DR

CLARKSDALE

MS 38614-7202

SHIP TO

ATTN: ACCOUNTS PAYABLE

NORTHWEST MISSISSIPPI REG

PO BOX 1218

CLARKSDALE

MS 38614-1218

SOLD TO

SEND PAYMENT TO  
STRYKER SALES CORP.  
P.O. BOX 70119  
CHICAGO, IL 60673-0119

INVOICE NUMBER 616025A  
P.O. NUMBER 749-6780325  
ACCOUNT NUMBER 10153

Customer Service (800) 253-3210  
Gov't Customer Service (844) 795-4688  
Service/Repairs (888) 311-4521  
Accounts Receivable (800) 733-2383

Please Detach Here and Return with Payment

VOICE NUMBER	INVOICE DATE	P.O. NUMBER	ACCOUNT NUMBER	OUR ORDER NUMBER	SHIPPED VIA
616025A	8/02/18	749-6780325	10153	190200	FEDX NXDY

ERRITORY	TERMS	NET DUE	CONTRACT NO.	PAGE
110 602	NET 30	9/01/18		1

UNITS	PRODUCT CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	0408-850-100	FLYTE TOGA, PEELAWAY, 3X	596.420	596.42
	37613154886334	1 FROM LOT ID: 17102860		
1	0408-840-100	FLYTE TOGA, PEELAWAY, 2X	596.420	596.42
	34546540591853	1 FROM LOT ID: 18010158		
VERBAL ORDER Reid Waldrip pld Entered on 2018-08-02 at 15:28:40 by BHAMLIN OR - FOB ORIGIN/SHIPPING POINT Charge Freight to FedEx Acct 329771482 for Parcel shipments. Freight & Handling for truck ships included if applicable. FEDEX Tracking # 453719272511 On 2018-08-02 At 20:21:17 FEDEX Tracking # 453719272522 On 2018-08-02 At 20:21:17  ORDER COMPLETE				

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE

SALES TAX

INVOICE TOTAL

Page 9  
\$1,192.84

# 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:* (6775236)

**Claim No:** 112

*Status:*

Stryker Instruments

*Original Filed*

*Filed by:* CR

Lori L Purkey

*Date:* 10/31/2018

*Entered by:* admin

Purkey & Associates, PLC

*Original Entered*

*Modified:*

5050 Cascade Road, SE, Ste. A

*Date:* 10/31/2018

Grand Rapids, MI 49546

Amount claimed: \$13434.97

*History:*

[Details](#) [112-1](#) 10/31/2018 Claim #112 filed by Stryker Instruments, Amount claimed: \$13434.97 (admin)

*Description:*

*Remarks:* (112-1) Account Number (last 4 digits):0153

## 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>	\$13434.97
<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.**

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