

**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  
11/8/2018  
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 Sustainability Solutions</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 Sustainability Solutions</u> Name c/o 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 _____ MM / DD / YYYY	
<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;">2269</div></div>
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>9155.88</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)( <u>  </u> ) 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 11/8/2018  
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>		
Contact phone	City	State	ZIP Code
	<u>616-940-0553</u>	Email	<u>purkey@purkeyandassociates.com</u>



# INVOICE

## Sustainability Solutions

### Remit To

P.O. Box 29387  
Phoenix, AZ 85038-9387  
PH: (863) 683-8680

Invoice Number: 3382180  
Invoice Date: 06/25/2018  
Purchase Order: 01272  
Page: 1 of 1

### Bill To

Gilmore Memorial Hospital  
Attn: Accounts Payable  
1105 Earl Frye Blvd  
Amory, MS 38821

### Ship To

Gilmore Memorial Hospital  
Attn: Debby Campbell  
1105 Earl Frye Blvd  
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date	Sales Order	
152269			Net 30 Days	07/25/2018	3608906R	
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
MAX-N SHIPPING	00885825014322	Neonatal Pulse Oximeter	N	240	4.8100	1,154.40
		Tracking # 390346648973567	N	1	17.8300	17.83
Invoice Sub-Total						1,172.23
Tax						0.00
Total Due						1,172.23

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

A FINANCE CHARGE of 1 1/2% per month, which is an ANNUAL RATE of 18%, will be charged on all past due accounts.



# INVOICE

## Sustainability Solutions

### Remit To

P.O. Box 29387  
Phoenix, AZ 85038-9387  
PH: (863) 683-8680

Invoice Number: 3387732  
Invoice Date: 07/02/2018  
Purchase Order: 01365  
Page: 1 of 1

### Bill To

Gilmore Memorial Hospital  
Attn: Accounts Payable  
1105 Earl Frye Blvd  
Amory, MS 38821

### Ship To

Gilmore Memorial Hospital  
Attn: Debby Campbell  
1105 Earl Frye Blvd  
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date		Sales Order
152269			Net 30 Days	08/01/2018		3615271R
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
MAX-N	00885825014322	Neonatal Pulse Oximeter	N	360	4.8100	1,731.60
SHIPPING		Tracking # 447910269746	N	1	23.4400	23.44

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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**Sustainability Solutions****INVOICE****Remit To**

P.O. Box 29387  
Phoenix, AZ 85038-9387  
PH: (863) 683-8680

Invoice Number: 3391592  
Invoice Date: 07/06/2018  
Purchase Order: 01423  
Page: 1 of 1

**Bill To**

Gilmore Memorial Hospital  
Attn: Accounts Payable  
1105 Earl Frye Blvd  
Amory, MS 38821

**Ship To**

Gilmore Memorial Hospital  
Attn: Debby Campbell  
1105 Earl Frye Blvd  
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date		Sales Order
152269			Net 30 Days	08/05/2018		3619679R
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
5921-218-235 SHIPPING	00885825016296	Color Cuff	N	40	11.8000	472.00
		Tracking # 390346648999086	N	1	18.3400	18.34
Invoice Sub-Total						490.34
Tax						0.00
Total Due						490.34

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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**Sustainability Solutions****INVOICE****Remit To**

P.O. Box 29387  
Phoenix, AZ 85038-9387  
PH: (863) 683-8680

Invoice Number: 3403444  
Invoice Date: 07/23/2018  
Purchase Order: 01571  
Page: 1 of 1

**Bill To**

Gilmore Memorial Hospital  
Attn: Accounts Payable  
1105 Earl Frye Blvd  
Amory, MS 38821

**Ship To**

Gilmore Memorial Hospital  
Attn: Debby Campbell  
1105 Earl Frye Blvd  
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date	Sales Order	
152269			Net 30 Days	08/22/2018	3631648R	
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
MAX-N	00885825014322	Neonatal Pulse Oximeter	Y	480	4.8100	2,308.80
SHIPPING.TX		Tracking # 447910322177	Y	1	20.3600	20.36
Total Tax Rate: 7.0000%			Invoice Sub-Total		2,329.16	
			Tax		163.04	
			Total Due		2,492.20	

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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# INVOICE

## Sustainability Solutions

### Remit To

P.O. Box 29387  
Phoenix, AZ 85038-9387  
PH: (863) 683-8680

Invoice Number: 3403411  
Invoice Date: 07/23/2018  
Purchase Order: 01503  
Page: 1 of 1

### Bill To

Gilmore Memorial Hospital  
Attn: Accounts Payable  
1105 Earl Frye Blvd  
Amory, MS 38821

### Ship To

Gilmore Memorial Hospital  
Attn: Debby Campbell  
1105 Earl Frye Blvd  
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date		Sales Order
152269			Net 30 Days	08/22/2018		3627209R
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
MAX-N SHIPPING.TX	00885825014322	Neonatal Pulse Oximeter	Y	240	4.8100	1,154.40
		Tracking # 390346635521771	N	1	0.0000	0.00
Total Tax Rate: 7.0000%			Invoice Sub-Total		1,154.40	
			Tax		80.81	
			Total Due		1,235.21	

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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# INVOICE

## Sustainability Solutions

### Remit To

P.O. Box 29387  
Phoenix, AZ 85038-9387  
PH: (863) 683-8680

Invoice Number: 3410642  
Invoice Date: 07/31/2018  
Purchase Order: 01695  
Page: 1 of 1

### Bill To

Gilmore Memorial Hospital  
Attn: Accounts Payable  
1105 Earl Frye Blvd  
Amory, MS 38821

### Ship To

Gilmore Memorial Hospital  
Attn: Debby Campbell  
1105 Earl Frye Blvd  
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date		Sales Order
152269			Net 30 Days	08/30/2018		3641790R
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
MAX-N	00885825014322	Neonatal Pulse Oximeter	Y	336	4.8100	1,616.16
5921-218-235	00885825016296	Color Cuff	Y	20	11.8000	236.00
SHIPPING.TX		Tracking # 447910345410	Y	1	27.1500	27.15
Total Tax Rate: 7.0000%					Invoice Sub-Total	1,879.31
					Tax	131.55
					Total Due	2,010.86

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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# 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:* (6782179)  
Stryker Sustainability Solutions  
c/o Lori L Purkey  
Purkey & Associates, PLC  
5050 Cascade Road, SE, Ste. A  
Grand Rapids, MI 49546

**Claim No:** 120  
*Original Filed*  
*Date:* 11/08/2018  
*Original Entered*  
*Date:* 11/08/2018

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

Amount claimed: \$9155.88

*History:*

[Details](#) [120-1](#) 11/08/2018 Claim #120 filed by Stryker Sustainability Solutions, Amount claimed: \$9155.88 (admin)

*Description:*

*Remarks:* (120-1) Account Number (last 4 digits):2269

### 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>	\$9155.88
<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>		