

Fill in this information to identify the case:

Debtor 1 Curge Health, Inc
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: Middle District of TN
 Case number 3:18-bk-05665

FILED

NOV 26 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?

McDaniel Lawn Service

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)

Where should notices to the creditor be sent?

McDaniel Lawn Service

Name

P.O. Box 1048

Number

Street

Batesville MS 38606

City

State

ZIP Code

Contact phone

662 934-8536

Contact email

McDaniel4343@yahoo.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

N/A

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: 4 8 4 8

7. How much is the claim? \$ 9,897.00 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.

Services performed, landscaping, lawn service

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:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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).

Amount entitled to priority

\$ _____

☐ 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).

\$ 9,897.00

☐ 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 11 23 2018
MM / DD / YYYY

Hughye William McDaniel
Signature

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

Name Hughye William McDaniel
First name Middle name Last name

Title Owner

Company McDaniel Lawn Service
Identify the corporate servicer as the company if the authorized agent is a servicer.

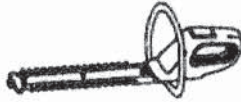
Address P.O. Box 1048

Number Batesville Street MS ZIP Code 38606

City State

Contact phone 662 934 8536 Email McDaniel4343@yahoo.com

Invoice #	Date	Amount
MC1963	June 1, 2018	\$481.00
MC1964	June 1, 2018	\$1714.00
MC1965	June 1, 2018	\$858.00
MC1966	June 1, 2018	\$300.00
MC1967	May 16, 2018	\$500.00
MC1982	July 1, 2018	\$1,714.00
MC1983	July 1, 2018	\$858.00
MC1984	July 1, 2018	\$450.00
MC1996	August 1, 2018	\$1,714.00
MC1997	August 1, 2018	\$858.00
MC1998	August 1, 2018	\$450.00
Total Expenses Owed		\$9897.00



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

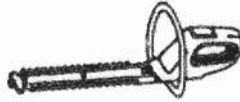
Invoice

Date	Invoice #
5/15/2018	MC1967

Bill To
Panola Medical Center 103 Medical Drive Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Cleaning of Garden of Hope & Pond			\$ 500.00
TOTAL				\$ 500.00

Received By: N. Ba 6/7/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

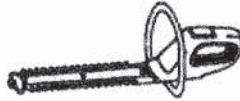
Invoice

Date	Invoice #
6/1/2018	MC1963

Bill To
Panola Medical Center 103 Medical Drive Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Dirt Work			\$ 200.00
	Planting of SOD			705.00

Received By: MPB 6/7/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

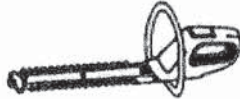
Invoice

Date	Invoice #
6/1/2018	MC1964

Bill To
Panola Medical Center
103 Medical Drive
Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 1,714.00

Received By: N. B. [Signature] 6/7/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

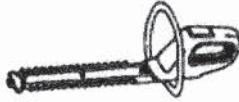
Invoice

Date	Invoice #
6/1/2018	MC1965

Bill To
Panola Medical Center
155 Keating Road
Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 858.00
TOTAL				\$ 858.00

Received By: *[Signature]* 6/7/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

Invoice

Date	Invoice #
6/1/2018	MC1966

Bill To
Panola Medical Center 255 Hospital Drive Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 300.00
TOTAL				\$ 300.00

Received By: W. Benson 6/7/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

Invoice

Date	Invoice #
7/1/2018	MC1982

Bill To
Panola Medical 103 Medical Drive Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 1,714.00
				</

Received By: N. Foxman 7/9/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

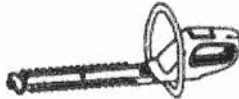
Invoice

Date	Invoice #
7/1/2018	MC1983

Bill To
Panola Medical 155 Keating Road Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 858.00
TOTAL				\$ 858.00

Received By: N. Ben 7/9/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

Invoice

Date	Invoice #
7/1/2018	MC1984

Bill To
Panola Medical
255 Hospital Drive
Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 450.00

Received By: U. Ben 7/9/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

Invoice

Date	Invoice #
8/1/2018	MC1997

Bill To
Panola Medical 155 Keating Road Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description		Rate	Amount
	Lawn Maintenance			\$ 858.00
TOTAL				\$ 858.00

Received By: N. B. Brown 8/20/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

Invoice

Date	Invoice #
8/1/2018	MC1998

Bill To
Panola Medical 255 Hospital Drive Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description		Rate	Amount
	Lawn Maintenance			\$ 450.00
TOTAL				\$ 450.00

Received By: W. Benson 8/28/18



McDaniel Lawn Service

P.O. Box 1048 Batesville, MS 38606
(662) 934-8536

Invoice

Date	Invoice #
8/1/2018	MC1996

Bill To
Panola Medical
103 Medical Drive
Batesville, MS 38606

		P.O. No	Terms	Project
Qty	Description	Rate		Amount
	Lawn Maintenance			\$ 1,714.00
TOTAL				\$ 1,714.00

Received By: U. B. [Signature] 8/26/18

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: (6718330)
MCDANIEL LAWN SERVICE
PO BOX 1048
BATESVILLE, MS 38606

Claim No: 126
Original Filed
Date: 11/26/2018
Original Entered
Date: 11/26/2018

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: \$9897.00

Priority claimed: \$9897.00

History:

[Details](#) [126-1](#) 11/26/2018 Claim #126 filed by MCDANIEL LAWN SERVICE, Amount claimed: \$9897.00
(Intake1)

Description: (126-1) Services performed, landscaping, lawn service

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*	\$9897.00
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	\$9897.00	
Administrative		