

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
11/27/2018
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>Bio-Rad Laboratories, Inc.</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>Bio-Rad Laboratories, Inc.</u> Name 1000 Alfred Nobel Drive Legal Department, Mailstop 1-130 Mailstop 1-130 Hercules, CA 94547 Contact phone <u>5107416150</u> Contact email <u>larisha_jordan@bio-rad.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 _____ MM / DD / YYYY	
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? _____	

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?	<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;">4826</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>6768.00</u></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;"><u>Goods sold</u></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> <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>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><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 style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</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="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 11/27/2018
 MM / DD / YYYY

/s/ Tim Ernst

Signature

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

Name	Tim Ernst		
	First name	Middle name	Last name
Title	General Counsel		
Company	Bio-Rad Laboratories, Inc.		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	1000 Alfred Nobel Drive		
	Number Street		
	Hercules, CA 94547		
Contact phone	City	State	ZIP Code
	510-741-6005	Email	tim_ernst@bio-rad.com

REMIT TO:

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES, California 90084-9740, USA

Accounts Receivable Contact: 510-741-6927
Jennifer Silveria

MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville MS 38606-8608

Customer Number: 1004826
Statement Date 11/26/2018

TRANSACTION DATE	P.O.NUMBER	CHARGES	CREDITS	AMOUNT DUE	CURR	INVOICE NO.
03-07-2018	701-6377699	0.00	-900.37	-900.37	USD	1400760954
07-09-2018	00251	3,873.72	0.00	3,873.72	USD	902901317
07-09-2018	00251	775.20	0.00	775.20	USD	902901316
07-09-2018	013606	0.00	-1,601.26	-1,601.26	USD	1400753696
07-09-2018	701-6377699	976.14	0.00	976.14	USD	902901315
07-11-2018	701-6377699	711.30	0.00	711.30	USD	902908246
07-25-2018	00634	586.50	0.00	586.50	USD	902934697
08-15-2018	00251	1,371.12	0.00	1,371.12	USD	902976067
08-21-2018	00251	976.14	0.00	976.14	USD	902986648
11-01-2018	00251	1,451.12	0.00	1,451.12	USD	903126910
11-14-2018	01229	2,392.96	0.00	2,392.96	USD	903149009



Customer Statement

REMIT TO:
BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES, California 90084-9740, USA

Accounts Receivable Contact: 510-741-6927
Jennifer Silveria

MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville MS 38606-8608

Customer Number: 1004826
Statement Date 11/26/2018

0-30	31-60	61-90	OVER 90	TOTAL BALANCE DUE	CURR
3,844.08	0.00	0.00	6,768.49	10,612.57	USD



INVOICE : 902676230

Ship To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

STANDING ORDER

PLE

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1004826		902676230		03-07-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
701-6377699				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1001534311		Order Date: 05-11-2017		Contact Name: RYAN OVERALL					
Contact Phone Number: (662) 712-2276									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
146	23661	4	4	EA	CARD MKR LT PLUS 1 LIQ 6X3ML		96.90	387.60	
148	23663	4	4	EA	CARD MKR LT PLUS 3 LIQ 6X3ML		96.90	387.60	
171	38551	4	4	EA	DIABETES 1 LIQ 6 X 1ML		171.39	685.56	
361	40931	6	6	EA	IA PLUS LIQ 1 12X5ML		88.83	532.98	
363	40933	6	6	EA	IA PLUS LIQ 3 12X5ML		88.83	532.98	
594	66361	3	3	EA	IMMUNOLOGY 1 LIQ 6X3ML		162.69	488.07	
596	66363	3	3	EA	IMMUNOLOGY 3 LIQ 6X3ML		162.69	488.07	
694	45771	8	8	EA	MULTIQUAL ASSAYED 1 LIQ 12X3ML		37.40	299.20	
696	45773	8	8	EA	MULTIQUAL ASSAYED 3 LIQ 12X3ML		37.40	299.20	

For Credit or Invoice question call:

510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902676230

MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
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Subtotal : 4,101.26

Tax : 287.07

Total USD : ~~4,388.33~~

- 900.37

Please state Invoice number with your payment: 902676230

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902901315

Ship To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

STANDING ORDER

PLE

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1004826		902901315		07-09-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
701-6377699				Irvine,ORANGE,CA			Net 30 Days		
Sales Order:		1001534311		Order Date:		05-11-2017		Contact Name: RYAN OVERALL	
Contact Phone Number: (662) 712-2276									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
594 66361		3	3	EA	IMMUNOLOGY 1 LIQ 6X3ML			162.69	488.07
596 66363		3	3	EA	IMMUNOLOGY 3 LIQ 6X3ML			162.69	488.07

Subtotal : 976.14
Tax : 0.00
Total USD : 976.14

Please state Invoice number with your payment: 902901315

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902901316****Ship To:**

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1004826	902901316	07-09-2018	FEDEX	FCA		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
00251		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1002427769 Order Date: 06-15-2018 Contact Name: AMANDA COOK						
Contact Phone Number: 662-712-2277						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
146 23661	4	4	EA	CARD MKR LT PLUS 1 LIQ 6X3ML	96.90	387.60
148 23663	4	4	EA	CARD MKR LT PLUS 3 LIQ 6X3ML	96.90	387.60

Subtotal : 775.20
Tax : 0.00
Total USD : 775.20

Please state Invoice number with your payment: 902901316

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902901317****Ship To:**

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1004826		902901317		07-09-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
00251				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1002427769		Order Date: 06-15-2018		Contact Name: AMANDA COOK					
Contact Phone Number: 662-712-2277									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE	
171 38571	4	4	EA	DIABETES 1 LIQ 6 X 1ML			171.39	685.56	
173 38573	4	4	EA	DIABETES 3 LIQ 6 X 1ML			171.39	685.56	
361 40971	6	6	EA	IA PLUS LIQ 1 12X5ML			88.83	532.98	
363 40973	6	6	EA	IA PLUS LIQ 3 12X5ML			88.83	532.98	
694 45771	6	6	EA	MULTIQUAL ASSAYED 1 LIQ 12X3ML			37.40	224.40	
696 45773	6	6	EA	MULTIQUAL ASSAYED 3 LIQ 12X3ML			37.40	224.40	
455 70752	3	3	EA	QUAL URINE TOX POS LIQ 6X3ML			75.90	227.70	
460 68100	3	3	EA	U TOX NEGATIVE LIQ 10X20ML			114.84	344.52	
751 55681	3	3	EA	SPINAL FLUID 1 LIQ 6X3ML			68.90	206.70	
752	3	3	EA	SPINAL FLUID 2 LIQ 6X3ML			68.90	206.70	

For Credit or Invoice question call:

510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902901317

MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
55682						

Subtotal : 3,871.50
Tax : 0.00
Handling Charge : 2.22
Total USD : 3,873.72

Please state Invoice number with your payment: 902901317

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902908246

Ship To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

STANDING ORDER

PLI

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1004826	902908246	07-11-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
701-6377699		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1001534311 Order Date: 05-11-2017 Contact Name: RYAN OVERALL						
Contact Phone Number: (662) 712-2276						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
397 66791	2	2	EA	URINE CHEMISTRY 1 LIQ 12X10ML	88.83	177.66
398 66792	2	2	EA	URINE CHEMISTRY 2 LIQ 12X10ML	88.83	177.66
544 54191	3	3	EA	ETHANOL/AMMONIA 1 LIQ 6X3ML	59.33	177.99
546 54193	3	3	EA	ETHANOL/AMMONIA 3 LIQ 6X3ML	59.33	177.99

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902908246

MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
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Subtotal : 711.30
Tax : 0.00
Total USD : 711.30

Please state Invoice number with your payment: 902908246

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902934697****Ship To:**

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1004826	902934697	07-25-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
00634		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1002526754		Order Date: 07-25-2018	Contact Name: AMANDA COOK			
Contact Phone Number: 662-712-2277						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
365 60232	1	1	EA	SPECIALTY IA LIQ 2 6X5ML	293.25	293.25
366 60233	1	1	EA	SPECIALTY IA LIQ 3 6X5ML	293.25	293.25

Subtotal : 586.50
Tax : 0.00
Total USD : 586.50

Please state Invoice number with your payment: 902934697

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902976067

Ship To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1004826	902976067	08-15-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
00251		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1002427769		Order Date: 06-15-2018	Contact Name: AMANDA COOK			
Contact Phone Number: 662-712-2277						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
171 38571	4	4	EA	DIABETES 1 LIQ 6 X 1ML	171.39	685.56
173 38573	4	4	EA	DIABETES 3 LIQ 6 X 1ML	171.39	685.56

Subtotal : 1,371.12
Tax : 0.00
Total USD : 1,371.12

Please state Invoice number with your payment: 902976067

For Credit or Invoice question call:
510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902986648

Ship To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1004826
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville,MS 38606-8608 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1004826		902986648		08-21-2018		FEDEX		DAP	
PURCHASE ORDER ID			SHIP FROM			PAYMENT TERMS			
00251			Irvine,ORANGE,CA			Net 30 Days			
Sales Order: 1002427769		Order Date: 06-15-2018		Contact Name: AMANDA COOK					
Contact Phone Number: 662-712-2277									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
594 66391	3	3	EA	IMMUNOLOGY 1 LIQ 6X3ML		162.69	488.07		
596 66393	3	3	EA	IMMUNOLOGY 3 LIQ 6X3ML		162.69	488.07		

Subtotal : 976.14

Tax : 0.00

Total USD : 976.14

Please state Invoice number with your payment: 902986648

For Credit or Invoice question call:

510-741-6927

To place an order or schedule service call:
800-2BioRad (800) 224-6723

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: (6777365)
Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Legal Department, Mailstop 1-130
Mailstop 1-130
Hercules, CA 94547

Claim No: 129
Original Filed
Date: 11/27/2018
Original Entered
Date: 11/27/2018

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

Amount claimed: \$6768.00

History:

[Details](#) [129-1](#) 11/27/2018 Claim #129 filed by Bio-Rad Laboratories, Inc., Amount claimed: \$6768.00 (admin)

Description:

Remarks: (129-1) Account Number (last 4 digits):4826

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*	\$6768.00
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		
Administrative		