

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
11/29/2018
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>ThyssenKrupp Elevator Corp.</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>ThyssenKrupp Elevator Corp.</u> Name <u>Law Office of D. Park Smith</u> <u>250 Cherry Springs Road, Suite 200</u> <u>Hunt, TX 78024</u> Contact phone <u>830 238-3591</u> Contact email <u>park@dparksmithlaw.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;">5290</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ 4145.59</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>elevator maintenance & repair including short-pay of 2 invoices</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> <div>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.)</div> <div style="margin-top: 20px;"><div>Value of property:</div><div style="text-align: right;">\$ _____</div><div>Amount of the claim that is secured:</div><div style="text-align: right;">\$ _____</div><div>Amount of the claim that is unsecured:</div><div style="display: flex; justify-content: space-between;"><div style="text-align: right;">\$ _____</div><div>(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div></div> <div style="margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div style="text-align: right;">\$ _____</div><div>Annual Interest Rate (when case was filed)</div><div style="display: flex; justify-content: space-between;"><div>_____ %</div><div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div></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="" 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 11/29/2018
MM / DD / YYYY

/s/ D. Park Smith
Signature

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

Name	<u>D. Park Smith</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	_____		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>250 Cherry Springs Road, Suite 200</u>		
	Number Street		
	<u>Hunt, TX 78024</u>		
	City State ZIP Code		
Contact phone	<u>830 238-3591</u>	Email	<u>park@dparksmithlaw.com</u>



thyssenkrupp Elevator Corporation
Attn: Accounts Receivable Dept.
2801 Network Blvd., STE 700
Frisco, TX 75034

MAINTENANCE INVOICE

INVOICE DATE:	08/01/2018
CUSTOMER #:	85290
JOB #:	US57774
INVOICE #:	3004060099
PO #:	
SERVICE DATE:	08/01/2018 TO 10/31/2018
TERMS:	IMMEDIATE
TOTAL DUE:	\$2,424.50




BILL TO:

ATTN: ACCOUNTS PAYABLE
GILMORE REGIONAL MEDICAL CENTE
1105 EARL FRYE BLVD
AMORY MS 38821-5500

TO VIEW AND PAY ONLINE GO TO:	https://thyssenkruppelevator.billtrust.com
USE THIS ENROLLMENT TOKEN:	PZX GTH SSB

SHIP TO:

GILMORE REG MED CENTER
1105 EARL FRYE BLVD
AMORY MS 38821-5500

ITEM	QUANTITY	DESCRIPTION	EXTENDED AMOUNT		
C201US	3	MEMPHIS BRANCH This is a billing for the service period referenced above. Platinum - Full Maintenance, Overtime portion not covered - Elevator GILMORE REG MED CENTER	\$2,424.50		
<div><div> thyssenkrupp</div><div>ATTENTION: We are pleased to announce the addition of our Extra and Repair invoices to our online portal. Visit our Online portal to view, search, print and pay your bills online. Look for your enrollment token on this bill and visit https://thyssenkruppelevator.billtrust.com</div></div>					
AMOUNT		DISCOUNT	SUBTOTAL	SALES TAX	PLEASE PAY
\$2,424.50		\$0.00	\$2,424.50	\$0.00	\$2,424.50

For Service Related or General Questions, please call 901-377-1993. For Billing or Payment questions, please call 972-963-5274.

Goods or services covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended.

RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED WITH THE REMITTANCE ADDRESS VISIBLE



thyssenkrupp Elevator Corporation
Attn: Accounts Receivable Dept.
2801 Network Blvd., STE 700
Frisco, TX 75034

short pay -
net bal. due
\$599.60

INVOICE DATE:	08/01/2018
CUSTOMER #:	85290
JOB #:	US57774
INVOICE #:	3004060099
PO #:	
SERVICE DATE:	08/01/2018 TO 10/31/2018
TERMS:	IMMEDIATE
TOTAL DUE:	2,424.50

REMIT PAYMENT TO:

THYSSENKRUPP ELEVATOR CORPORATION
PO BOX 933004
ATLANTA, GA 31193-3004

GILMORE REGIONAL MEDICAL CENTE

Amount Enclosed: \$

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To:		
thyssenkrupp Elevator Corporation		

933004300406009900000000000000000000000000000000242450?



thyssenkrupp Elevator Corporation
Attn: Accounts Receivable Dept.
2801 Network Blvd., STE 700
Frisco, TX 75034

MAINTENANCE INVOICE

INVOICE DATE:	05/01/2018
CUSTOMER #:	89941
JOB #:	US57657
INVOICE #:	3003868948
PO #:	
SERVICE DATE:	05/01/2018 TO 07/31/2018
TERMS:	IMMEDIATE
TOTAL DUE:	\$2,836.80



BILL TO:


ATTN: ACCOUNTS PAYABLE
TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

TO VIEW AND PAY ONLINE GO TO:	https://thyssenkruppelevator.billtrust.com
USE THIS ENROLLMENT TOKEN:	PSK LKM KRR

SHIP TO:

TRILAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

ITEM	QUANTITY	DESCRIPTION	EXTENDED AMOUNT
C121US	3	MEMPHIS BRANCH This is a billing for the service period referenced above. Gold - Full Maintenance, Customer pays full amount of Overtime - Elevator TRILAKES MEDICAL CENTER	\$2,836.80



View, search, print and **pay** your bills.

Visit Invoice Gateway to manage your bills online.

Look for your enrollment token on this bill and visit <http://thyssenkruppelevator.billtrust.com>.

AMOUNT	DISCOUNT	SUBTOTAL	SALES TAX	PLEASE PAY
\$2,836.80	\$0.00	\$2,836.80	\$0.00	\$2,836.80

For Service Related or General Questions, please call 901-377-1993. For Billing or Payment questions, please call 972-963-5274.

Goods or services covered by this invoice were produced in compliance with the requirements of the Fair Labor Standards Act of 1938, as amended.

RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED WITH THE REMITTANCE ADDRESS VISIBLE



thyssenkrupp Elevator Corporation
Attn: Accounts Receivable Dept.
2801 Network Blvd., STE 700
Frisco, TX 75034

INVOICE DATE:	05/01/2018
CUSTOMER #:	89941
JOB #:	US57657
INVOICE #:	3003868948
PO #:	
SERVICE DATE:	05/01/2018 TO 07/31/2018
TERMS:	IMMEDIATE
TOTAL DUE:	2,836.80

REMIT PAYMENT TO:

THYSSENKRUPP ELEVATOR CORPORATION
PO BOX 933004
ATLANTA, GA 31193-3004

TRI LAKES MEDICAL CENTER

Amount Enclosed: \$ _____

Payment Method		
<input type="checkbox"/> Personal Check Enclosed	<input type="checkbox"/> Money Order Enclosed	<input type="checkbox"/> Cashiers Check Enclosed
Please Make Check Payment To: thyssenkrupp Elevator Corporation		

[illegible]

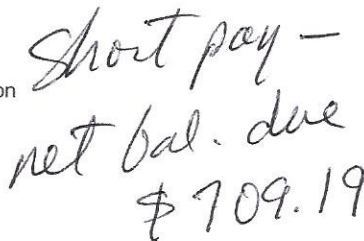
MAINTENANCE INVOICE

TO VIEW AND PAY ONLINE GO TO:	https://thyssenkruppelevator.billtrust.com
USE THIS ENROLLMENT TOKEN:	MXL FSM HDT

SHIP TO:
TRILAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

For Service Related or General Questions, please call 901-377-1993. For Billing or Payment questions, please call 972-963-5274.

RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED WITH THE REMITTANCE ADDRESS VISIBLE



THYSSENKRUPP ELEVATOR CORPORATION
PO BOX 933004
ATLANTA, GA 31193-3004

Case 3:18-bk-05665 Claim 130-1 Part 2 Filed 11/29/18 Desc Attachment 1 Page 3
of 3

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: (6795420)
ThyssenKrupp Elevator Corp.
Law Office of D. Park Smith
250 Cherry Springs Road, Suite
200
Hunt, TX 78024

Claim No: 130
Original Filed
Date: 11/29/2018
Original Entered
Date: 11/29/2018

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

Amount claimed: \$4145.59

History:

[Details](#) [130-1](#) 11/29/2018 Claim #130 filed by ThyssenKrupp Elevator Corp., Amount claimed: \$4145.59
(admin)

Description:

Remarks: (130-1) Account Number (last 4 digits):5290

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*	\$4145.59
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		