

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

6/26/2019

TERESA C. AZAN, Clerk

Official Form 410

Proof of Claim

04/19

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>ARAMARK Uniform & Career Apparel, LLC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Aramark Uniform Services</u>	
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>ARAMARK Uniform & Career Apparel, LLC</u> Name c/o Sheila R. Schwager Hawley Troxell Ennis & Hawley, LLP P.O. Box 1617 Boise, ID 83701-1617 Contact phone <u>208-344-6000</u> Contact email <u>sschwager@hawleytroxell.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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>131</u> Filed on <u>12/06/2018</u> <div style="text-align: right;">MM / DD / YYYY</div>	
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;">2810</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><div style="display: flex; align-items: center;">\$<div style="border-bottom: 1px solid black; width: 150px; text-align: right;">12453.44</div></div></div><div style="width: 55%;">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>Goods Provided / Services Rendered / Liquidated Damages for Rejection of Contract</p> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>
9. Is all or part of the claim secured?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div><div style="width: 80%;">Nature of property: <div style="display: flex; align-items: flex-start;"><div style="width: 30%;"><input type="checkbox"/> Real estate. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe:</div><div style="width: 70%;"><div style="border-bottom: 1px solid black; height: 1.2em;"></div><div style="border-bottom: 1px solid black; height: 1.2em;"></div></div></div> Basis for perfection: <div style="border-bottom: 1px solid black; height: 1.2em;"></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 style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div></div><div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div></div><div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div><div style="width: 30%; font-size: 0.8em;">(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;"><div>Amount necessary to cure any default as of the date of the petition:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$</div></div><div style="display: flex; justify-content: space-between;"><div>Annual Interest Rate (when case was filed)</div><div style="border-bottom: 1px solid black; width: 100px; text-align: right;">%</div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div><div style="width: 100px;"></div></div></div></div>
10. Is this claim based on a lease?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.</div><div style="width: 150px; text-align: right;"><div style="display: flex; align-items: center;">\$<div style="border-bottom: 1px solid black; width: 100px; text-align: right;">1963.87</div></div></div></div>
11. Is this claim subject to a right of setoff?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:</div><div style="border-bottom: 1px solid black; width: 300px;"></div></div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	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 \$3,025* 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 \$13,650*) 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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 1949.57
* Amounts are subject to adjustment on 4/1/22 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 6/26/2019
MM / DD / YYYY

/s/ Sheila R. Schwager

Signature

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

Name	<u>Sheila R. Schwager</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Hawley Troxell Ennis & Hawley, LLP</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>P.O. Box 1617</u>		
	<u>Number Street</u>		
	<u>Boise, ID 83701-1617</u>		
Contact phone	<u>208-344-6000</u>	Email	<u>sschwager@hawleytroxell.com</u>

Fill in this information to identify the case:

Debtor 1 CURAE HEALTH, INC.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-05665

Official Form 410

AMENDED 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?	ARAMARK Uniform & Career Apparel, LLC fka ARAMARK Uniform & Career Apparel, Inc. Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Aramark Uniform Services</u>	
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?	Where should notices to the creditor be sent? c/o Sheila R. Schwager Hawley Troxell Ennis & Hawley LLP Name P.O. Box 1617 Number Street Boise, Idaho 83701 City State ZIP Code Contact phone <u>208.344.6000.</u> Contact email <u>sschwager@hawleytroxell.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 Number Street City State ZIP Code Contact phone Contact email
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>131</u> Filed on <u>12/6/2018</u> 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 ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 8 1 0

7. How much is the claim? \$ 12,453.44 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.

Goods Provided/Services Rendered/Liquidated Damages for Rejection of Contract

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 defaults 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. \$ 1,963.87

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

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

☒ Yes. Check all that apply:

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ 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).
- ☐ 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)(2) that applies. **503(b)(1)(A)**

Unpaid Post Petition Invoices

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 1,949.57

* 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

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If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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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

06/25/2019
MM / DD YYYY

Signature

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

Name

Sheila R. Schwager

First name

Middle name

Last name

Title

Attorney for ARAMARK Uniform & Career Apparel, LLC

Company

Click here to enter text.

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

P.O. Box 1617

Number

Street

Boise, Idaho 83701

City

State

ZIP Code

Contact phone

208.344.6000

Email

sschwager@hawleytroxell.com

ATTACHMENT TO AMENDED PROOF OF CLAIM
BATESVILLE REGIONAL MEDICAL CENTER, INC.
CASE NO. 18-05676

Unpaid Pre-Petition Invoices	\$ 1,963.87
Liquidated Damages	\$ 8,540.00
Unpaid Post Petition Invoices	<u>\$ 1,949.57</u>
 TOTAL CLAIM	 \$ 12,453.44

Curae Health, Inc., et al					
Pre-Petition					
File date:	8/24/2018				
Total Invoice					\$ 1,963.87
Total Pre-Petition					\$ 1,963.87
Servicing MC	Invoice	Account	Date	Original amount	Amount Due
581	1415730480	3042810	8/22/2018	\$ 178.53	\$ 178.53
581	1415727354	3042810	8/15/2018	\$ 178.53	\$ 178.53
581	1415724245	3042810	8/8/2018	\$ 178.53	\$ 178.53
581	1415721171	3042810	8/1/2018	\$ 178.53	\$ 178.53
581	819015		7/31/2018	\$ 0.04	\$ 0.04
581	1415718119	3042810	7/25/2018	\$ 178.53	\$ 178.53
581	1415715068	3042810	7/18/2018	\$ 178.53	\$ 178.53
581	1415712384	3042810	7/11/2018	\$ 178.53	\$ 178.53
581	1415708972	3042810	7/4/2018	\$ 178.53	\$ 178.53
581	1415705889	3042810	6/27/2018	\$ 178.53	\$ 178.53
581	1415702847	3042810	6/20/2018	\$ 178.53	\$ 178.53
581	1415699813	3042810	6/13/2018	\$ 178.53	\$ 178.53

Curae Health, Inc., et al					
Post-Petition					
Total Invoice					\$ 1,949.57
Total Post-Petition					\$ 1,949.57
Servicing MC	Invoice	Account	Date	Original amount	Amount Due
581	1415860631	3042810	6/17/2019	\$ 194.67	\$ 194.67
581	1415857661	3042810	6/10/2019	\$ 194.67	\$ 194.67
581	1415854682	3042810	6/3/2019	\$ 194.67	\$ 194.67
581	1415851795	3042810	5/27/2019	\$ 194.67	\$ 194.67
581	1415848650	3042810	5/20/2019	\$ 194.67	\$ 194.67
581	1415845615	3042810	5/13/2019	\$ 194.67	\$ 194.67
581	1415842564	3042810	5/6/2019	\$ 194.67	\$ 194.67
581	915851		4/30/2019	\$ 2.87	\$ 2.87
581	1415839477	3042810	4/29/2019	\$ 194.67	\$ 194.67
581	1415836430	3042810	4/22/2019	\$ 194.67	\$ 194.67
581	1415833365	3042810	4/15/2019	\$ 194.67	\$ 194.67

Customer Number: 3042-810

Liquidated Damages and Breach Calculator

Customer Name: MERIT HEALTH BATESVILLE
Address: 303 MEDICAL CTR DRIVE

Contact Name: 0

City, State Zip BATESVILLE, MS 38606

Contract Expiration Date: 11/30/2019

AWRV Estimator

<i>AWRV for 13 Weeks</i>	\$	181.67
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25% of AWRV	\$	45.42
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Remaining Wks	25
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Total Due \$ 1,122.45

[illegible]

Total Liquidated Damages To Be Billed	\$	8,540.00
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SERVICE AGREEMENT

CUSTOMER NO. _____

PAGE NO. _____

Service to ("Customer"): Merit Health Batesville

Bill to: _____

303 Medical Center Drive

Service Address

Billing Address

Batesville

MS

38606

City

State

Zip Code

City

State

Zip Code

GARMENTS AND SERVICES ORDERED:								
No. of Wearers	MERCHANDISE	NUMBER OF ITEMS PER WEARER	CHANGES PER WEEK (per wearer)	RATE	RATE BASIS (per item or change)	FREQUENCY		REPLACEMENT CHARGE (PER ITEM)

ALLIED MERCHANDISE AND SERVICES ORDERED:						
MERCHANDISE	QUANTITY*	RATE PER ITEM	FREQUENCY	BILLED PERCENTAGE	INVENTORY MAINTENANCE	REPLACEMENT CHARGE (PER ITEM)
4x8 Steady Step Mat	29		weekly		0	

*Represents total units, including items at Customer's location(s) and items in the process of being laundered.

REDACTED

This Agreement is effective on the date of the last signature to this Agreement, and will continue for sixty (60) consecutive months following the later of such date or the date Merchandise is first installed on Customer's premises. This Agreement is not renewable.

REDACTED

aramark-uniform.com

TERMS AND CONDITIONS

REDACTED

If Customer breaches this Agreement, Customer agrees to pay AUS liquidated damages (intended as a good faith pre-estimate of the actual damages AUS would incur and not as a penalty), equal to the lesser of (a) 25% of the average weekly charges during the 3 months prior to termination multiplied by the number of weeks remaining in the unexpired term, or (b) the then current replacement charge for all Merchandise.

By signing below, Customer agrees to order the merchandise and services referenced herein and further agrees to the terms and conditions contained in this Agreement.

Merit Health Balesville
Name of Customer
662-563-5611
Customer Phone Number
Travis Sisson, CEO
Name & Title of Customer Contact
By Travis Sisson Date 10/13/15
Signature of Authorized Customer Representative

ARAMARK Uniform Services, a division of ARAMARK Uniform & Career Apparel, LLC

Amy Ellis, BDE
ARAMARK Representative Name & Title
[Signature] Date 11-11-15
Signature - ARAMARK Representative
[Signature] Date 11/11/15
Signature - ARAMARK General Manager



Customer Information Sheet (CIS)

CUSTOMER NAME Merit Health Batesville

CUSTOMER NO. _____

PAGE NO. _____

CONTACT NAME: Ryan Overall

CONTACT TITLE: materials mgr

Reason For CIS: ☒ New Customer ☐ Add Allied Products ☐ Add Other Charges

ALLIED MERCHANDISE AND SERVICES ORDERED:						
MERCHANDISE	QUANTITY	RATE PER ITEM	FREQUENCY	BILLED PERCENTAGE	INVENTORY MAINTENANCE	REPLACEMENT CHARGE (PER ITEM)

REDACTED

PRINT MERIT HEALTH 662-563-5811
 Name of Customer Customer Phone Number
 PRINT Travis Sibson, CEO
 Name & Title of Customer Contact
 By [Signature] Date 6/13/15
 Signature of Authorized Customer Representative

PRINT Amy Ellis, RDE
 ARAMARK Representative Name & Title
 Signature - ARAMARK Representative Date 11-11-15
 Signature - ARAMARK General Manager Date 11/11/15

CIS (12/09)

1-800-ARAMARK
 ARAMARK-uniform.com

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker

Office: Nashville

Trustee: Steven D Sass LLC as Debtor Representative and Liquidating Trustee

Chapter: 11

Last Date to file claims:
01/21/2019

Last Date to file (Govt):

<i>Creditor:</i> (6799906)	Claim No: 131	<i>Status:</i>
ARAMARK Uniform & Career	<i>Original Filed</i>	<i>Filed by:</i> CR
Apparel, LLC	<i>Date:</i> 12/06/2018	<i>Entered by:</i> admin
c/o Sheila R. Schwager	<i>Original Entered</i>	<i>Modified:</i> 06/26/2019
Hawley Troxell Ennis & Hawley,	<i>Date:</i> 12/06/2018	
LLP	<i>Last Amendment</i>	
P.O. Box 1617	<i>Filed:</i> 06/26/2019	
Boise, ID 83701-1617	<i>Last Amendment</i>	
	<i>Entered:</i> 06/26/2019	

Amount claimed: \$12453.44

Priority claimed: \$1949.57

History:

[Details](#) [131-1](#) 12/06/2018 Claim #131 filed by ARAMARK Uniform & Career Apparel, LLC, Amount claimed: \$2864.56 (admin)

[Details](#) [131-2](#) 06/26/2019 Amended Claim #131 filed by ARAMARK Uniform & Career Apparel, LLC, Amount claimed: \$12453.44 (admin)

Description:

Remarks: (131-1) Account Number (last 4 digits):2810
(131-2) Account Number (last 4 digits):2810

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*	\$12453.44
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	\$1949.57	
Administrative		