

**Fill in this information to identify the case:**

Debtor 1	Curae Health Inc.
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number:	<b>18-05665</b>

FILED  
U.S. Bankruptcy Court  
MIDDLE DISTRICT OF TENNESSEE  
12/6/2018  
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>	ARAMARK Uniform & Career Apparel, LLC Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Aramark Uniform Services
<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>	<b>Where should payments to the creditor be sent? (if different)</b>
	ARAMARK Uniform & Career Apparel, LLC	_____
	Name	Name
	c/o Sheila R. Schwager Hawley Troxell Ennis & Hawley, LLP P.O. Box 1617 Boise, ID 83701-1617	
	Contact phone 208-344-6000	Contact phone _____
	Contact email sschwager@hawleytroxell.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><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: <u>2810</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>2864.56</u></p> <p><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).</p>
<p><b>8. What is the basis of the claim?</b></p>	<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><u>Goods Provided / Services Rendered</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><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: _____</p> <p><b>Basis for perfection:</b> _____</p> <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> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ <u>1963.87</u></p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

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. Check all that apply:	<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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 900.69
* 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 12/6/2018  
MM / DD / YYYY

/s/ Sheila R. Schwager

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

Company Hawley Troxell Ennis & Hawley, LLP

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

Address 877 Main Street, Suite 1000

Number Street

Boise, ID 83701-1617

City State ZIP Code

Contact phone 208-344-6000 Email sschwager@hawleytroxell.com

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**

**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 Aramark Uniform Services

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)

<p>Where should notices to the creditor be sent?</p> <p><u>c/o Sheila R. Schwager</u> <u>Hawley Troxell Ennis &amp; Hawley LLP</u> Name <u>P.O. Box 1617</u> Number Street <u>Boise, Idaho 83701</u> City State ZIP Code Contact phone <u>208.344.6000.</u> Contact email <u>sschwager@hawleytroxell.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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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: 2 8 1 0

7. How much is the claim? \$ 2,864.56 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**

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)**

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ **900.69**

**Unpaid Post Petition Invoices**

\* 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:

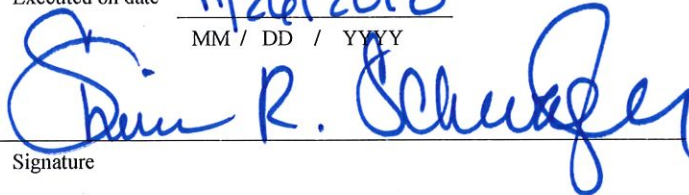
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 11/26/2018  
MM / DD / YYYY

  
Signature

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

Name	<b>Sheila R. Schwager</b>		
	First name	Middle name	Last name
Title	<b>Attorney for ARAMARK Uniform &amp; Career Apparel, LLC</b>		
Company	Click here to enter text.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<b>P.O. Box 1617</b>		
	Number	Street	
	<b>Boise, Idaho 83701</b>		
	City	State	ZIP Code
Contact phone	<b>208.344.6000</b>	Email	<b>sschwager@hawleytroxell.com</b>

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

Unpaid Pre-Petition Invoices	\$ 1,963.87
Unpaid Post Petition Invoices	<u>\$ 900.69</u>
TOTAL CLAIM	\$ 2,864.56

Curae Health, Inc., et al					
<b>Pre-Petition</b>					
File date:	8/24/2018				
Total Invoice					\$ 1,963.87
<b>Total Pre-Petition</b>					<b>\$ 1,963.87</b>
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					\$ 900.69
Total Post-Petition					\$ 900.69
Servicing MC	Invoice	Account	Date	Original amount	Amount Due
581	1415750973	3042810	10/8/2018	\$ 178.53	\$ 178.53
581	1415747846	3042810	10/1/2018	\$ 178.53	\$ 178.53
581	839209		9/30/2018	\$ 8.04	\$ 8.04
581	1415744743	3042810	9/24/2018	\$ 178.53	\$ 178.53
581	1415741611	3042810	9/17/2018	\$ 178.53	\$ 178.53
581	1415738518	3042810	9/10/2018	\$ 178.53	\$ 178.53

