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

page 1

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 Clai	m						
1.Who is the current creditor?	ARAMARK Uniform & Career Apparel, LLC						
ordanor.	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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
and payments to the creditor be sent?	ARAMARK Uniform & Career Apparel, LLC						
Federal Rule of	Name	Name					
Bankruptcy Procedure (FRBP) 2002(g)	c/o Sheila R. Schwager Hawley Troxell Ennis & Hawley, LLP P.O. Box 1617 Boise, ID 83701–1617						
	Contact phone	Contact phone					
	Contact email sschwager@hawleytroxell.com						
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):						
4.Does this claim amend one already filed?	No✓ Yes. Claim number on court claims registry (if	known) 131 Filed on 12/06/2018					
		MM / DD / YYYY					
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?						
Official Form 410	Proof of Clair	m page 1					

number you use to identify the debtor?	□ ⊻	No Yes. Last 4 digits of the debtor's accou	int or any number you use	to identify th	e debtor:	2810
7.How much is the claim?	\$	<u> </u>	s this amount includ lo 'es. Attach statement			•
		0	ther charges required	by Bankru	ptcy Rule	3001(c)(2)(A).
B.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).					
		it disclosing information that is en	• •			ation.
	_	ods Provided / Services Renderd ntract	/ Liquidated Damage:	s for Rejec	tion of	
9. Is all or part of the claim secured?		Yes. The claim is secured by a lie Nature of property: ☐ Real estate. If the claim is		r's principa Form 410	al residence -A) with th	e, file a <i>Mortgage</i> is <i>Proof of Claim</i> .
		Basis for perfection: Attach redacted copies of docu	ments, if any, that sho	w evidenc	e of perfec	ation of a security
		interest (for example, a mortga document that shows the lien h	ge, lien, certificate of t	itle, financ	ing statem	ent, or other
		Value of property:	\$			
		Amount of the claim that is secured:	\$		-	
		Amount of the claim that is unsecured:	\$		_unsecure	of the secured and d amounts should e amount in line 7.)
		Amount necessary to cure ar date of the petition:	ny default as of the	\$		
		Annual Interest Rate (when ca	ase was filed)		<u></u> %	
		☐ Fixed ☐ Variable				
0.Is this claim based on	V	No Yes. Amount necessary to cupetition.	re any default as of	the date o	f the	\$ 1963.87
a lease?		F				

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	□	No Yes. Check all that apply:		Amount entitled to priority
A claim may be partly priority and partly		☐ Domestic support obligation under 11 U.S.C. § 507(a	ations (including alimony and child support)	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.		☐ Up to \$3,025* of deposition property or services for U.S.C. § 507(a)(7).	ts toward purchase, lease, or rental of personal, family, or household use. 11	\$
common to priority.		☐ Wages, salaries, or com 180 days before the bar	nmissions (up to \$13,650*) earned within hkruptcy petition is filed or the debtor's er is earlier. 11 U.S.C. § 507(a)(4).	\$
			d to governmental units. 11 U.S.C. §	\$
		☐ Contributions to an emp	loyee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☑ Other. Specify subsection	on of 11 U.S.C. § 507(a)(2) that applies	\$ 1949.57
		* Amounts are subject to adjustment.	nent on 4/1/22 and every 3 years after that for cases	s begun on or after the date
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.	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.			
	Ŭ	ature t the name of the person wh	o is completing and signing this claim:	
	Nar	ne	Sheila R. Schwager	
	Title	9	First name Middle name Last name Attorney	
	Cor	mpany	Hawley Troxell Ennis & Hawley, LLP	
	Add	dress	Identify the corporate servicer as the company if servicer P.O. Box 1617	the authorized agent is a
			Number Street Boise, ID 83701–1617	
	Cor	ntact phone 208-344-60	City State ZIP Code 00 Email sschwager@hav	vleytroxell.com

Fill in this info	rmation to identify the ca	śe:	. N		
Debtor l	CURAE HEA	LTH, INC.			
Debtor 2 (Spouse, if filing) United States B	ankruptcy 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.

P	art 1: Identify the Cl	aim							
1.	Who is the current creditor?	Appare			LC fka ARA	MARK Unifo	orm & Career		
		Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the	e creditor used with the debtor -	Aramark Unifo	rm Services				
2.	Has this claim been acquired from someone else?	⊠ No □ Yes. Fro	om whom?						
3.	Where should notices and payments to the creditor be sent?	The hand a three same energy	d notices to the creditor be so	ent?	Where should pa	yments to the credite	or be sent? (if different)		
			c/o Sheila R. Schwager						
***************************************	Federal Rule of Bankruptcy Procedure	Hawley Troxell Ennis & Hawley LLP			Name				
	(FRBP) 2002(g)	P.O. Box 1617							
		Number Street			Number Street				
		Boise, Id	daho 83701						
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone	208.344.6000.		Contact phone				
		Contact email	sschwager@hawleytroxel	Il.com_	Contact email		***************************************		
		Uniform claim	identifier for electronic payments i	n chapter 13 (if you use one):					
4.	Does this claim amend one already filed?	□ No ⊠ Yes. Clai	m number on court claims reg	istry (if known) 131		Filed on 1	.2/6/2018		
5.	Do you know if anyone else has filed a proof of claim for this claim?	⊠ No □ Yes. Who	o made the earlier filing?						

j,									
	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				
' .	How much is the claim?	\$	S 12,453.44 Does this amount include interest or other charges?						
				⊠ No					
			Ε	Yes. Attach statement itemizin charges required by Bankro	g interest, fees, expenses, or other uptcy Rule 3001(c)(2)(A).				
3.	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							
),	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 example, a mortgage, lien, certificate been filed or recorded.	, if any, that show evidence of perf of title, financing statement, or of	Section of a security interest (for the document that shows the lien has				
			Value of avenuative	\$					
			Value of property: Amount of the claim that is secured		-				
			Amount of the claim that is unsecu		(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 water and a second case water a second case water and a second case water a second case water and a second case water a second case water and a second case water a second ca	as filed) %					
10.	. Is this claim based on a lease?	□ No ⊠ Yes	☐ Fixed		s 1,963.87				

12 Is all or part of the claim entitled to priority under	□ No						
11 U.S.C. § 507(a)?		apply:	Amount entitled to priority				
A claim may be partly priority and partly nonpriority. For example, in	11 U.S.C. 8 50'	ort obligations (including alimony and child support) under $7(a)(1)(A)$ or $(a)(1)(B)$.	\$				
some categories, the law limits the amount entitled to priority.	☐ Up to \$2,850* o	of deposits toward purchase, lease, or rental of property or services for γ , or household use. 11 U.S.C § 507(a)(7).	\$				
priority.	bankruptcy peti	or commissions (up to \$12,850*) earned within 180 days before the tion is filed or the debtor's business ends, whichever is earlier. 11	\$				
	U.S.C. § 507(a)	es owed to governmental units. 11 U.S.C. § 507(a)(8).	\$				
	153	o an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$				
		subsection of 11 U.S.C. § 507(a)(2) that applies. 503(b)(1)(A) t Petition Invoices	\$ 1,949.57				
	-	djustment 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	Check the appropriate	box:					
date it. FRBP 9011(b).	\square I am the creditor.		,				
		attorney or authorized agent.					
If you file this claim electronically, FRBP	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature is.	Lundaratand that an a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the					
	claim, the creditor gav	the debtor credit for any payments received toward the debt.	in that whom our our our our or an				
A person who files a fraudulent claim could be		nformation in this Proof of Claim and have a reasonable belief that the	information is true and correct.				
fined up to \$500,000,		y of perjury that the foregoing is true and correct.					
imprisoned for up to 5 years, or both. 18 U.S.C. §§	Executed on date DO O O O O						
152, 157, and 3571.	MM / DD (YYYY						
	() helle	L. Milwell (1					
	Signature	1 0000					
		O .					
	Print the name of th	e person who is completing and signing this claim:					
	Name	Sheila R. Schwager					
		First name Middle name La	ast name				
	Title	Attorney for ARAMARK Uniform & Care	eer Apparel, LLC				
	Company	Click here to enter text.					
		Identify the corporate servicer as the company if the authorized age	nt is a servicer.				
	Address	P.O. Box 1617					
		Number Street					
		Boise, Idaho 83701					
			tate ZIP Code				
	Contact phone	208 244 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	\$ 1,949.57
TOTAL CLAIM	\$ 12,453.44

	Cui	rae Health, Inc., e	t 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

	Cu	rae 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

Liquidated Darnages and Breach Calculator

Contact Name:

Customer Name: Address:

MERIT HEALTH BATESVILLE 303 MEDICAL CTR DRIVE

City, State Zip

BATESVILLE, MS 38606

Contract Expiration Date:

11/30/2019

AWRV Estimator							
AWRV for 13	Weeks	\$	181,67				
25% of AWRV		\$	45.42				
Remaining W	ks		25				
				Total Due	\$	1,122.45	

	Inventory		ement Rate	Liq Damages	
DM1704BLAK4X6	70	\$	122.00	\$ 8,540.00	
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Total Liquidated Damages To Be Billed

8,540.00



SERVICE AGREEMENT

CU	STOMER	NO.	
	PAGE	NO.	

Service to ("Cust	omer"): Meril Heal	th Batesville	Bill to:		
303 Medical Cen	ter Drive			~~~	
Service Address			Billing Address		
Batesville	MS	38606		****	
City	State	Zip Code	Cily	State	Zip Code

		GARM	ENTS AN	D SERVIC	S ORDERE	D);	
No. of Wearers	MERCHANDISE	NIGHER OF ITEMS PER WEARER'	CHANGES PER WASK (perviewer)	RATE	RATE BASIS (per ilem or chailge)	FREQUENCY	REPLACEMENT CHARGE (PERILEM)
	A The second			amentations as his to an arrivative	·		
				-			
		All and American State College (17)	.her. res mission experience.	Na management		The same of the sa	
		www.	Variation of the Parish of the	The state of the s	Compression by the second seco		

ALL	IED MERCHA	NDISE	and servi	CES ORDERE	D:	
MERCHANDIST) QUANTITY'	RATE PER JTEM	THEQUENCY	BILLED PERCENTAGE	INVENTORY MAINTENANCE	REPLACEMENT CHARGE
4x8 Steady Step Mat	29		weekly	en.	0	121113
				MALLANA TO THE REST OF THE PARTY OF THE PART		
		and the second s	Approximate and Approximate Association	and the second s		
any na paositra dia mandri di Nagaban and sa paositra di Nagaban and Sa paositra di Nagaban and Sa paositra di		and the same of		and the state of t		

[&]quot;Represents total units, including Items at Customer's location(a) 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.



TERMS AND CONDITIONS

REDACTED

If Customer breaches this Agreement, Customer agrees to pay AUS liquidated damages (intended as a good falin 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 their 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.

Meril Health Batesyille
Name of Customer

RAVIS 5 (3 % No. 1)
Name & Tille of Customer Contact

By Signature of Authorized Customer Representative

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

ARAMARK Representative Name & Title

Date -1-5

Signature - ARAMARK Representative

Date -1-5



Customer Information Sheet (CIS)

CUSTOMER NAME Merit Health Batesville
CUSTOMER NO. _____
PAGE NO. ____

CONTACT NAME:	Ryan	Overa	11	CONT	ACT TITLE:	materials in	£	
Reason For CIS; DK								
					10/4 Company of the 1992 C	ES ORDERED:		
MER	CHANOISE	ÖÜ	YITHAL	RATE PER. ITEM	FREQUENCY	BILTED PERCENTAGE	INVENTORY MAINTENANCE	REPLACEMENT CHARGE (PERITES)

REDACTED

PRINT MERIT HEALTH Name of Gustomer PRINT MATURE 1650N CEO Name & Title all Customer Contect By Jan Date In International Customer Representative	Number ARAMARK Representation Date Date Signature - ARAMARK Representation Date Date Signature - ARAMARK General Manager
XIS (1809)	T-500-ARAUARK APANARK-usform.com

4

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:

01/21/2019

Trustee: Steven D Sass LLC as Debtor Representative and

Liquidating Trustee

Last Date to file (Govt):

Creditor:(6799906)Claim No: 131Status:ARAMARK Uniform & CareerOriginal FiledFiled by: CRApparel, LLCDate: 12/06/2018Entered by: adminc/o Sheila R. SchwagerOriginal EnteredModified: 06/26/2019

Amount claimed: \$12453.44 Priority claimed: \$1949.57

History:

<u>Details</u> 12/06/2018 Claim #131 filed by ARAMARK Uniform & Career Apparel, LLC, Amount claimed:

<u>1</u> \$2864.56 (admin)

Details 131- 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		

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

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 Clair	m					
1.Who is the current creditor?	ARAMARK Uniform & Career Apparel, LLC					
	Name of the current creditor (the person or entity to be paid for	or this claim)				
	Other names the creditor used with the debtor Aram	ark Uniform Services				
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?					
3. Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
creditor be sent?	ARAMARK Uniform & Career Apparel, LLC					
Federal Rule of	Name	Name				
Bankruptcy Procedure (FRBP) 2002(g)	c/o Sheila R. Schwager Hawley Troxell Ennis & Hawley, LLP P.O. Box 1617 Boise, ID 83701–1617					
	Contact phone	Contact phone				
	Contact email sschwager@hawleytroxell.com	Contact email				
	Uniform claim identifier for electronic payments in chapter 13	3 (if you use one):				
4.Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims registry (if known)	Filed on				
5. Do you know if anyone	. ☑ No	MM / DD / YYYY				
else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?					

6.Do you have any number you use to identify the debtor?	□	No Yes. Last 4 digits of the debtor's a	ccount or any number you use to identify the	e debtor:	2810
7.How much is the claim?	\$		Does this amount include interest ✓ No		•
		L	Yes. Attach statement itemizing ir other charges required by Bankru	iterest, fee ptcy Rule :	s, expenses, or 3001(c)(2)(A).
3.What is the basis of the claim?	dea Bar Lim	ith, or credit card. Attach réda ikruptcy Rule 3001(c).	paned, lease, services performed, per cted copies of any documents supposes s entitled to privacy, such as healtho dered	orting the c	laim required by
9. Is all or part of the claim secured?		No Yes. The claim is secured by Nature of property: Real estate. If the claim Proof of C Motor vehicle Other. Describe:	a lien on property. m is secured by the debtor's principa Claim Attachment (Official Form 410-	I residence -A) with thi	e, file a Mortgage s Proof of Claim.
		Basis for perfection:			
		interest (for example, a mor	ocuments, if any, that show evidence tgage, lien, certificate of title, financien has been filed or recorded.)	e of perfec ng stateme	tion of a security ent, or other
		Value of property:	\$	_	
		Amount of the claim that i secured:	is \$	_	
		Amount of the claim that unsecured:	is <u>\$</u>	_ùnsecure	of the secured and amounts should amount in line 7.)
		Amount necessary to cure date of the petition:	e any default as of the		
		Annual Interest Rate (whe	en case was filed)	%	
		☐ Fixed ☐ Variable			
10.Is this claim based on a lease?	☑	No Yes. Amount necessary to petition.	o cure any default as of the date o	f the	\$ 1963.87
11.Is this claim subject to a right of setoff?	V	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 all that apply:		Amount entitled to priority
A claim may be partly priority and partly	_	☐ Domestic support obligati under 11 U.S.C. § 507(a)	ons (including alimony and child support) (1)(A) or (a)(1)(B).	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.	,	☐ Up to \$2,850* of deposits property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of ersonal, family, or household use. 11	\$
common to priority.		☐ Wages, salaries, or comm 180 days before the bank	nissions (up to \$12,850*) earned within ruptcy petition is filed or the debtor's r is earlier. 11 U.S.C. § 507(a)(4).	\$
			to governmental units. 11 U.S.C. §	\$
		☐ Contributions to an emplo	yee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☑ Other. Specify subsection	of 11 U.S.C. § 507(a)(2) that applies	\$ 900.69
		* Amounts are subject to adjustment of adjustment.	nt on 4/01/19 and every 3 years after that for case	es begun on or after the date
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.	I und the a I have and c I decided Exe	erstand that an authorized signature mount of the claim, the creditor gave examined the information in this Prorrect. Idea are under penalty of perjury that the cutted on date 12/6/2019 MM / DD / Sheila R. Schwager ature It the name of the person who	or, or their authorized agent. Bankruptcy dorser, or other codebtor. Bankruptcy Rule on this Proof of Claim serves as an acknowledge the debtor credit for any payments received tow Proof of Claim and have a reasonable belief that the foregoing is true and correct.	le 3005. ment that when calculating ard the debt.
	Title)	First name Middle name Last name Attorney	
		npany	Hawley Troxell Ennis & Hawley, LLP	
		ress	Identify the corporate servicer as the company if servicer 877 Main Street, Suite 1000	the authorized agent is a
			Number Street Boise, ID 83701–1617	
	Con	tact phone 208-344-6000	City State ZIP Code Email sschwager@hav	vleytroxell.com

Debtor I	CURAE HEA	LTH, INC.			
Debtor 2 (Spouse, if filing) United States F	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.

į	art 1: Identify the C	laim							
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	ramark Unif	orm 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?	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		be sent? (if different)		
	77 1 179 L C		a R. Schwager	ov. I I D					
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Troxell Ennis & Hawl	ey LLF	Name				
		P.O. Box	x 1617						
			Street		Number Street				
		Boise, Idaho 83701							
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone	208.344.6000.		Contact phone				
		Contact email	sschwager@hawleytroxell.com	<u>n</u>	Contact email				
		Uniform claim i	dentifier for electronic payments in cha	pter 13 (if you use one):					
4.	Does this claim amend	⊠ No							
"	one already filed?		n 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?						

41861.0003.11498431.1

·	Do you have any number you use to identify the debtor							
7.	How much is the claim?	S	2,864.56 Do	Does this amount include interest or other charges?				
				No				
				Yes. Attach statement itemizin charges required by Bankri	g interest, fees, expenses, or other uptcy Rule 3001(c)(2)(A).			
3.	What is the basis of the claim?	Attach re	s: Goods sold, money loaned, lease, se dacted copies of any documents suppo- closing information that is entitled to p	ting the claim required by Bank	ruptcy Rule 3001(c).			
		Goods Provided/Services Rendered						
).	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 example, a mortgage, lien, certificate of opeen filed or recorded.					
] / e }	Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of seen filed or recorded.	title, financing statement, or ot				
		1	Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of					
		1	Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of opeen filed or recorded. Value of property: Amount of the claim that is secured:	title, financing statement, or ot	her document that shows the lien has (The sum of the secured and unsecured			
		1	Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of opeen filed or recorded. Value of property:	s s s s	(The sum of the secured and unsecured amounts should match the amount in line 7.)			
			Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of even filed or recorded. Value of property: Amount of the claim that is secured:	s as of the date of the petition:	(The sum of the secured and unsecured amounts should match the amount in line 7.)			
10.	Is this claim based on a		Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of open filed or recorded. Value of property: Amount of the claim that is secured: Amount necessary to cure any defaul Annual Interest Rate (when case was a fixed).	s as of the date of the petition:	(The sum of the secured and unsecured amounts should match the amount in line 7.) : \$			
ιθ.	Is this claim based on a lease?	i i i i i i i i i i i i i i i i i i i	Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of open filed or recorded. Value of property: Amount of the claim that is secured: Amount necessary to cure any defaul Annual Interest Rate (when case was a fixed).	s s as of the date of the petition: Yelled) %	(The sum of the secured and unsecured amounts should match the amount in line 7.) : \$			
		i i i i i i i i i i i i i i i i i i i	Basis for perfection: Attach redacted copies of documents, if example, a mortgage, lien, certificate of open filed or recorded. Value of property: Amount of the claim that is secured: Amount necessary to cure any defaulthough the claim that is unsecured. Amount necessary to cure any defaulthough the claim that is unsecured. Amount necessary to cure any defaulthough the claim that is unsecured. Annual Interest Rate (when case was a prize of the claim that is unsecured.	s s as of the date of the petition: Yelled) %	(The sum of the secured and unsecured amounts should match the amount in line 7.) : \$			

41861.0003.11498431.1

12 Is all or part of the claim entitled to priority under	□ No		uran state and s			
11 U.S.C. § 507(a)?		that apply:	Amount entitled to priority			
A claim may be partly priority and partly nonpriority. For example, in	11 11 5 C 8	apport obligations (including alimony and child support) under 507(a)(1)(A) or (a)(1)(B).	\$			
some categories, the law limits the amount entitled to	☐ Up to \$2,85	0* of deposits toward purchase, lease, or rental of property or services for mily, or household use. 11 U.S.C § 507(a)(7).	\$			
priority.		ries, or commissions (up to \$12,850*) earned within 180 days before the petition is filed or the debtor's business ends, whichever is earlier. 11 17(a)(4).	\$			
g.		nalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
	☐ Contribution	ns to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
		cify subsection of 11 U.S.C. § 507(a)(2) that applies. 503(b)(1)(A) Post Petition Invoices	\$ 900.69			
	~	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	Check the appropr	riate box:				
proof of claim must sign and date it. FRBP 9011(b).	☐ I am the credit	or.				
	☑ I am the credit	or's attorney or authorized agent.				
If you file this claim electronically, FRBP	☐ I am the truste	e, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	☐ I am a guarant	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
specifying what a signature is.		n authorized signature on this <i>Proof of Claim</i> serves as an acknowledgme gave the debtor credit for any payments received toward the debt.	nt that when calculating the amount of the			
A person who files a	I have examined the	ne information in this Proof of Claim and have a reasonable belief that the	information is true and correct.			
fraudulent claim could be fined up to \$500,000,	I declare under per	nalty of perjury that the foregoing is true and correct.				
imprisoned for up to 5 years, or both. 18 U.S.C. §§	Executed on date	11/26/2018				
152, 157, and 3571.		MM / DD / YYYY				
	().	D Colleged on				
8	Dur	r. Sullage				
_	Signature		2			
	Duint the many of	the person who is completing and signing this claim:				
	Name					
	Tumo	Sheila R. Schwager	4			
8	Tial		ast name			
15	Title	Attorney for ARAMARK Uniform & Care	eer Apparel, LLC			
	Company	Click here to enter text.	6			
		Identify the corporate servicer as the company if the authorized ager	nt is a servicer.			
	Address	P.O. Box 1617				
		Number Street				
		Boise, Idaho 83701				
		City St	ate ZIP Code			
	Contact phone	208.344.6000 Email	sschwager@hawleytroxell.com			

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

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

	Cur	ae Health, Inc., e	t 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

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

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: (6799906) Claim No: 131 Status:

ARAMARK Uniform & Career Original Filed Filed by: CR

Apparel, LLC Date: 12/06/2018 Entered by: admin

c/o Sheila R. Schwager Original Entered Modified:

Hawley Troxell Ennis & Hawley, Date: 12/06/2018

LLP

P.O. Box 1617 Boise, ID 83701-1617

Amount claimed: \$2864.56 Priority claimed: \$900.69

History:

<u>Details</u> 12/06/2018 Claim #131 filed by ARAMARK Uniform & Career Apparel, LLC, Amount claimed:

<u>1</u> \$2864.56 (admin)

Description:

Remarks: (131-1) 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*	\$2864.56
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	\$900.69	
Administrative		