

**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 18-056655

**FILED**

**DEC 11 2018**

**U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN**

**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>McMaster-Carr Supply Company</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>McMaster-Carr Supply Company</u> Name <u>1901 Riverside Parkway</u> Number Street <u>Douglasville</u> <u>GA</u> <u>30135</u> City State ZIP Code  Contact phone <u>404-346-7000</u> Contact email <u>4payment@mcmaster.com</u>	Where should payments to the creditor be sent? (if different)  <u>McMaster-Carr</u> Name <u>PO BOX 7690</u> Number Street <u>Chigago</u> <u>IL</u> <u>60680-7690</u> City State ZIP Code  Contact phone _____ Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
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? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 6 9 0 0

7. How much is the claim? \$ 341.41 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 sold

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 default 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. \$ \_\_\_\_\_

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

☐ Yes. Check one:

☐ 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)( ) that applies.

Amount entitled to priority

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

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

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

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

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

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

\* 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 11/05/2018  
MM / DD / YYYY

Signature

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

Name

Todd Auldridge

First name

Middle name

Last name

Title

Controller

Company

McMaster-Carr Supply Company

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

Address

1901 Riverside Parkway

Number Street

Douglasville

City

GA

State

30135

ZIP Code

Contact phone

404-346-7000

Email 4payment@mcmaster.com

**McMASTER-CARR®**

# Invoice

404-346-7000  
404-349-9091 (fax)  
atl.sales@mcmaster.com

Billed to  
NORTHWEST MISSISSIPPI MEDICAL CENTER  
749 902 CURAE ACCOUNTING  
P O BOX 1218  
CLARKSDALE MS 38614-1218

Purchase Order	749-6708050
Total	\$29.70
Invoice	60518796
Invoice Date	4/9/18
Payment Terms	2% 10, Net 30
Deduct \$0.59 on merchandise if paid by 4/19/18.	

Shipped to  
Northwest Mississippi Medical Center  
749 Clarksdale Curae Stores  
1970 Hospital Dr  
Clarksdale MS 38614

Mail Payment to     McMaster-Carr  
                             PO Box 7690  
                             Chicago IL 60680-7690

Your Account        336446900

Yatasha Muskin placed this order.

Line	Product	Ordered	Shipped	Balance	Price	Total
1	5681T27     Plug for Telephone-to-Handset Cords, 4 Wires, Packs of 25	10 Packs	10	0	2.97 Per Pack	29.70
Merchandise						29.70
Total						\$29.70

Packing List	Shipped	Weight	Carrier	Tracking	
1852633-01	4/9/18	1 lb	FedEx Ground	332512990112145	Received by Doyle 4/11/18.
1852633-02	4/9/18	1 lb	FedEx Ground	332515788354314	Received by Doyle 4/11/18.



# McMASTER-CARR®

## Invoice

404-346-7000  
404-349-9091 (fax)  
atl.sales@mcmaster.com

Billed to  
NORTHWEST MISSISSIPPI MEDICAL CENTER  
749 902 CURAE ACCOUNTING  
P O BOX 1218  
CLARKSDALE MS 38614-1218

Purchase Order	749-6784006
Total	\$88.98
Invoice	70031507
Invoice Date	8/9/18
Payment Terms	2% 10, Net 30
Deduct \$1.66 on merchandise and tax if paid by 8/19/18.	

Shipped to  
Northwest Mississippi Medical Center  
749 Clarksdale Curae Stores  
1970 Hospital Dr  
Clarksdale MS 38614

Mail Payment to    McMaster-Carr  
                                 PO Box 7690  
                                 Chicago IL 60680-7690  
  
Your Account        336446900

Yatasha Muskin placed this order.

Line	Product	Ordered	Shipped	Balance	Price	Total
1	7778K13    Enclosed Snap-Acting Switch, Side Mount, Plunger Actuator	1 Each	1	0	48.71 Each	48.71
2	10655A163    Key Blanks, Master Key Numbers 1092, M1, Packs of 10	5 Packs	5	0	6.89 Per Pack	34.45

### Notes

Sales tax exemption or resale certificates can be submitted to  
tax@mcmaster.com.

Merchandise	83.16
Sales Tax	5.82
Total	\$88.98

Packing List	Shipped	Weight	Carrier	Tracking	
7501562-01	8/9/18	2 lb	FedEx	332515788759393	Received by Ktaylor 8/13/18.



Credit

404-346-7000  
404-349-9091 (fax)  
atl.sales@mcmaster.com

Purchase Order	749-6711569
Available Credit	\$(109.15)
Credit	62528718
Credit Date	5/7/18

Billed to  
NORTHWEST MISSISSIPPI MEDICAL CENTER  
749 902 CURAE ACCOUNTING  
P O BOX 1218  
CLARKSDALE MS 38614-1218

Shipped to  
Attention: Telemetry Rooms  
Northwest Mississippi Medical Center  
749 Clarksdale Curae Stores  
1970 Hospital Dr  
Clarksdale MS 38614

Mailing Address    McMaster-Carr  
                         PO Box 7690  
                         Chicago IL 60680-7690  
  
Your Account        336446900

Yatasha Muskin placed this order.

Line	Product	Ordered	Shipped	Credited	Price	Total
1	1038A327    White Vinyl Plastic Mini Blind, PCS=4, WPTH=45 in. , LGTH=60 in.	75 Square Feet	75	(37)	2.95 Per Square Foot	(109.15)

Notes

This is a credit for purchase order 749-6711569, invoice 61232210, packing list number 2072932-01.

Merchandise	(109.15)
Credit Total	\$(109.15)



**McMASTER-CARR®**

# Invoice

404-346-7000  
404-349-9091 (fax)  
atl.sales@mcmaster.com

**Billed to**

NORTHWEST MISSISSIPPI MEDICAL CENTER  
749 902 CURAE ACCOUNTING  
P O BOX 1218  
CLARKSDALE MS 38614-1218

**Shipped to**

Attention: Telemetry Rooms  
Northwest Mississippi Medical Center  
749 Clarksdale Curae Stores  
1970 Hospital Dr  
Clarksdale MS 38614

Purchase Order	<b>749-6711569</b>
Total	<b>\$221.25</b>
Invoice	<b>61232210</b>
Invoice Date	<b>4/18/18</b>
Payment Terms	<b>2% 10, Net 30</b>
Deduct \$4.43 on merchandise if paid by 4/28/18.	

Mail Payment to	McMaster-Carr PO Box 7690 Chicago IL 60680-7690
Your Account	336446900

Yatasha Muskin placed this order.

Line	Product	Ordered	Shipped	Balance	Price	Total
1	1038A327 White Vinyl Plastic Mini Blind, PCS=4, WDT=45 in. , LGTH=60 in.	75 Square Feet	75	0	2.95 Per Square Foot	221.25
Merchandise						221.25
Total						\$221.25

Packing List	Shipped	Weight	Carrier	Tracking	
2072932-01	4/18/18	25 lb	FedEx Ground	332515788387671	Received by Ktaylor 4/20/18.

# 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:**

**Last Date to file (Govt):**

*Creditor:* (6718336)  
MCMASTER CARR  
1901 RIVERSIDE PKWY  
DOUGLASVILLE, GA  
30135

**Claim No:** 133  
*Original Filed*  
*Date:* 12/11/2018  
*Original Entered*  
*Date:* 12/11/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake3  
*Modified:*

Amount claimed: \$341.41

*History:*

[Details](#) [133-1](#) 12/11/2018 Claim #133 filed by MCMASTER CARR, Amount claimed: \$341.41 (Intake3)

*Description:* (133-1) Goods sold

*Remarks:*

### 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

<b>Total Amount Claimed*</b>	\$341.41
<b>Total Amount Allowed*</b>	

\*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		