

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 Nashville Division
 Case number 18-05665

FILED

DEC 19 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>Incisive Surgical, Inc.</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>Incisive Surgical Inc.</u> Name <u>14405 21st Ave N Ste 130</u> Number Street <u>Plymouth MN 55447</u> City State ZIP Code Contact phone <u>952-641-8940</u> Contact email <u>turnquist@insorb.com</u>	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ 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: _____

7. How much is the claim? \$ 1,560 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.

Medical devices sold to debtor

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 12/17/2018
MM / DD / YYYY


Signature

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

Name Andrea Ellen Turquist
First name Middle name Last name

Title Controller

Company Incisive Surgical, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 14405 - 21st Ave N Ste 130
Number Street

Plymouth MN 55447
City State ZIP Code

Contact phone 952.641.8940 Email turquist@incisive.com



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989

SOLD TO

Batesville Rgnl Med Ctr
303 Medical Center Dr
Batesville, MS 38606
US

TLM001

BILL TO

Batesville Rgnl Med Ctr
303 Medical Center Dr
Batesville, MS 38606
US

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INVOICE			
Date	Number	Type	Page
4/30/2018	173844	SO Invoice	1
Customer PO : 00130		Currency Code:	

Sales Order ID: 172792
Confirm To: AMANDA COOK
Attention:

Reference: Sales Rep: 338

Region: S Order Class: N Order Entry: LAM

Bill To Phone: 662-712-2277
Bill To Fax: 662-712-2483
Resale Number:

Ship Via: Best Way
FOB: SHIPPING POINT
Freight Terms: Third Party Bill
Terms: Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 4/30/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 181101					
2		FREIGHT CHARGE	EA 4/30/2018	0.0000 0.0000	0.00 0.00	N

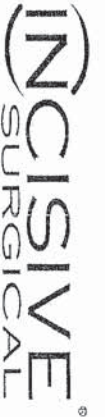
EFFECTIVE IMMEDIATELY please remit all balances due directly to:

Check payments: Incisive Surgical, Inc.
CB Box #164
P.O. Box 9202
Minneapolis, MN 55480-9202

Electronic payments: Incisive Surgical, Inc.
Choice Bank
Minneapolis, MN
ABA Routing # 091017196
Account #049122
Ref: Incisive Surgical Inc Invoice# _____

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
260.00						260.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
 Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989
 info@insorb.com

CUSTOMER P.O. NO.	00130	ATTENTION
SHIP TO PHONE NO.	662-712-2277	SHIP TO FAX NO.
	662-712-2483	

SHIP TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

SOLD TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

PACKING SLIP				PACKING SLIP NO.		SHIP DATE		PRINT DATE	
PAGE	SALES ORDER ID	OE	SALESMAN	REGION	CLASS	CONFIRMED TO			
1	172792	LAM	338	S	N	AMANDA COOK		REFERENCE	
				Net 30 Days					
FedEx 2Day		SHIP VIA	SHIPPING POINT		FOB	Third Party Bill		FREIGHT TERMS	
		RESALE NO.	415485707247		BILL OF LADING				

BILL TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

LINE	DESCRIPTION	DWG REV	ECN	SHIP DATE	SHIPPED QUANTITY	UM	LOT ID	UPC CODE	FRT CLASS
1.00	REF 2030, INSORB 30, Carton of 6			4/30/2018	1.00	CT	LOT ID: 181101		
	SD000502	T	002948						

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS: 1.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989

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303 Medical Center Dr
Batesville, MS 38606
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303 Medical Center Dr
Batesville, MS 38606
US

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INVOICE			
Date	Number	Type	Page
5/22/2018	174899	SO Invoice	1
Customer PO : 00272		Currency Code:	

Sales Order ID: 173877
Confirm To: AMANDA COOK
Attention:

Reference: Sales Rep: 338

Region: S Order Class: N Order Entry: YX

Bill To Phone: 662-712-2277
Bill To Fax: 662-712-2483
Resale Number:

Ship Via: Next Day - AM
FOB: SHIPPING POINT
Freight Terms: Third Party Bill
Terms: Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 5/22/2018	1.0000 1.0000	260.00 260.00	R
Lot IDs: 181201						
2		FREIGHT CHARGE	EA 5/22/2018	0.0000 0.0000	0.00 0.00	N

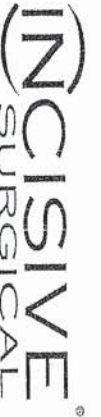
EFFECTIVE IMMEDIATELY please remit all balances due directly to:

Check payments: Incisive Surgical, Inc.
CB Box #164
P.O. Box 9202
Minneapolis, MN 55480-9202

Electronic payments: Incisive Surgical, Inc.
Choice Bank
Minneapolis, MN
ABA Routing # 091017196
Account #049122
Ref: Incisive Surgical Inc Invoice# _____

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
260.00						260.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
 Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989
 info@insorb.com

CUSTOMER P.O. NO.		ATTENTION	
00272			
SHIP TO PHONE NO.		SHIP TO FAX NO.	
662-712-2277		662-712-2483	

SHIP TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
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 Batesville, MS 38606
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PACKING SLIP				PACKING SLIP NO.		SHIP DATE		PRINT DATE	
PAGE	SALES ORDER ID	OE	SALESMAN	REGION	CLASS	CONFIRMED TO			
1	173877	YX	338	S	N	AMANDA COOK			
				TERMS		REFERENCE			
				Net 30 Days					
				SHIP VIA		SHIPPING POINT		FRT	
				FedEx Priority Overnight		BILL OF LADING		Third Party Bill	
				RESALE NO.		440906951025			
								FREIGHT TERMS	

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LINE	DESCRIPTION	DWG REV	ECN	SHIP DATE	SHIPPED QUANTITY	U/M	LOT ID	UPC CODE	FRT CLASS
1.00	REF 2030, INSORB 30, Carton of 6								
	SD000502	T	002948	5/22/2018	1.00	CT	LOT ID: 181201		

TOTAL WEIGHT: 3.000000 TOTAL CARTONS: 1.00



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Batesville, MS 38606
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INVOICE			
Date	Number	Type	Page
5/31/2018	175328	SO Invoice	1
Customer PO :		00167	
		Currency Code:	

Sales Order ID: 172977
Confirm To: AMANDA COOK
Attention:

Reference: Sales Rep: 338

Region: S Order Class: N Order Entry: KKM

Bill To Phone: 662-712-2277
Bill To Fax: 662-712-2483
Resale Number:

Ship Via: Best Way
FOB: SHIPPING POINT
Freight Terms: Third Party Bill
Terms: Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 5/31/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 181201					
2		FREIGHT CHARGE	EA 5/31/2018	0.0000 0.0000	0.00 0.00	N

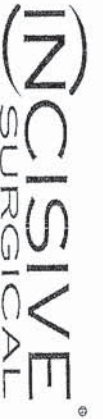
EFFECTIVE IMMEDIATELY please remit all balances due directly to:

Check payments: Incisive Surgical, Inc.
CB Box #164
P.O. Box 9202
Minneapolis, MN 55480-9202

Electronic payments: Incisive Surgical, Inc.
Choice Bank
Minneapolis, MN
ABA Routing # 091017196
Account #049122
Ref: Incisive Surgical Inc Invoice# _____

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
260.00						260.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
 Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989
 info@insorb.com

CUSTOMER P.O. NO.	00167	ATTENTION
SHIP TO PHONE NO.	662-712-2277	SHIP TO FAX NO.
	662-712-2483	

SHIP TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

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 303 Medical Center Dr
 Batesville, MS 38606
 US

PACKING SLIP				PACKING SLIP NO.		SHIP DATE		PRINT DATE	
PAGE	SALES ORDER ID	OE	SALESMAN	REGION	CLASS	CONFIRMED TO			
1	172977	KKM	338	S	N	AMANDA COOK			
				TERMS		REFERENCE			
				SHIP VIA		SHIPPING POINT		FOB	
				Net 30 Days		BILL OF LADING		Third Party Bill	
				FedEx Priority Overnight		RESALE NO.		FREIGHT TERMS	
						440908954907			

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LINE	DESCRIPTION	DWG REV	ECN	SHIP DATE	SHIPPED QUANTITY	U/M	LOT ID	UPC CODE	FRT	CLASS
1.00	REF 2030, INSORB 30, Carton of 6			5/31/2018	1.00	CT	LOT ID: 181201			
	SD000502	T	002948							

TOTAL WEIGHT: 3.000000 TOTAL CARTONS: 1.00



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INVOICE			
Date	Number	Type	Page
5/31/2018	175331	SO Invoice	1
Customer PO :		00220	
		Currency Code:	

Sales Order ID: 173468
Confirm To: AMANDA COOK
Attention:

Reference: Sales Rep: 338

Region: S Order Class: N Order Entry: ALC

Bill To Phone: 662-712-2277
Bill To Fax: 662-712-2483
Resale Number:

Ship Via: Best Way
FOB: SHIPPING POINT
Freight Terms: Third Party Bill
Terms: Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 5/31/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 181201					
2		FREIGHT CHARGE	EA 5/31/2018	0.0000 0.0000	0.00 0.00	N

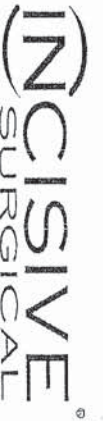
EFFECTIVE IMMEDIATELY please remit all balances due directly to:

Check payments: Incisive Surgical, Inc.
CB Box #164
P.O. Box 9202
Minneapolis, MN 55480-9202

Electronic payments: Incisive Surgical, Inc.
Choice Bank
Minneapolis, MN
ABA Routing # 091017196
Account #049122
Ref: Incisive Surgical Inc Invoice# _____

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
260.00						260.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
 Direct 952-591-2543 1877-2-INSORB Fax 952-591-5989
 info@insorb.com

CUSTOMER P.O. NO.		ATTENTION	
00220			
SHIP TO PHONE NO.		SHIP TO FAX NO.	
662-712-2277		662-712-2483	

SHIP TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
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 303 Medical Center Dr
 Batesville, MS 38606
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PACKING SLIP					PACKING SLIP NO.		SHIP DATE		PRINT DATE		
PAGE		SALES ORDER ID		OE		SALESMAN		REGION		CLASS	
1		173468		ALC		338		S		N	
				Net 30 Days				TERMS			
SHIP VIA				SHIPPING POINT				FOB			
FedEx Priority Overnight								Third Party Bill			
RESALE NO.				440906954929				BILL OF LADING			

BILL TO

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 303 Medical Center Dr
 Batesville, MS 38606
 US

LINE	DESCRIPTION	DWG REV	ECN	SHIP DATE	SHIPPED QUANTITY	U/M	LOT ID	UPC CODE	FRT CLASS
1.00	REF 2030, INSORB 30, Carton of 6			5/31/2018	1.00	CT	LOT ID: 181201		
	SD000502	T	002948						

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS: 1.00



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Batesville, MS 38606
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INVOICE			
Date	Number	Type	Page
6/4/2018	175500	SO Invoice	1
Customer PO :		00356	
		Currency Code:	

Sales Order ID: 174482

Confirm To:

Attention:

Reference:

Sales Rep: 338

Region: S Order Class: N Order Entry: ALC

Bill To Phone: 662-712-2277

Bill To Fax: 662-712-2483

Resale Number:

Ship Via: Best Way

FOB: SHIPPING POINT

Freight Terms: Third Party Bill

Terms: Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 6/4/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 181501					
2		FREIGHT CHARGE	EA 6/4/2018	0.0000 0.0000	0.00 0.00	N

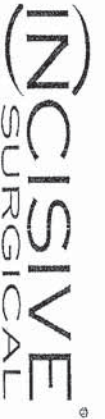
EFFECTIVE IMMEDIATELY please remit all balances due directly to:

Check payments: Incisive Surgical, Inc.
CB Box #164
P.O. Box 9202
Minneapolis, MN 55480-9202

Electronic payments: Incisive Surgical, Inc.
Choice Bank
Minneapolis, MN
ABA Routing # 091017196
Account #049122
Ref: Incisive Surgical Inc Invoice# _____

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
260.00						260.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
 Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989
 info@insorb.com

CUSTOMER P.O. NO.		ATTENTION	
00356			
SHIP TO PHONE NO.		SHIP TO FAX NO.	
662-712-2277		662-712-2483	

SHIP TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

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 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

PACKING SLIP				PACKING SLIP NO.		SHIP DATE		PRINT DATE	
149962174482				6/4/2018		12/18/2018		CONFIRMED TO	
PAGE	SALES ORDER ID	OE	SALESMAN	REGION	CLASS				
1	174482	ALC	338	S	N				
		Net 30 Days			TERMS		REFERENCE		
SHIP VIA		SHIPPING POINT			FOB		Third Party Bill		
FedEx Priority Overnight									
RESALE NO.		BILL OF LADING							
440906956255									
					FREIGHT TERMS				

BILL TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

LINE	DESCRIPTION	DWG REV	ECN	SHIP DATE	SHIPPED QUANTITY	U/M	LOT ID	UPC CODE	FRT CLASS
1.00	REF 2030, INSORB 30, Carton of 6			6/4/2018	1.00	CT	LOT ID: 181501		
	SD000502	T	002948						

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS: 1.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989

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Batesville, MS 38606
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303 Medical Center Dr
Batesville, MS 38606
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INVOICE			
Date	Number	Type	Page
7/31/2018	178447	SO Invoice	1
Customer PO :		00655	
		Currency Code:	

Sales Order ID: 177306
Confirm To: AMANDA COOK
Attention:

Reference: Sales Rep: 338

Region: S Order Class: N Order Entry: KKM

Bill To Phone: 662-712-2277
Bill To Fax: 662-712-2483
Resale Number:

Ship Via:
FOB: SHIPPING POINT
Freight Terms: Third Party Bill
Terms: Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC TAX
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 7/31/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 182101					
2		FREIGHT CHARGE	EA 7/31/2018	0.0000 0.0000	0.00 0.00	N

EFFECTIVE IMMEDIATELY please remit all balances due directly to:

Check payments: Incisive Surgical, Inc.
CB Box #164
P.O. Box 9202
Minneapolis, MN 55480-9202

Electronic payments: Incisive Surgical, Inc.
Choice Bank
Minneapolis, MN
ABA Routing # 091017196
Account #049122
Ref: Incisive Surgical Inc Invoice# _____

Invoice is Closed

INVOICE SUBTOTAL	DISC %	DISC AMT	TAX AMT	VAT AMT	FREIGHT AMT	INVOICE TOTAL
260.00						260.00



14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685
 Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989
 info@insorb.com

CUSTOMER P.O. NO.	ATTENTION
00655	
SHIP TO PHONE NO.	SHIP TO FAX NO.
662-712-2277	662-712-2483

SHIP TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

SOLD TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

PACKING SLIP				PACKING SLIP NO.		SHIP DATE		PRINT DATE	
PAGE	SALES ORDER ID	OE	SALESMAN	REGION	CLASS	CONFIRMED TO			
1	177306	KKM	338	S	N	AMANDA COOK			
SHIP VIA				Net 30 Days		TERMS			
FedEx Priority Overnight				SHIPPING POINT		FDB		Third Party Bill	
RESALE NO.				BILL OF LADING				FREIGHT TERMS	
				440906983292					

BILL TO

TLM001
 Batesville Rgnl Med Ctr
 303 Medical Center Dr
 Batesville, MS 38606
 US

LINE	DESCRIPTION	DWG REV	ECN	SHIP DATE	SHIPPED QUANTITY	U/M	LOT ID	UPC CODE	FRT CLASS
1.00	REF 2030, INSORB 30, Carton of 6								
	SD000502								
		T	002948	7/31/2018	1.00	CT	LOT ID: 182101		

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS: 1.00

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: (6807578)
INCISIVE SURGICAL INC
14405 21ST AVE N STE 130
PLYMOUTH MN 55447

Claim No: 146
Original Filed
Date: 12/19/2018
Original Entered
Date: 12/19/2018

Status:
Filed by: CR
Entered by: Intake2
Modified:

Amount claimed: \$1560.00

History:

[Details](#) [146-1](#) 12/19/2018 Claim #146 filed by INCISIVE SURGICAL INC, Amount claimed: \$1560.00
(Intake2)

Description: (146-1) MEDICAL DEVICES SOLD TO DEBTOR

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

Total Amount Claimed*	\$1560.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		