Fill in this information to identify the case:	
Debtor 1 Curae Health Inc.	Same II Land Barrie Day
Debtor 2(Spouse, if filing)	DEC 192018
United States Bankruptcy Court for the: Middle District of Tennessee Nashville Case number/8-05665	Division 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.

	Who is the current creditor?	Tucisive Surgical, Inc. Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor			
	Has this claim been acquired from someone else?	No Pes. From whom?			
	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should different)	I payments to the creditor t	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Incisive Surgical Inc. Name 14405 21st Ave N Ste 130	Name		
		Number Street	Number S	Street	
		Plymouth MN 55447 City State ZIP Code	City	State	ZIP Code
		Contact phone952-641-8940	Contact phone		
		Contact email furnquistalinsorb.Com	Contact email		(1991) is
		Uniform claim identifier for electronic payments in chapter 13 (if you use			
	Does this claim amend	No No			
	one already filed?	Yes. Claim number on court claims registry (if known)	100 - 100 -	Filed on	/ YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

P	art 2: Give Information	on 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?
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
·	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.
	38	Medical devices sold to debtor.
).	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:
		Paris for perfection:
		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	₩ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	I. Is this claim subject to a	No No
	right of setoff?	Yes. Identify the property:

Case 3:18-bk-05665 Claim 146-1 Filed 12/19/18 Desc Main Document Proof of 45 m Page 2 of page 2

12. Is all or part of the claim entitled to priority under	No No				
11 U.S.C. § 507(a)?	Yes. Check	one:	Amount entitled to priority		
A claim may be partly priority and partly		support obligations (including alimony and child support) under . § 507(a)(1)(A) or (a)(1)(B).	\$		
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2 personal	850* of deposits toward purchase, lease, or rental of property or services for family, or household use. 11 U.S.C. § 507(a)(7).	\$		
chilica to phonly.	bankrupt	salaries, or commissions (up to \$12,850*) earned within 180 days before the cy petition is filed or the debtor's business ends, whichever is earlier. § 507(a)(4).	\$		
	☐ Taxes or	penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$		
	☐ Contribu	ions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$		
	Other. S	pecify subsection of 11 U.S.C. § 507(a)() that applies.	\$		
	* Amounts ar	e subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or aft	er the date of adjustment.		
Part 3: Sign Below					
The person completing	Check the approp	oriate box:			
this proof of claim must	_/				
sign and date it. FRBP 9011(b).	- ram and order				
If you file this claim	 I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 				
electronically, FRBP	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
5005(a)(2) authorizes courts to establish local rules	Tama gadiano, outer, outer, or each of the same of the				
specifying what a signature	I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the				
is.	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.				
A person who files a fraudulent claim could be fined up to \$500,000,	I have examined and correct.	the information in this Proof of Claim and have a reasonable belief that the inf	formation is true		
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjury that the foregoing is true and correct.			
3571.	Executed on date	1-10-0			
	,	MM / DD / TTTT			
	Signature	twof			
	Print the name	of the person who is completing and signing this claim:			
		1			
	Name	Andrea Eller Turquis First name Middle name East name	7		
	Title	Controller	Haria Managara (161 managara 164 managara)		
	Company	Tracisive Sungical, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer.			
	Address	14405 - 21st AVE N Ste 130			
	Address	Number Street			
		Plymouth MN 554	47		
	Contact phone	Plymouth MN 554 City State ZIP Code 952.641.8940 Email Fuca	quistDinsorb.com		
Control of the contro		The state of the s			

Case 3:18-bk-05665 Claim 146-1 Filed 12/19/18 Desc Main Document Page 3 of Proof of Claim Page 3



SOLD TO

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

TLM001

BILL TO

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

TLM001

Sales Order ID: Confirm To:

172792

173844

Number

00130

AMANDA COOK

Attention:

Date

4/30/2018

Customer PO:

Reference:

Sales Rep:

Currency Code:

Type

SO Invoice

338

Page

1

Region:

Order Class:

Order Entry:

LAM

662-712-2277

INVOICE

Bill To Phone: Bill To Fax:

662-712-2483

Resale Number:

S

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
1	SD000502 Lot IDs: 181	REF 2030, INSORB 30, Carton of 6	CT 4/30/2018	1.0000 1.0000	260.00 260.00	R
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

260.00

DISC %

DISC AMT

TAX AMT

VAT AMT

FREIGHT AMT

INVOICE TOTAL

260.00

Claim 146-1 Filed 12/19/18 Desc Main Document Case 3:18-bk-05665



172792 SALES ORDER ID

MA OE

338

S

AMANDA COOK

TERMS

REFERENCE

SALESMAN

CLASS Z

PACKING SLIP

146708172792

4/30/2018 REGION

12/18/2018

PRINT DATE

CONFIRMED TO

SHIP DATE

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

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

Batesville, MS 38606 US

LINE

DESCRIPTION

PART ID

DWG REV

ECN

SHIP DATE

SHIPPED QUANTITY

M/N

UPC CODE LOT ID

FRT

002948

4/30/2018

1.00

CT

LOT ID:

181101

1.00

SD000502

REF 2030, INSORB 30, Carton of 6

Batesville Rgnl Med Ctr 303 Medical Center Dr

TLM001

SHIP TO

SOLD TO

FedEx 2Day RESALE NO. SHIP VIA 415485707247 Net 30 Days SHIPPING POINT BILL OF LADING

Third Party Bill

BILL TO

TLM001

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

3.0000000

TOTAL WEIGHT:

TOTAL CARTONS:

1.00

Filed 12/19/18 15

Desc Main Document

Page 5 of

FREIGHT TERMS



SOLD TO

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

TLM001

BILL TO

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

TLM001

Sales Order ID:

Confirm To:

AMANDA COOK

Attention:

Date

5/22/2018

Customer PO:

Reference:

Sales Rep:

Currency Code:

338

Page

1

Region:

Number

00272

174899

173877

Order Class:

N Order Entry: YX

Bill To Phone:

662-712-2277

INVOICE

Type

SO Invoice

Bill To Fax:

S

662-712-2483

Resale Number:

Ship Via:

Next Day - AM

FOB: Freight Terms: SHIPPING POINT Third Party Bill

Terms:

Net 30 Days

LINE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 5/22/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 181	201		200.00	11	
2		FREIGHT CHARGE	EA	0.0000	0.00	
		×	5/22/2018	0.0000	0.00	Ν

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

Case 3:18-bk-05665 Claim 146-1 Filed 12/19/18 Desc Main Document Page 6 of



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

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

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

Batesville Rgnl Med Ctr 303 Medical Center Dr

TLM001

Batesville, MS 38606

SN

LINE

PART ID DESCRIPTION

1.00

REF 2030, INSORB 30, Carton of 6

-

002948

5/22/2018

1.00

S

LOT ID:

181201

DWG REV

ECN

SHIP DATE

SHIPPED QUANTITY

M/O

UPC CODE LOT ID

FRT

SD000502

SOLD TO

FedEx Priority Overnight

PACKING SLIP 173877 SALES ORDER ID RESALE NO. SHIP VIA $\stackrel{\prec}{\times}$ 148853173877 유 440906951025 Net 30 Days 338 SHIPPING POINT SALESMAN BILL OF LADING S 5/22/2018 REGION CLASS TERMS Z FOB

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS:

1.00

Desc Main Document

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

TLM001

BILL TO

Page 7 of

FREIGHT TERMS

AMANDA COOK

REFERENCE

12/18/2018

PRINT DATE

CONFIRMED TO

Third Party Bill



SOLD TO

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

TLM001

TLM001

BILL TO

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

Sales Order ID:

172977

175328

Number

00167

AMANDA COOK

Confirm To: Attention:

Date

5/31/2018

Customer PO:

Sales Rep:

Currency Code:

338

Page

1

Reference: Region:

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Order Class:

Order Entry:

KKM

Bill To Phone:

662-712-2277

INVOICE

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SO Invoice

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	NIT PRICE TENSION	DISC TAX
1	SD000502 Lot IDs: 181	REF 2030, INSORB 30, Carton of 6	CT 5/31/2018	1.0000 1.0000	260.00 260.00	R
2		FREIGHT CHARGE	EA 5/31/2018	0.0000 0.0000	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

260.00

DISC %

DISC AMT

TAX AMT

VAT AMT

FREIGHT AMT

INVOICE TOTAL

260.00

Case 3:18-bk-05665 Claim 146-1 Filed 12/19/18 Desc Main Document Page 8 of



SALES ORDER ID

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SALESMAN

172977

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338

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AMANDA COOK

REFERENCE

TERMS Z PACKING SLIP

149696172977

5/31/2018 REGION

12/18/2018

PRINT DATE

CONFIRMED TO

CLASS

14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685 Direct 952-591-2543 1877-2-INSORB Fax 952-591-5989 00167 CUSTOMER P.O. NO. SHIP TO PHONE NO. info@insorb.com ATTENTION

662-712-2483 SHIP TO FAX NO.

SOLD TO

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

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

LINE

PART ID DESCRIPTION

1.00

SD000502

REF 2030, INSORB 30, Carton of 6

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002948

5/31/2018

1.00

CT

LOT ID:

181201

DWG REV

ECN

SHIP DATE

SHIPPED QUANTITY

M/N

UPC CODE LOT ID

FRT

TLM001

SHIP TO

662-712-2277

FedEx Priority Overnight

RESALE NO. SHIP VIA Net 30 Days SHIPPING POINT

440906954907

BILL OF LADING

Third Party Bill

BILL TO

TLM001

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

1.00

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS:

Filed 12/19/18 15

Desc Main Document

Page 9 of

FREIGHT TERMS



SOLD TO

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

TLM001

TLM001

BILL TO

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

Sales Order ID:

Date

5/31/2018

Customer PO:

173468

175331

Number

00220

Confirm To:

AMANDA COOK

Attention:

Reference:

Sales Rep:

Currency Code:

338

Page

1

Region:

Order Class:

INVOICE

Type

SO Invoice

Order Entry:

ALC

Bill To Phone: Bill To Fax:

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662-712-2277

662-712-2483

Resale Number:

Ship Via:

Best Way

FOB:

SHIPPING POINT Third Party Bill

Freight Terms:

Terms:

Net 30 Days

INE	PART ID	DESCRIPTION	U/M SHIP DATE	ORDER QUANTITY SHIPPED QUANTITY	UNIT PRICE EXTENSION	DISC
1	SD000502	REF 2030, INSORB 30, Carton of 6	CT 5/31/2018	1.0000 1.0000	260.00 260.00	R
	Lot IDs: 181	201				
2		FREIGHT CHARGE	EA	0.0000	0.00	
			5/31/2018	0.0000	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



149700173468

5/31/2018

12/18/2018

PRINT DATE

Batesville Rgnl Med Ctr 303 Medical Center Dr Batesville, MS 38606 TLM001 LINE 1.00 SHIP TO REF 2030, INSORB 30, Carton of 6 PART ID DESCRIPTION SD000502 14405 21st Avenue North, Suite 130 Plymouth, MN 55447-4685 Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989 662-712-2277 00220 CUSTOMER P.O. NO. SHIP TO PHONE NO. info@insorb.com 662-712-2483 DWG REV Batesville Rgnl Med Ctr 303 Medical Center Dr Batesville, MS 38606 TLM001 SHIP TO FAX NO. 002948 ECN ATTENTION SOLD TO 5/31/2018 SHIP DATE PAGE FedEx Priority Overnight 173468 SHIPPED QUANTITY SALES ORDER ID 1.00 RESALE NO. SHIP VIA ALC 39 440906954929 Net 30 Days Batesville Rgnl Med Ctr 303 Medical Center Dr Batesville, MS 38606 TLM001 U/M 338 2 SHIPPING POINT SALESMAN LOT ID: BILL TO BILL OF LADING S REGION UPC CODE LOT ID 181201 CLASS TERMS Z AMANDA COOK Third Party Bill FRT FREIGHT TERMS CONFIRMED TO REFERENCE

Sn

TOTAL WEIGHT: 3.0000000 TOTAL CARTONS: 1.00

Case 3:18-bk-05665



SOLD TO

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

TLM001

Reference:

Sales Order ID:

Confirm To: Attention:

Order Entry:

338

Page

1

Region:

Date

6/4/2018

Customer PO:

Order Class:

INVOICE

Type

SO Invoice

Sales Rep:

Currency Code:

ALC

BILL TO

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

TLM001

Bill To Phone: Bill To Fax:

662-712-2277 662-712-2483

Resale Number:

Number

00356

175500

174482

Ship Via:

Terms:

Best Way

FOB:

SHIPPING POINT Third Party Bill

Freight Terms:

Net 30 Days

INE	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	260.00 260.00	R
	Lot IDs: 181	501				
2		FREIGHT CHARGE	EA	0.0000	0.00	
			6/4/2018	0.0000	0.00	Ν

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

Case 3:18-bk-05665

Claim 146-1

Filed 12/19/18 Desc Main Dodument

Page 12 of



Batesville Rgnl Med Ctr 303 Medical Center Dr TLM001 SHIP TO 662-712-2277 00356 CUSTOMER P.O. NO. SHIP TO PHONE NO. 662-712-2483 Batesville Rgnl Med Ctr TLM001 SHIP TO FAX NO. ATTENTION SOLD TO

Batesville, MS 38606 303 Medical Center Dr

Batesville, MS 38606

LINE

DESCRIPTION

PART ID

1.00

REF 2030, INSORB 30, Carton of 6

SD000502

4

002948

6/4/2018

1.00

CT

LOT ID:

181501

DWG REV

ECN

SHIP DATE

SHIPPED QUANTITY

M/N

UPC CODE

LOT ID

FRT

FedEx Priority Overnight 174482 SALES ORDER ID RESALE NO. SHIP VIA ALC R Net 30 Days 338 SHIPPING POINT SALESMAN

149962174482

6/4/2018

12/18/2018

PRINT DATE

CONFIRMED TO

CLASS

S

TERMS Z

REFERENCE

440906956255

BILL OF LADING

Third Party Bill

FREIGHT TERMS

BILL TO

TLM001

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

TOTAL CARTONS: 1.00

3.0000000

TOTAL WEIGHT:

Filed 12/19/18 15

Desc Main Document

Page 13 of



SOLD TO

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

TLM001

BILL TO

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

TLM001

Sales Order ID: Confirm To:

177306

178447

Number

00655

AMANDA COOK

Attention:

Date

7/31/2018

Customer PO:

Reference:

Sales Rep:

Currency Code:

338

Page

1

Region:

Order Class:

INVOICE

Type

SO Invoice

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: 182	101				
2		FREIGHT CHARGE	EA	0.0000	0.00	
			7/31/2018	0.0000	0.00	Ν

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

260.00

DISC %

DISC AMT

TAX AMT

VAT AMT

FREIGHT AMT

INVOICE TOTAL

260.00



177306 SALES ORDER ID

KKM

R

PACKING SLIP

155142177306

7/31/2018

12/18/2018

PRINT DATE

CONFIRMED TO

SHIP DATE

REGION

CLASS

Direct 952-591-2543 1-877-2-INSORB Fax 952-591-5989 info@insorb.com

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

Batesville Rgnl Med Ctr TLM001

303 Medical Center Dr Batesville, MS 38606

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

LINE

PART ID DESCRIPTION

DWG REV

ECN

SHIP DATE

SHIPPED QUANTITY

M/O

002948

7/31/2018

1.00

1.00

SD000502

REF 2030, INSORB 30, Carton of 6

TLM001

SOLD TO

FedEx Priority Overnight

RESALE NO. SHIP VIA

440906983292

1.00

3.0000000 TOTAL CARTONS:

TOTAL WEIGHT:

LOT ID:

CI

UPC CODE 182101

LOT ID

FRT

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

TLM001 BILL TO

Net 30 Days SHIPPING POINT 338 SALESMAN BILL OF LADING S TERMS z AMANDA COOK Third Party Bill FREIGHT TERMS REFERENCE

Case 3:18-bk-05665

Claim 146-1

Filed 12/19/18 15

Desc Main Document

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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) Claim No: 146 Status:
INCISIVE SURGICAL INC Original Filed Filed by: CR
14405 21ST AVE N STE 130 Date: 12/19/2018 Entered by: Intake2
PLYMOUTH MN 55447 Original Entered Modified:

Date: 12/19/2018

Amount claimed: \$1560.00

History:

<u>Details</u> 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		