

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <b>Curae Health, Inc., et al</b>	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019
Debtor:	Case No. <b>18-05 065</b>	
NOTE: This form should be used <u>only</u> by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used for any other types of claim.		<b>FILED</b>  <b>DEC 21 2018</b>  U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN          THIS SPACE IS FOR COURT USE ONLY
Name of creditor: (The person or other entity to whom the debtor owed money or property.)	Name of debtor: (The entity owing money or property) <input type="checkbox"/> Curae Health, Inc. <input checked="" type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent:  <b>Amory Paint + Home Center LLC</b> <b>306 3rd St N</b> <b>Amory, MS 38821</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Telephone number: <b>662-258 8046</b>	Email: <b>amorypaintdepot@bellsouth.net</b>	
Last four digits of account or other number by which creditor identifies debtor:	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	
1. Basis for claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred:  <b>2017-2018</b>	
3. Date goods were received by debtor: <b>2017-2018</b>		
4. Total amount of claim as of the date the debt was incurred: <b>784.85</b>		

Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

**5. Brief description of claim (attach any additional information):** *attached*

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods:

Place of delivery of goods:

Method of delivery of goods:

Name of carrier of goods:

Value of goods:

Whether the value of goods listed in this claim relates to services and goods:

The percentage of value related to services and the percentage of value related to goods:

Whether claimant has filed any other claim against debtor relating to goods underlying this claim:

Attach supporting materials required by field 8 and instructions below.

<p><b>6. Credits, setoffs, and counterclaims:</b> All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.</p> <p><input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:</p>	<p><b>7. Assignment:</b></p> <p><input type="checkbox"/> Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.</p>
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**8. Supporting documents:** Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-stamped copy:** To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

**10. Signature:**  
Check the appropriate box.

I am the creditor.

I am the creditor's authorized agent.

I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).

I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.



5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by **January 21, 2019**. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before **January 21, 2019**, to the following address:

Office of the Clerk of the United States Bankruptcy Court  
for the Middle District of Tennessee  
(Nashville Division)  
Customs House Room 170  
701 Broadway  
Nashville, TN 37203

**Items to be completed in proof of claim form.**

**Creditor's name and address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**Debtor's name:**

Check the box next to the debtor from whom the debt is owed.

**Account or other number by which creditor identifies debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**1. Basis for claim:**

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

**2. Date debt was incurred:**

State the date or dates on which the debt was incurred.

**3. Date goods received by debtor:**

State the date or dates on which the goods underlying the claim were received by the debtor.

**4. Total amount of claim as of the date the debt was incurred:**

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

**5. Brief description of claim (attach any additional information):**

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

**6. Credits, setoffs, and counterclaims:**

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

**7. Assignment:**

Check box and include copy of assignment if claimant obtained claim by way of assignment.

**8. Supporting documents:**

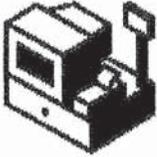
Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

**9. Date and signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
662-256-8016

# Account Statement

Account Number: Gilmore Memorial Reg  
Due Date: 12/17/2018  
Balance: 784.85  
Amount Enclosed: \_\_\_\_\_

Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821

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*Please detach and enclose top portion with payment.*  
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## Account Summary Amory Paint & Home Center - 662-256-8016

Account Number:	Gilmore Memorial Reg	Closing Date:	12/17/2018		
Name:		Due Date:	12/17/2018		
Address:	1105 Earl Frye Blvd Amory, MS 38821	Credit Limit:	5,000.00		
Company:	Gilmore Memorial Regional Medical Center	Credit Available:	4,215.15		
Phone #:	256-6288 Karen	Previous Balance:	1,012.28		
Fax #:	256-6287 F 315-6455 Karen Cell	New Charges:	679.88		
Total Visits	361				
Total Sales	31,264.31				
Last Visit	10/10/2018	Credits / Payments:	907.31		
Discount	0	=====	=====		
		New Balance :	784.85		
Current	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Balance Due
0.00	0.00	0.00	0.00	784.85	784.85

## Account Activity

Date	Account Activity	Charges	Credits	Run. Balance
5/23/2018	New Charge - Transaction #42890	199.98		1,212.26
5/29/2018	Payment received - Check #33439		466.44	745.82
6/5/2018	New Charge - Transaction #43143	104.97		850.79
6/5/2018	New Charge - Transaction #43144	199.98		1,050.77
6/25/2018	Payment received - Check #33640		195.94	854.83
7/16/2018	Payment received - Check #33777		104.97	749.86
8/17/2018	New Charge - Transaction #44409	34.99		784.85
8/27/2018	New Charge - Transaction #44571	139.96		924.81
10/10/2018	Payment received - Check #34293		139.96	784.85



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
Phone: 662-256-8016  
Fax:

## Invoice

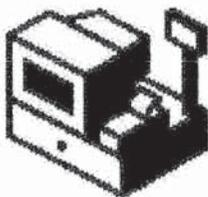
Transaction #: 39810  
Account #: Gilmore Memorial Reg  
Page: 1 of 1  
Date: 10/20/2017  
Time: 3:22:55 PM  
Cashier: 1  
Register #: 1

Bill To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Ship To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Reference: PO#:754-6542127

Item Lookup Code	Description	Quantity	Price	Extended
9-320	9-320 Pure Performance Eggshel midtone base gallon	1	\$59.99	\$59.99
		Discount	(\$25.00)	(\$25.00)



Sub Total	\$34.99
Sales Tax	\$0.00
<b>Total</b>	<b>\$34.99</b>
House Account	\$34.99
Previous Balance	\$1,552.28
New Balance	\$1,587.27
Change Due	\$0.00

X \_\_\_\_\_  
Thank you for shopping  
Amory Paint & Home Center  
Please come again!



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
Phone: 662-256-8016  
Fax:

## Invoice

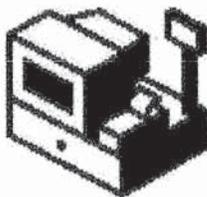
Transaction #: 42404  
Account #: Gilmore Memorial Reg  
Page: 1 of 1  
Date: 4/25/2018  
Time: 1:00:43 PM  
Cashier: 1  
Register #: 1

Bill To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Ship To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

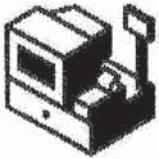
Reference: PO#:00295

Item Lookup Code	Description	Quantity	Price	Extended
90-374	90-374 Pitt-Tech Industrial DTM white/pastel base gallon	2	\$39.99	\$79.98
		Discount	(\$3.00)	(\$6.00)
90-306	90-306 Pitt-Tech Safety Red gal	2	\$64.99	\$129.98
RR924	RR924 Super/Fab FTP 4" x 1/2"	2	\$2.99	\$5.98



Sub Total	\$209.94
Sales Tax	\$0.00
Total	\$209.94
House Account	\$209.94
Previous Balance	\$802.34
New Balance	\$1,012.28
Change Due	\$0.00

X \_\_\_\_\_  
Thank you for shopping  
Amory Paint & Home Center  
Please come again!



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
Phone: 662-256-8016  
Fax:

# Invoice

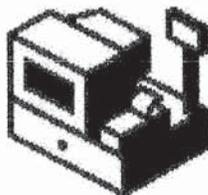
Transaction #: 42890  
Account #: Gilmore Memorial Reg  
Page: 1 of 1  
Date: 5/23/2018  
Time: 11:13:21 AM  
Cashier: 1  
Register #: 1

Bill To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Ship To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

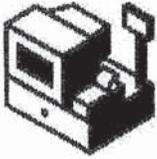
Reference: PO#:00369

Item Lookup Code	Description	Quantity	Price	Extended
1" Metal Mini Blind	1" Metal Mini Blind	2	\$99.99	\$199.98



Sub Total	\$199.98
Sales Tax	\$0.00
<b>Total</b>	<b>\$199.98</b>
House Account	\$199.98
Previous Balance	\$1,012.28
New Balance	\$1,212.26
Change Due	\$0.00

X \_\_\_\_\_  
Thank you for shopping  
Amory Paint & Home Center  
Please come again!



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
Phone: 662-256-8016  
Fax:

## Invoice

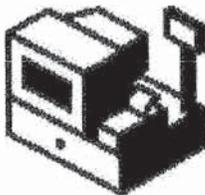
Transaction #: 43144  
Account #: Gilmore Memorial Reg  
Page: 1 of 1  
Date: 6/5/2018  
Time: 3:21:24 PM  
Cashier: 1  
Register #: 1

Bill To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Ship To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

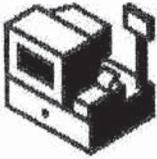
Reference: PO#:908

Item Lookup Code	Description	Quantity	Price	Extended
1" Metal Mini Blind	1" Metal Mini Blind	2	\$99.99	\$199.98



Sub Total	\$199.98
Sales Tax	\$0.00
<b>Total</b>	<b>\$199.98</b>
House Account	\$199.98
Previous Balance	\$850.79
<b>New Balance</b>	<b>\$1,050.77</b>
Change Due	\$0.00

X \_\_\_\_\_  
Thank you for shopping  
Amory Paint & Home Center  
Please come again!



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
Phone: 662-256-8016  
Fax:

# Invoice

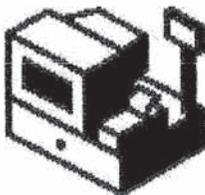
Transaction #: 43143  
Account #: Gilmore Memorial Reg  
Page: 1 of 1  
Date: 6/5/2018  
Time: 3:19:58 PM  
Cashier: 1  
Register #: 1

Bill To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Ship To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

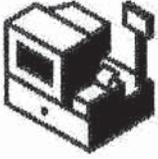
Reference: PO#:01000

Item Lookup Code	Description	Quantity	Price	Extended
9-320	9-320 Pure Performance Eggshel sand castle	1	\$59.99	\$59.99
		Discount	(\$25.00)	(\$25.00)
9-300	9-300 Pure Performance Eggshel cream flece	1	\$59.99	\$59.99
		Discount	(\$25.00)	(\$25.00)
9-310	9-310 Pure Performance Eggshel summer swade	1	\$59.99	\$59.99
		Discount	(\$25.00)	(\$25.00)



Sub Total	\$104.97
Sales Tax	\$0.00
<b>Total</b>	<b>\$104.97</b>
House Account	\$104.97
Previous Balance	\$745.82
New Balance	\$850.79
Change Due	\$0.00

X \_\_\_\_\_  
Thank you for shopping  
Amory Paint & Home Center  
Please come again!



# Amory Paint & Home Center

306 3rd St N  
Amory, MS 38821  
Phone: 662-256-8016  
Fax:

# Invoice

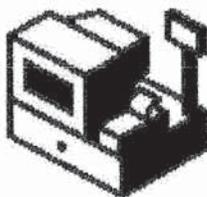
Transaction #: 44409  
Account #: Gilmore Memorial Reg  
Page: 1 of 1  
Date: 8/17/2018  
Time: 9:20:26 AM  
Cashier: 1  
Register #: 1

Bill To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Ship To: Gilmore Memorial Regional Medical Center  
1105 Earl Frye Blvd  
Attn: Accounts Payable  
Amory, MS 38821  
256-6288 Karen

Reference: ,PO#:01707

Item Lookup Code	Description	Quantity	Price	Extended
9-320	9-320 Pure Performance Eggshel Favorite Flannel for Sleep Rooms	1	\$59.99	\$59.99
		Discount	(\$25.00)	(\$25.00)



Sub Total	\$34.99
Sales Tax	\$0.00
<b>Total</b>	<b>\$34.99</b>
House Account	\$34.99
Previous Balance	\$749.86
New Balance	\$784.85
Change Due	\$0.00

X \_\_\_\_\_  
Thank you for shopping  
Amory Paint & Home Center  
Please come again!

# 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):**

<p><i>Creditor:</i> (6809372)          AMORY PAINT &amp; HOME          CENTER LLC  <b>(ADMINISTRATIVE)</b>          306 3RD ST N          AMORY MS 38821</p>	<p><b>Claim No: 149</b>  <i>Original Filed</i>          Date: 12/21/2018  <i>Original Entered</i>          Date: 12/21/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Intake1  <i>Modified:</i></p>
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Admin claimed: \$784.85

*History:*

[Details](#)    [149-1](#) 12/21/2018 Claim #149 filed by AMORY PAINT & HOME CENTER LLC, Admin claimed: \$784.85 (Intake1)

*Description:*

*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>	
<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
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>	\$784.85	