

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re:	Chapter 11	<b>ADMINISTRATIVE BAR DATE: January 21, 2019</b>  <b>FILED</b>  <b>DEC 27 2018</b>  <b>U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</b>    <b>THIS SPACE IS FOR COURT USE ONLY</b>
Debtor: <u>Curae Health</u>	Case No. <u>18-05665</u>	
NOTE: This form should be used only 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.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.)  <u>Precision Communications</u>	Name of debtor: (The entity owing money or property) <u>Curae Health, Inc.</u> Amory Regional Medical Center, Inc. Batesville Regional Medical Center, Inc. Clarksdale Regional Medical Center, Inc. Amory Regional Physicians, LLC Batesville Regional Physicians, LLC Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent:  <u>Precision Communications</u> <u>PO Box 298</u> <u>Amory MS 38821</u>  <u>662-256-3118</u> Telephone number:	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.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if your address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor:	Check this box if this claim amends a previously filed claim. Claim number (if known): ____ Filed on: ____	
1. Basis for claim: Goods sold Services performed Other (describe briefly)	2. Date debt was incurred:	
	<u>see attached</u>	
3. Date goods were received by debtor:	<u>see attached</u>	
4. Total amount of claim as of the date the debt was incurred:	<u>see attached</u>	

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.	
<b>5. Brief description of claim (attach any additional information):</b>  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:  <u>Attach supporting materials required by field 8 and instructions below.</u>	
<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.  This claim is subject to setoff or counterclaim as follows:	<b>7. Assignment:</b>  Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.
<b>8. Supporting documents:</b> <u>Attach redacted copies of supporting documents</u> , such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.  <u>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.</u>  <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u>  <u>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.</u>	
<b>9. Date-stamped copy:</b> 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.	
<b>10. Signature:</b> 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.	

Print name: Brad Moore  
 Title: Vice President  
 Company: Precision Communications Brad Moore 12-20-18  
 Address and telephone number (if different from notice address above): (Signature) (Date)  
PO Box 298  
Amory MS 38821  
662-256-3118  
 Telephone number: Email:

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

### INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

#### Definitions.

##### 503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

##### 503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by January 21, 2019.

##### Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

##### Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

##### Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

##### Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

##### Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

#### General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

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.

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
P.O. Box 1685  
Tupelo, MS 38802  
(662) 844-3118  
www.precisioncomm.com  
precisioncommunicationsinc@gmail.com

## INVOICE

Invoice No. 14340  
Date 08/07/2018  
Terms Due on receipt  
Due Date 08/07/2018

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
CINDY SIMPSON  
P.O. BOX 459  
AMORY, MS 38821

P.O. Number

Item Description	Qty	Rate	Amount
STATE WIDE PAGING 305-7603 DR. McCOMB	1	13.00	13.00T
STATE WIDE PAGING 305-8476 DR. ODOM	1	13.00	13.00T
STATE WIDE PAGING 305-8508 DR. BRAND	1	13.00	13.00T
STATE WIDE PAGING 305-7641 MAINTENANCE ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7653 ANESTHESIA PHYSICIAN	1	13.00	13.00T
STATE WIDE PAGING 305-7665 CUSTOMER SERVICE	1	13.00	13.00T
STATE WIDE PAGING 305-7669 DEBRA ROGERS	1	13.00	13.00T
STATE WIDE PAGING 305-7900 EMERGENCY PAGE	1	13.00	13.00T
STATE WIDE PAGING 305-7707 DR. SHEFFIELD	1	13.00	13.00T
STATE WIDE PAGING 305-7670 DR. GOTI	1	13.00	13.00T
STATE WIDE PAGING 305-7677 DR. HOANG	1	13.00	13.00T
STATE WIDE PAGING 305-7704 SURGERY STAFF ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7601 BIO MED - MIKE ADAMS	1	13.00	13.00T
AUGUST 2108			T

We Appreciate Your Business.  
Please call Karen Decanter at 1-800-734-7357 with any questions about your account or balance.

Subtotal	169.00
Discount	
Tax	0.00
Total	169.00

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
P.O. Box 1685  
Tupelo, MS 38802  
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precisioncommunicationsinc@gmail.com

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
CINDY SIMPSON  
P.O. BOX 459  
AMORY, MS 38821

## INVOICE

Invoice No. 14339  
Date 08/07/2018  
Terms Due on receipt  
Due Date 08/07/2018

P.O. Number

Item Description	Qty	Rate	Amount
STATE WIDE PAGING 305-7603 DR. McCOMB	1	13.00	13.00T
STATE WIDE PAGING 305-8476 DR. ODOM	1	13.00	13.00T
STATE WIDE PAGING 305-8508 DR. BRAND	1	13.00	13.00T
STATE WIDE PAGING 305-7641 MAINTENANCE ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7653 ANESTHESIA PHYSICIAN	1	13.00	13.00T
STATE WIDE PAGING 305-7665 CUSTOMER SERVICE	1	13.00	13.00T
STATE WIDE PAGING 305-7669 DEBRA ROGERS	1	13.00	13.00T
STATE WIDE PAGING 305-7900 EMERGENCY PAGE	1	13.00	13.00T
STATE WIDE PAGING 305-7707 DR. SHEFFIELD	1	13.00	13.00T
STATE WIDE PAGING 305-7670 DR. GOTI	1	13.00	13.00T
STATE WIDE PAGING 305-7677 DR. HOANG	1	13.00	13.00T
STATE WIDE PAGING 305-7704 SURGERY STAFF ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7601 BIO MED - MIKE ADAMS	1	13.00	13.00T
JULY 2108			T

We Appreciate Your Business.  
Please call Karen Decanter at 1-800-734-7357 with any questions about your account or balance.

Subtotal	169.00
Discount	
Tax	0.00
Total	169.00

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
P.O. Box 1685  
Tupelo, MS 38802  
(662) 844-3118  
www.precisioncomm.com  
precisioncommunicationsinc@gmail.com

## INVOICE

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
P.O. BOX 459  
AMORY, MS 38821

Invoice No. 14233  
Date 07/13/2018  
Terms Due on receipt  
Due Date 07/13/2018

P.O. Number  
01480

Item Description	Qty	Rate	Amount
IE-212I - INDOOR KEYPAD - 120 USER	3	80.99	242.97T

We Appreciate Your Business.  
Please call Karen Decanter at 1-800-737-7357 with any questions about your account or balance.

Subtotal 242.97

Discount

Tax 0.00

Total 242.97

510 Michael  
Gordon

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
P.O. Box 1685  
Tupelo, MS 38802  
(662) 844-3118  
www.precisioncomm.com  
precisioncommunicationsinc@gmail.com

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
CINDY SIMPSON  
P.O. BOX 459  
AMORY, MS 38821

## INVOICE

Invoice No. 14161  
Date 06/18/2018  
Terms Due on receipt  
Due Date 06/18/2018

P.O. Number

Item Description	Qty	Rate	Amount
STATE WIDE PAGING 305-7603 DR. McCOMB	1	13.00	13.00T
STATE WIDE PAGING 305-8476 DR. ODOM	1	13.00	13.00T
STATE WIDE PAGING 305-8508 DR. BRAND	1	13.00	13.00T
STATE WIDE PAGING 305-7641 MAINTENANCE ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7653 ANESTHESIA PHYSICIAN	1	13.00	13.00T
STATE WIDE PAGING 305-7665 CUSTOMER SERVICE	1	13.00	13.00T
STATE WIDE PAGING 305-7669 DEBRA ROGERS	1	13.00	13.00T
STATE WIDE PAGING 305-7900 EMERGENCY PAGE	1	13.00	13.00T
STATE WIDE PAGING 305-7707 DR. SHEFFIELD	1	13.00	13.00T
STATE WIDE PAGING 305-7670 DR. GOTI	1	13.00	13.00T
STATE WIDE PAGING 305-7677 DR. HOANG	1	13.00	13.00T
STATE WIDE PAGING 305-7704 SURGERY STAFF ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7601 BIO MED - MIKE ADAMS	1	13.00	13.00T
JUNE 2108			T

We Appreciate Your Business.  
Please call Karen Decanter at 1-800-734-7357 with any questions about your account or balance.

Subtotal	169.00
Discount	
Tax	0.00
Total	169.00

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
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Tupelo, MS 38802  
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www.precisioncomm.com  
precisioncommunicationsinc@gmail.com

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
CINDY SIMPSON  
P.O. BOX 459  
AMORY, MS 38821

## INVOICE

Invoice No. 14068  
Date 05/21/2018  
Terms Due on receipt  
Due Date 05/21/2018

P.O. Number

Item Description	Qty	Rate	Amount
STATE WIDE PAGING 305-7603 DR. McCOMB	1	13.00	13.00T
STATE WIDE PAGING 305-8476 DR. ODOM	1	13.00	13.00T
STATE WIDE PAGING 305-8508 DR. BRAND	1	13.00	13.00T
STATE WIDE PAGING 305-7641 MAINTENANCE ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7653 ANESTHESIA PHYSICIAN	1	13.00	13.00T
STATE WIDE PAGING 305-7665 CUSTOMER SERVICE	1	13.00	13.00T
STATE WIDE PAGING 305-7669 DEBRA ROGERS	1	13.00	13.00T
STATE WIDE PAGING 305-7900 EMERGENCY PAGE	1	13.00	13.00T
STATE WIDE PAGING 305-7707 DR. SHEFFIELD	1	13.00	13.00T
STATE WIDE PAGING 305-7670 DR. GOTI	1	13.00	13.00T
STATE WIDE PAGING 305-7677 DR. HOANG	1	13.00	13.00T
STATE WIDE PAGING 305-7704 SURGERY STAFF ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7601 BIO MED - MIKE ADAMS	1	13.00	13.00T
MAY 2108			T

We Appreciate Your Business.  
Please call Karen Decanter 1-800-734-7357 with any questions about your account or balance.

Subtotal	169.00
Discount	
Tax	0.00
Total	169.00

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
P.O. Box 1685  
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(662) 844-3118  
www.precisioncomm.com  
precisioncommunicationsinc@gmail.com

## INVOICE

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
CINDY SIMPSON  
P.O. BOX 459  
AMORY, MS 38821

Invoice No. 13906  
Date 04/04/2018  
Terms Due on receipt  
Due Date 04/04/2018

P.O. Number

Item Description	Qty	Rate	Amount
STATE WIDE PAGING 305-7603 DR. McCOMB	1	13.00	13.00T
STATE WIDE PAGING 305-8476 DR. ODOM	1	13.00	13.00T
STATE WIDE PAGING 305-8508 DR. BRAND	1	13.00	13.00T
STATE WIDE PAGING 305-7641 MAINTENANCE ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7653 ANESTHESIA PHYSICIAN	1	13.00	13.00T
STATE WIDE PAGING 305-7665 CUSTOMER SERVICE	1	13.00	13.00T
STATE WIDE PAGING 305-7669 DEBRA ROGERS	1	13.00	13.00T
STATE WIDE PAGING 305-7900 EMERGENCY PAGE	1	13.00	13.00T
STATE WIDE PAGING 305-7707 DR. SHEFFIELD	1	13.00	13.00T
STATE WIDE PAGING 305-7670 DR. GOTI	1	13.00	13.00T
STATE WIDE PAGING 305-7677 DR. HOANG	1	13.00	13.00T
STATE WIDE PAGING 305-7704 SURGERY STAFF ON-CALL	1	13.00	13.00T
STATE WIDE PAGING 305-7601 BIO MED - MIKE ADAMS	1	13.00	13.00T
APRIL 2108			T

We Appreciate Your Business.  
Please call Karen Decanter 1-800-734-7357 with any questions about your account or balance.

Subtotal	169.00
Discount	
Tax	0.00
Total	169.00

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
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precisioncommunicationsinc@gmail.com

## INVOICE

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
C/O CHUCK TUBB  
P.O. BOX 459  
AMORY, MS 38821

Invoice No. 13899  
Date 04/03/2018  
Terms Due on receipt  
Due Date 04/03/2018

P.O. Number  
00294

Item Description	Qty	Rate	Amount
W/O #2685; BASE RADIO IN ER NOT WORKING		0.00	T
3/29/2018; BRIAN MURRAY AND JOHN JOHNSON TRAVELED TO GILMORE HOSPITAL. MIKE MET US IN ER TOLD ME RADIO WORKED BUT MIC MAY HAVE AN ISSUE, TESTED RADIO, DID 37 WATTS TX POWER WITH 1 WATT REFLECTED POWER. I TALKED TO MONROE 911 AND THEY SAID I WAS LOUD AND CLEAR, I TOLD MIKE I HAD A NEW MIC IN TRUCK HE SAID IF SO PUT IT ON JUST IN CASE, SO I REPLACED THE FRAYED MIC THEY HAD WITH NEW ONE, RETESTED OK.			
3/29/2018 SERVICE CALL	1	150.00	150.00
HM-152 ICOM MICROPHONE	1	44.00	44.00T

We Appreciate Your Business.  
Please call Karen Decanter at 1-800-737-7357 with any questions about your account or balance.

Subtotal	194.00
Discount	
Tax	0.00
Total	194.00

# PRECISION COMMUNICATIONS, INC.

Precision Communications, Inc.  
P.O. Box 1685  
Tupelo, MS 38802  
(662) 844-3118  
www.precisioncomm.com  
precisioncommunicationsinc@gmail.com

## INVOICE

Bill To  
GILMORE HOSPITAL - CURAE HEALTH  
C/O CHUCK TUBB  
P.O. BOX 459  
AMORY, MS 38821

Invoice No. 13890  
Date 04/02/2018  
Terms Due on receipt  
Due Date 04/02/2018

P.O. Number  
00293

Item Description	Qty	Rate	Amount
W/O #2668; WEST NICU DOORS NOT WORKING			
3/27/2018; STEVE TRACEY CHECK POWER SUPPLY AT NICU DOOR. FOUND BAD AL624 POWER BOARD. ORDERED NEW BOARD. RETURNED WITH NEW SMP5 POWER SUPPLY BOARD RATED AT 4 AMPS. INSTALLED NEW POWER BOARD AND TESTED DOORS. DOORS AND LOCKS OPERATED CORRECTLY.			
3/27/2018 SERVICE CALL	1	150.00	150.00
AX-SMP5 SWTG PS 6-24VDC @ 4.0A NO CHARGE - UNDER WARRANTY			

We Appreciate Your Business.  
Please call Karen Decanter at 1-800-737-7357 with any questions about your account or balance.

Subtotal	
Discount	
Tax	
Total	150.00

# 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:* (6811452)

**Claim No:** 152

*Status:*

PRECISION

*Original Filed*

*Filed by:* CR

COMMUNICATIONS

*Date:* 12/27/2018

*Entered by:* Intake1

(ADMINISTRATIVE)

*Original Entered*

*Modified:*

PO BOX 298

*Date:* 12/27/2018

AMORY MS 38821

*No amounts claimed*

*History:*

[Details](#) [152-1](#) 12/27/2018 Claim #152 filed by PRECISION COMMUNICATIONS, Admin claimed: (Intake1)

*Description:* (152-1) See attached

*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>No Amounts Claimed</b>
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