

Fill in this information to identify the case:

Debtor 1 CORAC Health, (Gimore, Armory)  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: Middle District of Tennessee  
 Case number 18-05665

FILED

DEC 27 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>Divergent Medical Technologies, 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?
	Where should payments to the creditor be sent? (if different)
Name	Name
<u>Divergent Medical Tech</u>	
<u>Dean Trivisani</u>	
Number Street	Number Street
<u>5 Fir Court Suite 1A</u>	
City State ZIP Code	City State ZIP Code
<u>Oakland NJ 07436</u>	
Contact phone	Contact phone
<u>201-644-0844</u>	
Contact email	Contact email
<u>dtrivisani@divergentmedical.com</u>	
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: 0124

7. How much is the claim? \$ 873.86 Does this amount include interest or other charges?  
☐ No  
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.

Goods Sold

9. Is all or part of the claim secured? ☐ No ☒ Yes. The claim is secured by a lien on property.

**Nature of property:**

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ \_\_\_\_\_

Amount of the claim that is secured: \$ \_\_\_\_\_

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

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

☐ 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.

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

\* 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.

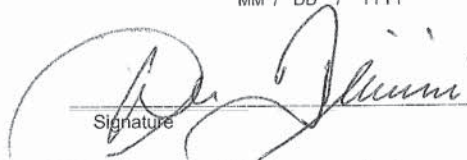
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 Dean B. Trivisani  
First name Middle name Last name

Title President

Company Divergent medical technologies, Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 5 Fie Court Suite 1A  
Number Street

Oakland NJ 07436  
City State ZIP Code

Contact phone 201-644-0844 Email dtrivisani@divergentmedical.com



Divergent Medical Technologies, LLC  
5 Fir Court Suite 1A  
Oakland, NJ 07436

Phone 201-644-0844

# Invoice

Date 7/18/2018  
Invoice # 7785-C

## Bill To

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

## Ship To

Gilmore Memorial Regional Medical Center  
Shipping  
1105 Earl Frye Blvd  
Amory, MS 38821

P.O. No.	Terms	Rep	Ship Date	Customer #	Kit Number	GPO Affiliation
01541	Net 30	HPG	7/18/2018	0124	29601-29700	

Qty	Item	Description	Price Each	Amount
1	CKD-2003-A01	KIT A4. Mother Baby Positive ID Kit - matched numbered sterile clamp and 4-part numbered ID bands (ac/w WRITE-ON style label), ID card ac/w matching stick-on labels, & instructions. & instructions.	415.65	415.65T
	Shipping & Ha...	FedEx Package 1 Tracking #: 781907742843 Shipping Charges: \$21.26 Shipping Sales Tax	21.26 0.00%	21.26 0.00

Total	\$436.91
Pymnts/Credits	\$0.00
Balance Due	\$436.91

Thank you for your business.



# GILMORE MEMORIAL HOSPITAL

Purchase Order Number:

01541

## VENDOR:

DIVERGENT MEDICAL TECHNOLOGIES  
5 FIR COURT SUITE 1A

## SHIP TO:

GILMORE MEMORIAL HOSPITAL  
1105 EARL FRYE BLVD  
AMORY

## BILL TO:

GILMORE MEMORIAL HOSPITAL  
PO BOX 459  
1105 EARL FRYE BLVD  
AMORY, MS  
38821  
PHN: (662) 256-6226  
FAX: (662) 256-1693

OAKLAND, NJ 74360-0000  
PHN: (877) 651-0060  
FAX: 120165101102020  
ID:

Vendor No.	Ordered By	Order Date	Expected Delivery	Date	Terms/Freight
D019	GMHMRIGH	7/17/18	7/17/18		30 NET 30 DAYS BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 428379	1	BX	KIT UMBILIC INFANT ID BANDS A4 CKD-2003-A01 CKD-2003-A01 REQUEST FROM DEPT LOCATION 708	708 708400	415.65	415.65

SUBTOTAL:	415.65
TAX:	.00
TOTAL AMOUNT:	415.65

29601-2920



December 17, 2018

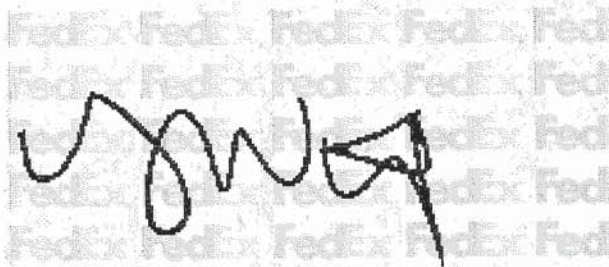
Dear Customer:

The following is the proof-of-delivery for tracking number **781907742843**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1105 EARL FRYE BLVD Amory, MS 38821
Signed for by:	MWRIGHT	Delivery date:	Jul 20, 2018 11:57
Service type:	FedEx Ground		
Special Handling:			



**M. WRIGHT**  
#31, 11:55, 9 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	781907742843	Ship date:	Jul 18, 2018
		Weight:	8.0 lbs/3.6 kg

**Recipient:**  
GILMORE MEMORIAL HISPITAL  
1105 EARL FRYE BLVD  
AMORY, MS 38821 US

**Shipper:**  
Divergent Medical Technologies  
Divergent Medical Technologies  
5 Fir Court Suite 1A  
OAKLAND, NJ 07436 US

**Reference**  
Purchase order number:

Invoice #7785-C  
01541

Thank you for choosing FedEx.



Divergent Medical Technologies, LLC  
5 Fir Court Suite 1A  
Oakland, NJ 07436

# Invoice

Phone 201-644-0844

Date 6/9/2018  
Invoice # 7614-C

## Bill To

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

## Ship To

Gilmore Memorial Regional Medical Center  
Shipping  
1105 Earl Frye Blvd  
Amory, MS 38821

P.O. No.	Terms	Rep	Ship Date	Customer #	Kit Number	GPO Affiliation
01023	Net 30	HPG		0124	99701-99800	

Qty	Item	Description	Price Each	Amount
1	CKD-2003-A01	KIT A4. Mother Baby Positive ID Kit - matched numbered sterile clamp and 4-part numbered ID bands (ac/w WRITE-ON style label), ID card ac/w matching stick-on labels, & instructions. & instructions.	415.65	415.65T
	Shipping & Ha...	FedEx Package 1 Tracking #: 781407476806 Shipping Charges: \$21.30 Shipping Sales Tax	21.30 0.00%	21.30 0.00

Total	\$436.95
Pymnts/Credits	\$0.00
Balance Due	\$436.95

Thank you for your business.



## GILMORE MEMORIAL HOSPITAL

Purchase Order Number:	01023
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V DIVERGENT MEDICAL TECHNOLOGIES  
E 5 FIR COURT SUITE 1A  
N  
D OAKLAND, NJ  
O PHN: (877) 651-0060  
R FAX: 120165101102020  
ID: 1204510110

S GILMORE MEMORIAL HOSPITAL  
H 1105 EARL FRYE BLVD  
I AMORY  
P MS  
T PHN: (662) 256-6218  
O FAX: (662) 256-6149

B GILMORE MEMORIAL HOSPITAL  
I PO BOX 459  
L 1105 EARL FRYE BLVD  
L AMORY, MS  
T PHN: (662) 256-6226  
O FAX: (662) 256-1693

Vendor No.	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
D019	GMMWRIGH	6/04/18	6/04/18	30 NET 30 DAYS BW BEST WAY		
Line No/ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dep/ Expense To	Unit Price	Extended Price
001 / 428379	1	BX	KIT UMBILI INFANT ID BANDS A4 CKD-2003-A01 CKD-2003-A01 REQUEST FROM DEPT IOCATION 708	708 708400	415.65	415.65
SUBTOTAL:					415.65	415.65
TAX:					.00	.00
TOTAL AMOUNT:					415.65	415.65

Call 3

99701-9922

Check

*Call 3*

*99701-9920*

*Check*

Authorized Signature





December 17, 2018

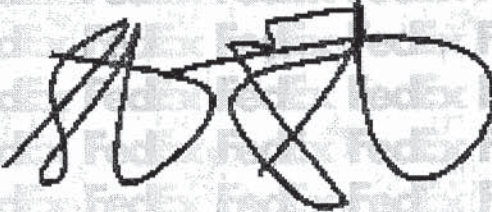
Dear Customer:

The following is the proof-of-delivery for tracking number **781407476806**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD Amory, MS 38821
<b>Signed for by:</b>	MSTRAWBRIDGE	<b>Delivery date:</b>	Jun 15, 2018 10:19
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			



**M. STRAWBRIDGE**  
#19, 10:17, 7 Del, 0 NonDel

---

**Shipping Information:**

<b>Tracking number:</b>	781407476806	<b>Ship date:</b>	Jun 13, 2018
		<b>Weight:</b>	8.0 lbs/3.6 kg

**Recipient:**  
GILMORE MEMORIAL HOSPITAL  
SHIPPING  
1105 EARL FRYE BLVD  
AMORY, MS 38821 US

**Reference**  
**Purchase order number:**

**Shipper:**  
Divergent Medical Technologies  
Divergent Medical Technologies  
5 Fir Court Suite 1A  
OAKLAND, NJ 07436 US

Invoice #7614-C  
01023

Thank you for choosing FedEx.

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		