

Fill in this information to identify the case:

Debtor 1 Curae Health, Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: _____ District of _____
 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? Tull Brothers, Inc.
 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?
 No
 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>Tull Brothers Inc.</u> Name <u>PO Box 867</u> Number Street <u>Corinth MS 38835</u> City State ZIP Code Contact phone <u>662-287-4477 ext. 133</u> Contact email <u>662-287-9436</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): _____
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4. Does this claim amend one already filed?
 No
 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?
 No
 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? \$ 3,835.95 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 & services performed.

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 12/19/2018
MM / DD / YYYY



Signature

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

Name Fred Lee Tull
First name Middle name Last name

Title President

Company Tull Brothers, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1111 Hwy 72 East
Number Street
Corinth MS 38834
City State ZIP Code

Contact phone 662-287-4477 Email jstutts@tullinc.com

CORINTH, MS • TUPELO, MS • MERIDIAN, MS • JACKSON, MS • JACKSON, TN • COLLIERVILLE, TN • PHONE: 800.848.6543

Let us "Own the Opening"

PAST DUE

Invoice

Bill To
Panola Medical Center 303 Medical Center Drive Batesville, MS 38606

Date	5/18/2018	Invoice #	T31802150
Project / Ship To			
Panola Medical Center 303 Medical Center Drive Batesville, MS 38606			

P.O. No.		Terms	Due Date	Ship Via	Sales Rep
Newt Benson		Net 30	6/17/2018	OT	GMM
Qty	Item	Description		Rate	Amount
10	Materials	3-0 x 7-0 Solid Core Laminated Wood Doors 1 3/4" Thick - Cafelle-7933K			
10	Materials	Pemko 411APKL36 Full Mortised Door Bottoms			
1	Materials	TOTAL		3,585.00	3,585.00
Subtotal				\$3,585.00	
Sales Tax (7.0%)				\$250.95	
Payments/Credits				\$0.00	
Balance Due				\$3,835.95	

Remit payment to:

All past due invoices will be subject to monthly finance charges until paid in full.

TULLBROTHERS
POST OFFICE BOX 867 • CORINTH, MS 38835

Invoice # T31802150

Balance Due \$3,835.95

Panola Medical Center
303 Medical Center Drive
Batesville, MS 38606

Credit Card #	CVV Code
Cardholder Name	Exp Date
Signature	Pmt Amount

104 AIRPARK ROAD • TUPELO, MISSISSIPPI • 38801 • PHONE: 662.407.0888 • FAX: 662.407.0884

HOLLOW METAL & HARDWARE DIVISION

Delivery Ticket

Date	5/14/2018	Ticket #	T31802150
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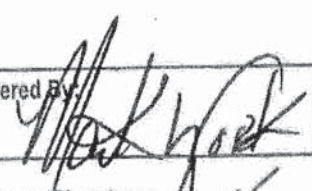
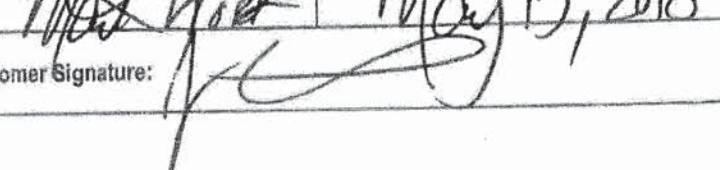
Customer Name / Address	
Panola Medical Center 303 Medical Center Drive Batesville, MS 38606	
Phone	662-934-5516

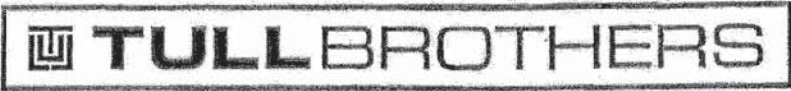
Project / Ship To
Panola Medical Center 303 Medical Center Drive Batesville, MS 38606

Customer P.O. / Ordered By	Ship Via	Sales Rep	Terms
Newt Benson	OT	GMM	Net 30

Qty	Item	Description	Rate	Amount
10	Materials	3-0 x 7-0 Solid Core Laminated Wood Doors 1 3/4" Thick - Cafelle-7933K		
10	Materials	Pemko 411APKL36 Full Mortised Door Bottoms		
1	Materials	TOTAL	3,585.00	3,585.00
***Newt 662-934-5516				

Special Instructions:

Delivered By: 	Delivery Date: <u>May 15, 2018</u>	Subtotal	\$3,585.00
Customer Signature: 		Sales Tax (0.0%)	\$0.00
		Total	\$3,585.00



104 AIRPARK ROAD ■ TUPELO, MS 38801 ■ 662 407 0888

DAILY REPORT SHEET

DATE 5/15/18

PROJECT: Manola M/C JOB# 131802150 DEPART TIME: 7:30

TECHNICIANS: Mark Zak

NAME OF PREVIOUS JOB:

JOB START TIME: 8:30 JOB DEPART TIME: 9:45

WORK PERFORMED: Hand to take door off the
truck and put them in bin

REASON FOR ANY DOWN TIME:

WAS JOB COMPLETED? YES NO

If no, please provide the following information.

List any follow-ups that need to be performed, and labor or materials required to complete the job.