

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Curae Health, Inc., et al.	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019
Debtor.	Case No. 18-05665	
NOTE: This form should be used <u>only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9).</u> 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.) US MED-EQUIP, LLC ALSO KNOWN AS US MED-EQUIP, INC.	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	FILED DEC 27 2018 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN
Name and addresses where notices should be sent: US MED-EQUIP, LLC 7028 GESSNER Rd. HOUSTON, TX 77040	<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 checked="" 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: 346-320-2629 Email: billing@usmedequip.com	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor: 5433	<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 checked="" type="checkbox"/> Other (describe briefly) rental of medical equipment.	2. Date debt was incurred: 5/31/18.	
3. Date goods were received by debtor: 7/25/17		
4. Total amount of claim as of the date the debt was incurred: \$18,996.10		

Print name: Krystal Hatcher
 Title: Billing Specialist
 Company: US MED. EQUIP, LLC
 Address and telephone number (if different from notice address above): _____

 Telephone number: _____ Email: _____

(Signature) Krystal Hatcher (Date) 12/19/18

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.

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.

Houston, TX 77241

8/31/2018

Amory Regional Med Ctr- Gilmore Memorial
cindy.simpson@curaehealth.org

Case 3:18-bk-05665 Claim 157-1 Filed 12/27/18 Desc Main Document Page 4 of 14



Invoice R146840

For the month of: May 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

Remit To:

US Med-Equip, Inc.
P.O. Box 41321
Houston, TX 77241

Date:	5/31/18
Invoice No.:	R146840
Terms:	Net 30 days
PO Num:	
Product Category:	All
Amount Due:	\$ 3,942.54
Payment Due Date:	June 30, 2018

Customer Information:

Amory Regional Med Ctr- Gilmore Memorial Hosp (5433)
Attn :Cindy Simpson
cindy.simpson@curaehealth.org
Amory, MS 38821

Billing Questions? Call our billing
department at **877-677-7767**

Products Rented

Manufacturer Product Name	Model #	Barcode # Serial #	Start Date End Date	Days	Daily	28 Day Cap	Amount
Customer P.O. Number: 845-6136575							
Bird Corporation Air/Oxygen Blender	3800A	76538 AKF07712	05/01/2018 05/31/2018	31	\$1.19	\$33.26	\$33.26
GE Medical Systems Monitor	B650	73565 SEW13317373HA	05/01/2018 05/31/2018	31	\$17.41	\$487.39	\$487.39
GE Medical Systems Compact Airway Module	E-CAiO	54867 6742495	05/01/2018 05/31/2018	31	\$6.65	\$186.21	\$186.21
Drager Medical Anesthesia Workstation	Fabius GS	104082 ARZD-0009	05/01/2018 05/31/2018	31	\$104.91	\$2,937.51	\$2,937.51
Tenacore Air/Oxygen Blender, Low Flow	Omega II	128978 TNHLF01414	05/01/2018 05/31/2018	31	\$1.34	\$37.40	\$37.40
GE Medical Systems ECG, NIBP, Masimo SPO2, TEMP/CO, IBP, DEFIB/SYNC	PDM	65338 SA310351481GA	05/01/2018 05/31/2018	31	\$9.31	\$260.77	\$260.77
Group Sub-total							\$3,942.54
Total Rent							\$3,942.54



Invoice R146840

For the month of: May 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

Notes:

Invoices are due based on the terms specified, measured from the date of invoice. Customer agrees to pay interest on all past-due sums at the lower of one and one-half percent (1.5%) per month or the highest rate allowed by law. Customer must claim any exemption from sales tax at the time of purchase and provide US Med-Equip with the necessary supporting documentation. In the event of a payment default, Customer will be responsible for all of US Med-Equip's costs of collection, including, but not limited to, court costs, filing fees and attorneys' fees. In addition, US Med-Equip reserves the right to suspend services until payment is received.

Taxable Total	\$0.00
Non-Taxable Total	\$3,942.54
Invoice Total	\$3,942.54
Discounts	\$0.00
Tax	\$0.00
Shipping	\$0.00
GrandTotal	\$3,942.54



Invoice R148095

For the month of: June 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

Remit To:

US Med-Equip, Inc.
P.O. Box 41321
Houston, TX 77241

Date:	6/30/18
Invoice No.:	R148095
Terms:	Net 30 days
PO Num:	
Product Category:	All
Amount Due:	\$ 6,512.67
Payment Due Date:	July 30, 2018

Customer Information:

Amory Regional Med Ctr- Gilmore Memorial Hosp (5433)
Attn :Cindy Simpson
cindy.simpson@curaehealth.org
Amory, MS 38821

Billing Questions? Call our billing
department at **877-677-7767**

Products Rented

Manufacturer Product Name	Model #	Barcode # Serial #	Start Date End Date	Days	Daily	28 Day Cap	Amount
Customer P.O. Number: 845-6136575							
Airborne Life Support System Transport Incubator	20H	115869 1120	06/04/2018 06/30/2018	27	\$61.97	\$1,735.12	\$1,673.19
Bird Corporation Air/Oxygen Blender	3800A	76538 AKF07712	06/01/2018 06/30/2018	30	\$1.19	\$33.26	\$33.26
GE Medical Systems Monitor	B650	73565 SEW13317373HA	06/01/2018 06/30/2018	30	\$17.41	\$487.39	\$487.39
GE Medical Systems Compact Airway Module	E-CAIO	54867 6742495	06/01/2018 06/30/2018	30	\$6.65	\$186.21	\$186.21
Drager Medical Anesthesia Workstation	Fabius GS	104082 ARZD-0009	06/01/2018 06/30/2018	30	\$104.91	\$2,937.51	\$2,937.51
Philips Medical Systems C06	M3000A	59779 DE94545939	06/04/2018 06/30/2018	27	\$0.00	\$0.00	\$0.00
Philips Medical Systems Monitor, M3 Bedside	M3046A	60174 DE00829823	06/04/2018 06/30/2018	27	\$6.01	\$168.29	\$162.27
Bio Med Devices Inc. Respirator	MVP-10	88128 0888201	06/04/2018 06/30/2018	27	\$17.99	\$503.61	\$485.73
Stryker Corp Incubator Transport Stretcher	MX-PRO IT	72947 020939392	06/04/2018 06/30/2018	27	\$7.88	\$220.77	\$212.76



Invoice R148095

For the month of: June 2018
 Amory Regional Med Ctr- Gilmore Memorial Hosp
 (5433)

Tenacore	Omega II	128978	06/01/2018	30	\$1.34	\$37.40	\$37.40
Air/Oxygen Blender, Low Flow		TNHLF01414	06/30/2018				
Tenacore	Omega II	128980	06/04/2018	27	\$1.34	\$37.40	\$36.18
Air/Oxygen Blender, Low Flow		TNHLF01419	06/30/2018				
GE Medical Systems	PDM	65338	06/01/2018	30	\$9.31	\$260.77	\$260.77
ECG, NIBP, Masimo SPO2, TEMP/CO, IBP, DEFIB/SYNC		SA310351481GA	06/30/2018				
Group Sub-total						\$6,512.67	
Total Rent:						\$6,512.67	

Notes:

Invoices are due based on the terms specified, measured from the date of invoice. Customer agrees to pay interest on all past-due sums at the lower of one and one-half percent (1.5%) per month or the highest rate allowed by law. Customer must claim any exemption from sales tax at the time of purchase and provide US Med-Equip with the necessary supporting documentation. In the event of a payment default, Customer will be responsible for all of US Med-Equip's costs of collection, including, but not limited to, court costs, filing fees and attorneys' fees. In addition, US Med-Equip reserves the right to suspend services until payment is received.

Taxable Total	\$0.00
Non-Taxable Total	\$6,512.67
Invoice Total	\$6,512.67
Discounts	\$0.00
Tax	\$0.00
Shipping	\$0.00
GrandTotal	\$6,512.67



Invoice R150760

For the month of: July 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

Remit To:

US Med-Equip, Inc.
P.O. Box 41321
Houston, TX 77241

Date:	7/31/18
Invoice No.:	R150760
Terms:	Net 30 days
PO Num:	
Product Category:	All
Amount Due:	\$ 5,180.01
Payment Due Date:	August 30, 2018

Customer Information:

Amory Regional Med Ctr- Gilmore Memorial Hosp (5433)
Attn :Cindy Simpson
cindy.simpson@curaehealth.org
Amory, MS 38821

Billing Questions? Call our billing
department at **877-677-7767**

Products Rented

Manufacturer Product Name	Model #	Barcode # Serial #	Start Date End Date	Days	Daily	28 Day Cap	Amount
Customer P.O. Number: 845-6136575							
Airborne Life Support System Transport Incubator	20H	115869 1120	07/01/2018 07/13/2018	13	\$61.97	\$1,735.12	\$805.61
Bird Corporation Air/Oxygen Blender	3800A	76538 AKF07712	07/01/2018 07/31/2018	31	\$1.19	\$33.26	\$33.26
GE Medical Systems Monitor	B650	73565 SEW13317373HA	07/01/2018 07/31/2018	31	\$17.41	\$487.39	\$487.39
GE Medical Systems Compact Airway Module	E-CAiO	54867 6742495	07/01/2018 07/31/2018	31	\$6.65	\$186.21	\$186.21
Drager Medical Anesthesia Workstation	Fabius GS	104082 ARZD-0009	07/01/2018 07/31/2018	31	\$104.91	\$2,937.51	\$2,937.51
Philips Medical Systems C06	M3000A	59779 DE94545939	07/01/2018 07/13/2018	13	\$0.00	\$0.00	\$0.00
Philips Medical Systems Monitor, M3 Bedside	M3046A	60174 DE00829823	07/01/2018 07/13/2018	13	\$6.01	\$168.29	\$78.13
Bio Med Devices Inc. Respirator	MVP-10	88128 0888201	07/01/2018 07/13/2018	13	\$17.99	\$503.61	\$233.87
Stryker Corp Incubator Transport Stretcher	MX-PRO IT	72947 020939392	07/01/2018 07/13/2018	13	\$7.88	\$220.77	\$102.44



Invoice R150760

For the month of: July 2018
 Amory Regional Med Ctr- Gilmore Memorial Hosp
 (5433)

Tenacore	Omega II	128978	07/01/2018	31	\$1.34	\$37.40	\$37.40
Air/Oxygen Blender, Low Flow		TNHLF01414	07/31/2018				
Tenacore	Omega II	128980	07/01/2018	13	\$1.34	\$37.40	\$17.42
Air/Oxygen Blender, Low Flow		TNHLF01419	07/13/2018				
GE Medical Systems	PDM	65338	07/01/2018	31	\$9.31	\$260.77	\$260.77
ECG, NIBP, Masimo SPO2, TEMP/CO, IBP, DEFIB/SYNC		SA310351481GA	07/31/2018				
Group Sub-total						\$5,180.01	
Total Rent						\$5,180.01	

Notes:

Invoices are due based on the terms specified, measured from the date of invoice. Customer agrees to pay interest on all past-due sums at the lower of one and one-half percent (1.5%) per month or the highest rate allowed by law. Customer must claim any exemption from sales tax at the time of purchase and provide US Med-Equip with the necessary supporting documentation. In the event of a payment default, Customer will be responsible for all of US Med-Equip's costs of collection, including, but not limited to, court costs, filing fees and attorneys' fees. In addition, US Med-Equip reserves the right to suspend services until payment is received.

Taxable Total	\$0.00
Non-Taxable Total	\$5,180.01
Invoice Total	\$5,180.01
Discounts	\$0.00
Tax	\$0.00
Shipping	\$0.00
GrandTotal	\$5,180.01



Invoice R153695

For the month of: August 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

Remit To:

US Med-Equip, Inc.
P.O. Box 41321
Houston, TX 77241

Date:	8/31/18
Invoice No.:	R153695
Terms:	Net 30 day
PO Num:	
Product Category:	All
Amount Due:	\$ 3,379.44
Payment Due Date:	September 30, 2018

Customer Information:

Amory Regional Med Ctr- Gilmore Memorial Hosp (5433)
cindy.simpson@curaehealth.org
Amory, MS 38821

Billing Questions? Call our billing
department at **877-677-7767**

Products Rented

Manufacturer Product Name	Model #	Barcode # Serial #	Start Date End Date	Days	Daily	28 Day Cap	Amount
Customer P.O. Number: 845-6136575							
Bird Corporation Air/Oxygen Blender	3800A	76538 AKF07712	08/01/2018 08/24/2018	24	\$1.19	\$33.26	\$28.56
GE Medical Systems Monitor	B650	73565 SEW13317373HA	08/01/2018 08/24/2018	24	\$17.41	\$487.39	\$417.84
GE Medical Systems Compact Airway Module	E-CAiO	54867 6742495	08/01/2018 08/24/2018	24	\$6.65	\$186.21	\$159.60
Drager Medical Anesthesia Workstation	Fabius GS	104082 ARZD-0009	08/01/2018 08/24/2018	24	\$104.91	\$2,937.51	\$2,517.84
Tenacore Air/Oxygen Blender, Low Flow	Omega II	128978 TNHLF01414	08/01/2018 08/24/2018	24	\$1.34	\$37.40	\$32.16
GE Medical Systems ECG, NIBP, Masimo SPO2, TEMP/CO, IBP, DEFIB/SYNC	PDM	65338 SA310351481GA	08/01/2018 08/24/2018	24	\$9.31	\$260.77	\$223.44
Group Sub-total							\$3,379.44
Total Rent:							\$3,379.44



Invoice R153695

For the month of: August 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

Notes:

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Taxable Total	\$0.00
Non-Taxable Total	\$3,379.44
Invoice Total	\$3,379.44
Discounts	\$0.00
Tax	\$0.00
Shipping	\$0.00
GrandTotal	\$3,379.44



Invoice R153695

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(5433)

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P.O. Box 41321
Houston, TX 77241

Date:	8/31/18
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Product Category:	All
Amount Due:	\$ 3,379.44
Payment Due Date:	September 30, 2018

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Products Rented

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GE Medical Systems Monitor	B650	73565 SEW13317373HA	08/01/2018 08/24/2018	24	\$17.41	\$487.39	\$417.84
GE Medical Systems Compact Airway Module	E-CAiO	54867 6742495	08/01/2018 08/24/2018	24	\$6.65	\$186.21	\$159.60
Drager Medical Anesthesia Workstation	Fabius GS	104082 ARZD-0009	08/01/2018 08/24/2018	24	\$104.91	\$2,937.51	\$2,517.84
Tenacore Air/Oxygen Blender, Low Flow	Omega II	128978 TNHLF01414	08/01/2018 08/24/2018	24	\$1.34	\$37.40	\$32.16
GE Medical Systems ECG, NIBP, Masimo SPO2, TEMP/CO, IBP, DEFIB/SYNC	PDM	65338 SA310351481GA	08/01/2018 08/24/2018	24	\$9.31	\$260.77	\$223.44
Group Sub-total							\$3,379.44
Total Rent:							\$3,379.44



Invoice R153695

For the month of: August 2018
Amory Regional Med Ctr- Gilmore Memorial Hosp
(5433)

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Taxable Total	\$0.00
Non-Taxable Total	\$3,379.44
Invoice Total	\$3,379.44
Discounts	\$0.00
Tax	\$0.00
Shipping	\$0.00
GrandTotal	\$3,379.44

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: (6811469)

Claim No: 157

Status:

US MED EQUIP LLC

Original Filed

Filed by: CR

(ADMINISTRATIVE)

Date: 12/27/2018

Entered by: Intake1

7028 GESSNER RD

Original Entered

Modified:

HOUSTON TX 77040

Date: 12/27/2018

Admin claimed: \$18996.10

History:

[Details](#) [157-1](#) 12/27/2018 Claim #157 filed by US MED EQUIP LLC, Admin claimed: \$18996.10 (Intake1)

Description: (157-1) Rental of medical equipment.

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*	
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	\$18996.10	