

<b>UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)</b>		<b>503(b)(9) ADMINISTRATIVE EXPENSE CLAIM</b>
In re: Curae Health, Inc. 1721 Midpark Road, Suite B200 Debtor: Knoxville, TN 37921		Chapter 11 Case No. 18-05665
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.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.)  M.C. Johnson Co. of FL, Inc. 8801 Business Park Dr Suite 201 Fort Myers, FL 33912	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input 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	<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>DEC 27 2018</b>  <b>U.S. BANKRUPTCY COURT</b>  <b>MIDDLE DISTRICT OF TN</b> </div>
Name and addresses where notices should be sent: M.C. Johnson Co, Inc. 8801 Business Park Dr. Suite 201 Fort Myers, FL 33912 ATTN Wendy Key-Buxton	<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: 239-433-0619 Email: WendyK@mcjohnson.com	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor:  RTMS	<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 checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred:  8/3/2018	
3. Date goods were received by debtor: 8/7/2018		
4. Total amount of claim as of the date the debt was incurred: \$163.86		

<input type="checkbox"/> 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: 8/3/2018  Place of delivery of goods: 749 Clarksdale Curae Store, 1970 Hospital Dr., Clarksdale, MS 38614  Method of delivery of goods: Customers FedEx Acct  Name of carrier of goods: FedEx  Value of goods: \$163.86  Whether the value of goods listed in this claim relates to services and goods: Goods  The percentage of value related to services and the percentage of value related to goods: 100% Goods  Whether claimant has filed any other claim against debtor relating to goods underlying this claim: No  <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.  <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows: NO	<b>7. Assignment:</b>  <input type="checkbox"/> 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, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.</u>  <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. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> 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.	

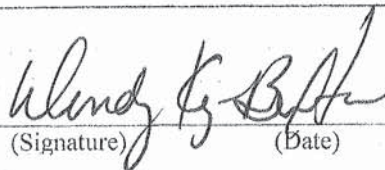


Print name: Wendy Key-Buxton

Title: VP Finance & Treasury

Company: M.C. Johnson Co, Inc.

Address and telephone number (if different from notice address above):

(Signature) 

(Date) 12/18/2018

Telephone number: 239-433-0619 Email: WendyK@mcjohnson.com

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.

SUITE 201  
8801 BUSINESS PARK DRIVE  
FORT MYERS FL 33912-2508  
Phone: 239-433-0619  
Fax: 239-433-1498  
customerservice@mcjohnson.com

## STATEMENT

PAGE	1
DATE	12/17/2018
ACCOUNT NO	NORTMS

NORTHWEST MISSISSIPPI MED CTR  
749 902 CURAE ACCOUNTING  
P.O. BOX 1218  
CLARKSDALE MS 38614

AMOUNT DUE	163.86
TERMS	NET 30 DAYS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE DATE	INVOICE NO.	TYPE	CHECK NO.	CHARGES	CREDITS	BALANCE
08/03/2018 PO Number	00375885 749-6777749	IN		163.86		163.86

YOUR FACILITY MAY BE ON CREDIT HOLD

Activity after 12/17/2018 will be reflected in your next statement

CURRENT	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	FINANCE CHARGE	AMOUNT DUE
.00	.00	.00	163.86	.00	163.86





M. C. Johnson Company, Inc.  
www.mcjohnson.com  
SUITE 201  
8801 BUSINESS PARK DRIVE  
FORT MYERS FL 33912-2508  
Phone: (239)433-0619  
Fax: (239)433-1498  
customerservice@mcjohnson.com

## Invoice Reprint

PAGE 1

INVOICE DATE 08/03/2018

INVOICE NO 00375885

S NORTMS  
O NORTHWEST MISSISSIPPI MED CTR  
L 749 902 CURAE ACCOUNTING  
D P.O. BOX 1218  
CLARKSDALE MS 38614  
T  
O

S  
H NORTHWEST MISSISSIPPI MED CTR  
I 749 CLARKSDALE CURAE STORES  
P ATTN: RECEIVING DEPARTMENT  
1970 HOSPITAL DRIVE  
CLARKSDALE MS 38614 TOTAL DUE 163.86  
O

SLS 1	SLS 2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
		09/02/2018	08/03/2018	00003814	07/30/2018		
TERMS DESCRIPTION		CUSTOMER P.O.NUMBER			SHIP VIA		
NET 30 DAYS		749-6777749					
ITEM ID		UNIT OF MEASURE	ORDERED	SHIPPED	UNIT PRICE	EXTENSION	
5445-3 CATH-SECURE #5445-3 PKG: 50/BOX: 8 BOX/CASE		BOX		2.0000	81.9300	163.86	
WE APPRECIATE YOUR BUSINESS					Subtotal :	163.86	
TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC CHARGE	TOTAL		
.00	163.86	.00	.00	.00	163.86		
Return Policy: 30 days with \$5 per box restocking fee							

NORTMS

10

Report ID: POCopy.rpt





**M. C. JOHNSON CO., INC.**

SUITE 201  
8801 BUSINESS PARK DRIVE  
FORT MYERS FL 33912-2508  
PHONE: (239)433-0619  
FAX: (239)433-1498

MC Johnson Copy

Dept: COD:  
PO Number: 749-6777749 DV:

Quno: QND BLL RCP

TRACK: 454087318768

HANDLING: 0.00  
TOTAL: 0.00

BATCH CODE

ORDER NUMBER

ORDER DATE

PAGE

00003814

08/03/18

1

CUSTOMER P.O. NUMBER

749-6777749

000001

S NORTHWEST MISSISSIPPI MED CTR  
H 749 CLARKSDALE CURAE STORES  
I ATTN: RECEIVING DEPARTMENT  
P 1970 HOSPITAL DRIVE  
CLARKSDALE MS 38614

S NORTMS  
O NORTHWEST MISSISSIPPI MED CTR  
L 749 902 CURAE ACCOUNTING  
D P.O. BOX 1218  
CLARKSDALE MS 38614

T  
O

T  
O

SLS 1	SLS 2	LOCATION	SHIP VIA	PICKING SLIP NO	REQUESTED SHIP DATE	ACTUAL SHIP DATE
		POSCO	FEDEX 284687914	003814		
ITEM ID		UNIT OF MEASURE	BIN	ORDERED	SHIPPED	BACK ORDER
001 5445-3		BOX	A4	2.0000		
CATH-SECURE #5445-3						
PKG: 50/BOX: 8 BOX/CASE						
Lot Numbers :						
2521				2.0000		



December 17, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **454087318768**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 7, 2018 11:27
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

---

**Shipping Information:**

Tracking number:	454087318768	Ship date:	Aug 3, 2018
		Weight:	1.9 lbs/0.9 kg

Recipient:  
CLARKSDALE, MS US

Shipper:  
FORT MYERS, FL US

Reference  
Purchase order number:

NORTMS000001  
749-6777749

Thank you for choosing FedEx.



# 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:* (6811477)  
MC JOHNSON CO OF FL INC  
(ADMINISTRATIVE)  
8801 BUSINESS PARK DR  
SUITE 201  
FORT MYERS FL 33912  
ATTN WENDY KEY-  
BUXTON

**Claim No:** 158  
*Original Filed*  
*Date:* 12/27/2018  
*Original Entered*  
*Date:* 12/27/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake1  
*Modified:*

Admin claimed: \$163.86

*History:*

[Details](#) [158-1](#) 12/27/2018 Claim #158 filed by MC JOHNSON CO OF FL INC, Admin claimed: \$163.86 (Intake1)

*Description:* (158-1) Goods sold

*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
Secured		
Priority		
Administrative	\$163.86	