

FILED

DEC 28 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Fill in this information to identify the case:

Debtor 1 Curae Health Inc
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 18-05665

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? Arthrex 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?
Arthrex Inc
Name
14550 Plantation Rd
Number Street
Fort Myers FL 33912
City State ZIP Code
Contact phone 800-595-4165 ext. 72273
Contact email megan.keicher@arthrex.com
Where should payments to the creditor be sent? (if different)
Arthrex Inc
Name
PO Box 403511
Number Street
Atlanta GA 30384-3511
City State ZIP Code
Contact phone 800-595-4165 ext. 72273
Contact email megan.keicher@arthrex.com
Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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: 10 8 6 3

7. How much is the claim? \$ 16,463.50 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:

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 12/21/2018
MM / DD / YYYY

Megan Keicher
Signature

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

Name Megan Keicher
First name Middle name Last name

Title Credit Risk Analyst

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 14550 Plantation Rd
Number Street

Fort Myers FL 33912
City State ZIP Code

Contact phone 800-595-4165 ext. 72273 Email megan.keicher@arthrex.com



Arthrex Inc.
P.O. Box 403511
ATLANTA GA 30384-3511
USA

CURAE HEALTH INC
PO BOX 1218
CLARKSDALE MS 38614-1218
USA

ACCOUNT STATEMENT

Date:
09/06/2018
CONTACT TEAM
TEAM BDL
TELEPHONE:
800-595-4165
FAX NO:
866-843-2904
E-MAIL:
Megan.Keicher@arthrex.com
Your Account with us :
1000010863

Document Date	Document Number	Original Document Number	Purchase Order No	Due Date	Arrears (Days)	Currency	Amount
04/30/2018	93660262	3082417	749-6718468	05/30/2018	99	USD	1,003.50
05/14/2018	93710995	3128221	749-6732654	06/13/2018	85	USD	1,810.00
06/04/2018	93793764	3199210	749-6745940	07/04/2018	64	USD	264.00
06/12/2018	93825614	3227271	749-6751026	07/12/2018	56	USD	2,499.00
06/27/2018	93887579	3278396	749-6759655	07/27/2018	41	USD	2,353.00
07/02/2018	93907852	3293479	0569-115169	08/01/2018	36	USD	2,075.00
07/02/2018	93906892	3296822	749-6760968	08/01/2018	36	USD	2,085.00
07/25/2018	93991671	3373217	749-6775120	08/24/2018	13	USD	2,020.00
08/28/2018	94124679	3488827	748-6777747	09/27/2018	-21	USD	2,354.00
TOTAL AMOUNT OPEN:						USD	16,463.50
Payments Unapplied:						USD	0.00
Total Amount:						USD	16,463.50

All statements reflect cash postings through August 31st, 2018. Payments received after this date will be applied and reflected on your next statement. In the interim, you may see these pending postings listed on your statement as a 10 digit credit memo number starting with 25.

Please email any questions to arthrexcredit@arthrex.com.



Account statement

Curr.	Current	1 up to 30 Days	31 up to 60 Days	61 up to 90 Days	Over 90 Days
USD	2,354.00	2,020.00	9,012.00	2,074.00	1,003.50

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):**

<p><i>Creditor:</i> (6717820) ARTHREX INC 14550 PLANTATION ROAD FORT MYERS, FL 33912</p>	<p>Claim No: 160 <i>Original Filed</i> Date: 12/28/2018 <i>Original Entered</i> Date: 12/28/2018</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Intake3 <i>Modified:</i></p>
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Amount claimed: \$16463.50

History:

[Details](#) [160-1](#) 12/28/2018 Claim #160 filed by ARTHREX INC, Amount claimed: \$16463.50 (Intake3)

Description: (160-1) 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

Total Amount Claimed*	\$16463.50
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		