

FILED

JAN 04 2019

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

RECEIVED

DEC 27 2018

BMC GROUP

## Fill in this information to identify the case:

Debtor 1 Carage Health, Inc.Debtor 2  
(Spouse, if filing) \_\_\_\_\_United States Bankruptcy Court for the: Middle District of TNCase 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?

IRVIN Electric 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?

IRVIN Electric Inc.  
Name40260 Hackey Rd  
Number StreetHamilton MS 39746  
City State ZIP CodeContact phone 662-369-3139

Contact email \_\_\_\_\_

Where should payments to the creditor be sent? (if different)

IRVIN Electric Inc.  
Name40260 Hackey Rd  
Number StreetHamilton MS 39746  
City State ZIP CodeContact phone 662-369-3913

Contact email \_\_\_\_\_

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: \_\_\_\_\_

7. How much is the claim? \$ 4,776.00 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.

Electrical services

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)?

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

☒ 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.

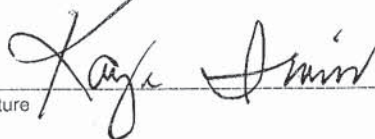
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 18 2018  
MM / DD / YYYY

Signature



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

Name

First name

KAYE

Middle name

Last name

IRVIN

Title

Sec.

Company

IRVIN Electric INC

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

Address

40260 Hackey Rd

Number Street

Hamilton

City

MS

State

39746

ZIP Code

Contact phone

662-369-3913

Email



IRVIN ELECTRIC, INC.

40260 Lackey Road  
Hamilton, MS 39746  
Phone: 662-369-3913  
Fax: 662-369-8941

# Invoice

Date	Invoice #
5/2/2018	28286

Bill To
Merit Health Gilmore Hospital Accounts Payable 1105 Earl Frye Blvd. Amory, MS 38821

Work Order	Purchase Order	Terms	MPC#
	618		

Quantity	Description	Rate	Amount
	April 16-22, 2018 AC Circuits Approved by Chuck Tubb		
32	Journeyman	46.00	1,472.00
16	Truck & Test Equipment	7.50	120.00
		<b>Total</b>	\$1,592.00

# Job Summary



Plant site: \_\_\_\_\_

Date: 4-16 thru 4-22-18

Job Name: AC circuits

Job PO#: 618

Approved by: Chuck Tubb

	Reg Time	Overtime	Double Time	Totals
Supervisor	_____ @ \$50.00	_____ @ \$75.00	_____ @ \$100.00	
Journeyman	<u>32</u> @ \$46.00	_____ @ \$69.00	_____ @ \$96.00	\$1,472.00
Engineering	_____ @ \$98.00	_____ @ \$147.00	_____ @ \$196.00	
Total Mnhrs.	<u>32</u>	_____	_____	
Genie Lift	_____ @ \$37.00			
ScissorLift	_____ @ \$20.00			
Forklift	_____ @ \$20.00			
Truck	<u>16</u> @ \$7.50			\$120.00
Setup	_____ @ \$8.50			
Generator	_____ @ \$10.00			

## MATERIALS

Price

No Materials

Sub Total of Mat'l  
15% Markup

PO amt.

Total Materials

Total Invoice Price **\$1,592.00**

this week \$1,592.00

remaining **-\$1,592.00**





40886 Hwy 45 South  
Hamilton, MS 39746  
Phone: 662-369-7101  
Fax: 662-369-7114

4-16 thru 4-22-18

For:

Job: AC circuits  
PO#: 618

Approved by: Chuck Tubb



Employee	Ran power for new AC circuits.						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
T. Irvin	Reg. Time						
	Overtime						
J. Bagwell	Reg. Time						
	Overtime						
Matt Walker	Reg. Time		8	8			
	Overtime						
A. Ward	Reg. Time						
	Overtime						
D. Chism	Reg. Time						
	Overtime						
M. Morris	Reg. Time						
	Overtime						
M. Walker	Reg. Time		8	8			
	Overtime						
T. Stephens	Reg. Time						
	Overtime						
G. Irvin	Reg. Time						
	Overtime						
D. Gerhart	Reg. Time						
	Overtime						
Sup. Reg. Time Subtotals							
Sup. Overtime Subtotals							
Jour. Reg. Time Subtotals			16	16			
Jour. Overtime Subtotals							
Engineer Reg. Time Subtotals							
Engineer Overtime Subtotals							
Equipment							
Truck, Trailer, Golf Cart				8	8		
Genie Manlift							
Setup							
Scissorlift							
Sup. Reg. TOTAL		Jour. Reg. TOTAL	32	Truck, Trailer TOTAL	16	Scissorlift TOTAL	
Sup. OT TOTAL		Jour. OT TOTAL		Manlift TOTAL			
Eng. Reg. TOTAL		Eng. OT TOTAL		Conduit Setup TOTAL			



IRVIN ELECTRIC, INC.

40260 Lackey Road  
Hamilton, MS 39746  
Phone: 662-369-3913  
Fax: 662-369-8941

# Invoice

Date	Invoice #
5/2/2018	28287

Bill To
Merit Health Gilmore Hospital Accounts Payable 1105 Earl Frye Blvd. Amory, MS 38821

Work Order	Purchase Order	Terms	MPC#
	500		

Quantity	Description	Rate	Amount
	April 16-22, 2018 Trash Compactor Power Approved by Chuck Tubb		
16	Journeyman	46.00	736.00
8	Truck & Test Equipment	7.50	60.00
<b>Total</b>			\$796.00

# Job Summary



Plant site: \_\_\_\_\_ Date: 4-16 thru 4-22-18

Job Name: Trash Compactor Power

Job PO#: 500

Approved by: Chuck Tubb

	Reg Time	Overtime	Double Time	Totals
Supervisor	_____ @ \$50.00	_____ @ \$75.00	_____ @ \$100.00	
Journeyman	<u>16</u> @ \$46.00	_____ @ \$69.00	_____ @ \$96.00	\$736.00
Engineering	_____ @ \$98.00	_____ @ \$147.00	_____ @ \$196.00	
Total Mnhrs.	<u>16</u>	_____	_____	
Genie Manlift	_____ @ \$37.00			
ScissorLift	_____ @ \$20.00			
Forklift	_____ @ \$20.00			
Truck	<u>8</u> @ \$7.50			\$60.00
Setup	_____ @ \$8.50			
Generator	_____ @ \$10.00			

## MATERIALS

Price

No Materials

PO amt. \_\_\_\_\_ Sub Total of Mat'l  
15% Markup

Total Materials

Total Invoice Price

\$796.00

this week \$796.00  
remaining -\$796.00





40886 Hwy 45 South  
Hamilton, MS 39746  
Phone: 662-369-7101  
Fax: 662-369-7114

4-16 thru 4-22-18

For:

Job: Trash Compactor Power  
PO#: 500



Approved by: Chuck Tubb

Hamilton, MS 39148 Phone: 662-369-7101 Fax: 662-369-7114						Ran conduit and wiring for new trash compactor		
Employee		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
T. Irvin	Reg. Time							
	Overtime							
J. Bagwell	Reg. Time							
	Overtime							
D. Bray	Reg. Time							
	Overtime							
Matt Walker	Reg. Time					8		
	Overtime							
R. Winders	Reg. Time							
	Overtime							
M. Morris	Reg. Time							
	Overtime							
M. Walker	Reg. Time					8		
	Overtime							
T. Stephens	Reg. Time							
	Overtime							
D. Gerhart	Reg. Time							
	Overtime							
Sup. Reg. Time Subtotals								
Sup. Overtime Subtotals								
Jour. Reg. Time Subtotals						16		
Jour. Overtime Subtotals								
Engineer Reg. Time Subtotals								
Engineer Overtime Subtotals								
Equipment								
Truck, Trailer, Golf Cart						8		
Genie Manlift								
Scissorlift								
Forklift								
Sup. Reg. TOTAL	Jour. Reg. TOTAL		16		Truck, Trailer TOTAL	8	Forklift TOTAL	
Sup. OT TOTAL	Jour. OT TOTAL				Manlift TOTAL			
Eng. Reg TOTAL	Eng. OT TOTAL				Scissorlift TOTAL			



IRVIN ELECTRIC, INC.

40260 Lackey Road  
Hamilton, MS 39746  
Phone: 662-369-3913  
Fax: 662-369-8941

# Invoice

Date	Invoice #
5/2/2018	28288

Bill To
Merit Health Gilmore Hospital Accounts Payable 1105 Earl Frye Blvd. Amory, MS 38821

Work Order	Purchase Order	Terms	MPC#
	500		

Quantity	Description	Rate	Amount
	April 23-29, 2018 Trash Compactor Power Approved by Chuck Tubb		
32	Journeyman	46.00	1,472.00
16	Truck & Test Equipment	7.50	120.00
		<b>Total</b>	\$1,592.00

# Job Summary



Plant site: \_\_\_\_\_

Date: 4-23 thru 4-29-18

Job Name: Trash Compactor Power

Job PO#: 500

Approved by: Chuck Tubb

	Reg Time	Overtime	Double Time	Totals
Supervisor	_____ @ \$50.00	_____ @ \$75.00	_____ @ \$100.00	
Journeyman	<u>32</u> @ \$46.00	_____ @ \$69.00	_____ @ \$96.00	\$1,472.00
Engineering	_____ @ \$98.00	_____ @ \$147.00	_____ @ \$196.00	
Total Mnhrs.	<u>32</u>	_____	_____	
Genie Lift	_____ @ \$37.00			
ScissorLift	_____ @ \$20.00			
Forklift	_____ @ \$20.00			
Truck	<u>16</u> @ \$7.50			\$120.00
Setup	_____ @ \$8.50			
Generator	_____ @ \$10.00			

## MATERIALS

Price

No Materials

Sub Total of Mat'l  
15% Markup

PO amt.

Total Materials

Total Invoice Price	\$1,592.00
---------------------	------------

this week \$1,592.00

remaining -\$1,592.00





40886 Hwy 45 South  
Hamilton, MS 39746  
Phone: 662-369-7101  
Fax: 662-369-7114

Approved by: Chuck Tubb

4-23 thru 4-29-18

Job: Trash Compactor Power

PO#: 500

For:



Employee		Ran conduit and wiring for new trash compactor.	Ran conduit and wiring for new trash compactor.					
Monday		Tuesday		Wednesday	Thursday	Friday	Saturday	Sunday
T. Irvin	Reg. Time							
	Overtime							
J. Bagwell	Reg. Time							
	Overtime							
Matt Walker	Reg. Time	8	8					
	Overtime							
A. Ward	Reg. Time							
	Overtime							
D. Chism	Reg. Time							
	Overtime							
M. Morris	Reg. Time							
	Overtime							
M. Walker	Reg. Time	8	8					
	Overtime							
T. Stephens	Reg. Time							
	Overtime							
G. Irvin	Reg. Time							
	Overtime							
D. Gerhart	Reg. Time							
	Overtime							
Sup. Reg. Time Subtotals								
Sup. Overtime Subtotals								
Jour. Reg. Time Subtotals		16	16					
Jour. Overtime Subtotals								
Engineer Reg. Time Subtotals								
Engineer Overtime Subtotals								
Equipment								
Truck, Trailer, Golf Cart		8	8					
Genie Manlift								
Setup								
Scissorlift								
Sup. Reg. TOTAL			Jour. Reg. TOTAL	32	Truck, Trailer TOTAL	16	Scissorlift TOTAL	
Sup. O/T TOTAL			Jour. O/T TOTAL		Manlift TOTAL			
Eng. Reg. TOTAL			Eng. O/T TOTAL		Conduit Setup TOTAL			



IRVIN ELECTRIC, INC.

40260 Lackey Road  
Hamilton, MS 39746  
Phone: 662-369-3913  
Fax: 662-369-8941

# Invoice

Date	Invoice #
5/2/2018	28289

Bill To
Merit Health Gilmore Hospital Accounts Payable 1105 Earl Frye Blvd. Amory, MS 38821

Work Order	Purchase Order	Terms	MPC#
	501		

Quantity	Description	Rate	Amount
	April 23-29, 2018 New Lab Machines Approved by Chuck Tubb		
16	Journeyman	46.00	736.00
8	Truck & Test Equipment	7.50	60.00
<b>Total</b>			\$796.00

# Job Summary



Plant site: \_\_\_\_\_ Date: 4-23 thru 4-29-18

Job Name: New Lab Machines

Job PO#: 501

Approved by: Chuck Tubb

	Reg Time	Overtime	Double Time	Totals
Supervisor	_____ @ \$50.00	_____ @ \$75.00	_____ @ \$100.00	
Journeyman	<u>16</u> @ \$46.00	_____ @ \$69.00	_____ @ \$96.00	\$736.00
Engineering	_____ @ \$98.00	_____ @ \$147.00	_____ @ \$196.00	
Total Mnhrs.	<u>16</u>	_____	_____	
Genie Manlift	_____ @ \$37.00			
Scissorlift	_____ @ \$20.00			
Forklift	_____ @ \$20.00			
Truck	<u>8</u> @ \$7.50			\$60.00
Setup	_____ @ \$8.50			
Generator	_____ @ \$10.00			

MATERIALS

Price

No Materials

PO amt. \_\_\_\_\_

Subtotal  
15%

Materials

Total Invoice Price **\$796.00**

this week \$796.00  
remaining -\$796.00





40886 Hwy 45 South  
Hamilton, MS 39746  
Phone: 662-369-7101  
Fax: 662-369-7114

Approved by: Chuck Tubb

4-23 thru 4-29-18

Job: New Lab Machines  
PO#: 501



Ran wire for new  
machines in the  
Lab.

Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
T. Irvin	Reg. Time						
	Overtime						
J. Bagwell	Reg. Time						
	Overtime						
D. Bray	Reg. Time						
	Overtime						
Matt Walker	Reg. Time						
	Overtime						
R. Winders	Reg. Time						
	Overtime						
M. Morris	Reg. Time						
	Overtime						
M. Walker	Reg. Time						
	Overtime						
T. Stephens	Reg. Time						
	Overtime						
D. Gerhart	Reg. Time						
	Overtime						
Sup. Reg. Time Subtotals							
Sup. Overtime Subtotals							
Jour. Reg. Time Subtotals	16						
Jour. Overtime Subtotals							
Engineer Reg. Time Subtotals							
Engineer Overtime Subtotals							
Equipment							
Truck, Trailer, Golf Cart	8						
Genie Manlift							
Scissorlift							
Forklift							
Sup. Reg. Time TOTAL			16				
Sup. O.T. TOTAL					8		
Jour. Reg. Time TOTAL							
Jour. O.T. TOTAL							
Eng. Reg. Time TOTAL							
Eng. O.T. TOTAL							
Truck, Trailer TOTAL							
Manlift TOTAL							
Scissorlift TOTAL							
Forklift TOTAL							

# 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:* (6718259)      **Claim No:** 167      *Status:*  
 IRVIN ELECTRIC INC      *Original Filed*      *Filed by:* CR  
 40260 LACKEY RD      *Date:* 01/04/2019      *Entered by:* Intake2  
 HAMILTON, MS 39746      *Original Entered*      *Modified:*  
    *Date:* 01/04/2019

Amount claimed: \$4776.00

*History:*

[Details](#)    [167-1](#)    01/04/2019 Claim #167 filed by IRVIN ELECTRIC INC, Amount claimed: \$4776.00 (Intake2)

*Description:* (167-1) electrical services

*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>	\$4776.00
<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
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		