Fill in this information to identify the case:	*
Debtor 1 Curae Health, TA	JC.
Debtor 2 (Spouse, if filling)	
United States Bankruptcy Court for the: Middle Dis	strict of TV
Case number 18-05665	

JAN 04 2019

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

RECEIVED

DEC 27 2018

BMC GROUP

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 bankrup(cy (Form 309) that you received.

P	art 1: Identify the Cl	aim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this class) Other names the creditor used with the debtor	im)
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. Name 40260 HACKEY RA Number Street HAmilton Ms 39746 City State ZIP Code Contact phone 662-369-3139 Contact email Uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments in chapter 13 (if you uniform claim identifier for electronic payments id	Where should payments to the creditor be sent? (if different) TRYIN FICTRIC TAG Name LAZIO LACKEY RA Number Street HAMILTON State ZIP Code Contact phone 662-369-3913 Contact email
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

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:
		k-05665 Claim 167-1 Filed 01/04/19 Desc Main Document Page 2 of

Proof of Claim Official Form 410

		The second secon
12. Is all or part of the claim entitled to priority under	№ No Yes. Check one:	Amount entitled to priority
11 U.S.C. § 507(a)? A claim may be partly	☐ Domestic support obligations (including alimony and child support) under	\$
priority and partly nonpriority. For example, in some categories, the law limits the amount	 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). 	\$
entitled to priority.	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).	\$
90	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after	er the date of adjustment.
Part 3: Sign Below		
The person completing	Check the appropriate box:	
this proof of claim must sign and date it.	☐ I am the creditor.	8
FRBP 9011(b).	I am the creditor's attorney or authorized agent.	
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
to establish local rules specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment	that when calculating the
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the d	ebt.
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information and correct.	ormation is true
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.	
3571.	Executed on date 12 18 2018	
٠	Signature Layr Amin	
	Print the name of the person who is completing and signing this claim:	
	Name Kaye IRV A First name Middle name Last name	<u> </u>
1	Title Sec.	
	Company TRV / Electric Tvc Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address 40260 Lackey Rd Number Street HAMITON MS 391	146
	Contact phone Clty State ZIP Code Email	



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

Fax: 662-369-8941

Invoice

Date	Invoice #
5/2/2018	28286

MPC#

Bill To

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

			618		
Quantity		Description		Rate	Amount
32	April 16-22, 201 AC Circuits Approved by Ch Journeyman Truck & Test Ed	8 luck Tubb		46.	

Purchase Order

Work Order

Terms

Case 3:18-bk-05665 Claim 167-1

Filed 01/04/19

Desc Main Document

Total

Page 4 of

\$1,592.00



	Plant site:		Gilmore Memoria	ıl 	Date:	4-16	thru 4-22-	18	
	Job Name:	AC cir	cuits						
	Job PO#:	618							
	Approved by:	Chuck	Tubb					****	
	_		Reg Time		ertime		le Time	Tota	ıls
	Supervisor		@ \$50.00	***************************************	_@ \$75.00		_@ \$100.00		
	Journeyman	32	@ \$46.00		@ \$69.00		@ \$96.00	\$1,4	172.00
	Engineering		@ \$98.00	Processing and the solution of	_@ \$147.00		@ \$196.00		
	Total Mnhrs.	32	No.		_		-		
	Genie Lift		@ \$37.00						
	ScissorLift		@ \$20.00						
			@ \$20.00						
		16						\$1	20.00
		***************************************	Total Control of the						
	Generator		@ \$10.00						
	MATE	RIALS			Price)			
			No	Materials	K				
-			Sub To	tal of Mat'l			-		
PO amt.			15	% Markup					
						Tota	al Materials		
		19			Тс	tal Inv	oice Price	\$1,59	92.00
this week	\$1,592.00								

remaining -\$1,592.00

	100		
-	1	4	1
Ì	1	M	4
16			2.4
1		J	

Job: AC circuits 4-16 thru 4-22-18

PO#: 618

For:

Gilmore Memorial

Eng.Reg TOTAL	Sup. O/T TOTAL	Sup. Reg. TOTAL	Scissorlift	Setup	Genie Manlift	Truck, Trailer, Golf Cart	Equipment	Engineer Overtime Subtotals	Engineer Reg. Time Subtotals	Jour Overtime Subtotals	Jour Reg. Time Subtotals	Sup. Overtime Subtotals	Sup. Reg. Time Subtotals	Overtime	D. Gerhart Reg. Time	Overtime	G. Irvin Reg. Time	Overtime	T. Stephens Reg. Time	M.Walker Reg. Time		M. Worns Reg. Time	D. Chisiii Reg. Tille	A. ward Reg. Tille	0	- 1	Matt Walker Reg Time	Overtime	J.Bagwell Reg. Time	Overtime	T. Irvin Reg. Time	Employee	Phone: 662-369-7101 Fax: 662-369-7114	40886 Hwy 45 South	Shared Street Street Street St. 2.5 Street
																																Monday			
Eng. O/T TOTAL	Jour. O/T TOTAL	Jour.Reg.TOTAL																														Tuesday			Approved by
AL)	AL.	AL 32									16									a							8					Wednesday	How AC circula	Ran power for	Approved by: Chuck Tubb
Conduit Setup TOTAL	Manlift TOTAL	Truck, Trailer TOTAL				8					16									O	2						00			1		Thursday	TO CHECK	Ran power for	
		16				8																										Friday			
		Scissorlift TOTAL																														Saturday			
														CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE																		Sunday			



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

Fax: 662-369-8941

Invoice

Bill To	
Merit Health Gilmore Hospital Accounts Payable	
1105 Earl Frye Blvd. Amory, MS 38821	
P.2	

		Work Order	Purchase Order	Terms	MPC#
			500		İ
Quantity		Description		Rate	Amount
16 8	April 16-22, 201 Trash Compactor Approved by Chr Journeyman Truck & Test Eq	8 r Power uck Tubb		46.	
	The state of the s			Total	\$796.00



	Plant site:		Gilmore Memorial		_ Date:	4-16 thru	4-22-18	
	Job Name:	Trash	Compactor	Power		•		
	Job PO#:	500						
	Approved by:	Chuck	(Tubb					
		F	Reg Time	Ove	ertime	Double Time		Гotals
	Supervisor		@ \$50.00		_@ \$75.00	@ \$100	.00	
	Journeyman	16	@ \$46.00	-	@ \$69.00	@ \$96.0	00	\$736.00
	Engineering		@ \$98.00	/	@ \$147.00	@ \$196	.00	
	Total Mnhrs.	16		-				
	Genie Manlift		@ \$37.00					
	ScissorLift		@ \$20.00					
	Forklift		@ \$20.00					
	Truck							\$60.00
	Setup		@ \$8.50					Ψ00.00
	Generator		@ \$10.00 @ \$10.00					
Name and Associated States	MATER	RIALS			Price			
			No	Materials	i	december of the second		
DO and			0.17.	1 6 5 6 411			4	
PO amt.				al of Mat'l				
			137	6 Markup		Total Materi	ials	
					Tota	l Invoice Pri		\$796.00
								ensa il Maria — a alberta son primol
this week	\$796.00							
remaining	-\$796.00							

Eng.Reg TOTAL	Sup. O/T TOTAL	Sup. Reg. TOTAL	Forklift	Scissorlift	Genie Manlift	Truck, Trailer, Golf Cart	Equipment	Engineer Overtime Subtotals	Engineer Reg. Time Subtotals	lour Overtime Subtotals	In Reg Time Subfotals	Sup. Reg. Time Subtotals	Overtime	D. Gerhart Reg. Time	T. Stephens Reg. Time	Overtime	M.Walker Reg. Time	Overtime	M.Morris Reg. Time	Overtime	R. Winders Reg. Time	Overtime	Matt.Walker Reg. Time	Overtime	D. Bray Reg. Time	Overtime	J.Bagwell Reg. Time	Overtime	T.Irvin Reg. Time	Employee	Phone: 662-369-7101 Fax: 662-369-7114	40886 Hwy 45 South		
								***************************************																						Monday		Approved by		
1 4	Jour. O/T TOTAL	Jour.Reg.TOTAL																												Tuesday		Approved by: Chuck Tubb	Job: 1 ras PO#: 500	4
		16																												Wednesday			1 rash Comp 500	4-16 thru 4-22-18
Scissorlift TOTAL	Manlift TOTAL	Truck, Trailer TOTAL																												Thursday			Job: Trash Compactor Power Po#: 500	
	ı	8				8	***************************************				<u>3</u>						8						8							Friday	Ran conduit and wiring for new trash compactor			Fon
		Forklift TOTAL																												Saturday			G T	
																														Sunday			Gilmore Wemoria	Politic Control of the Control of th



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

Fax: 662-369-8941

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13	11	0	ı	-	0
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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		
	Trash Compactor Power Approved by Chuck Tubb		
32	Journeyman	46.00	
16	Truck & Test Equipment	7.50	120.0
			İ
			i.
		Total	\$1,592.0



	Plant site:		Gilmore Memorial		Date:	4-23	thru 4-29-	-18	
	Job Name:	Trash	Compactor	Power					
	Job PO#:	500							
	Approved by:	Chuck	k Tubb	Manager (MACO)					
			Reg Time	Over	time	Double	e Time	Tot	als
	Supervisor	-	@ \$50.00		@ \$75.00 _		_@ \$100.00		
	Journeyman	32	@ \$46.00		@ \$69.00 _		@ \$96.00	\$1,	472.00
	Engineering		@ \$98.00		@ \$147.00_		@ \$196.00		
	Total Mnhrs.	32					_		
	Genie Lift		@ \$37.00						
	ScissorLift		@ \$20.00						
	Forklift		@ \$20.00						
	Truck	16	@ \$7.50					\$	\$120.00
	Setup		@ \$8.50						
	Generator		@ \$10.00						
	MATE	RIALS	colora	2	Pr	ice	_		
			No	Materials					
PO amt.	***************************************			tal of Mat'l % Markup		2	_		
				54		Tota	al Materials		
					7	Γotal Invo	oice Price	\$1,	592.00
this week	\$1,592.00								
HOOK	+ 1,1000100								

remaining -\$1,592.00

ADARK HWW AS South	. T	ELECTA		7 7
Rar				

4-23 thru 4-29-18

Job: Trash Compactor Power



Sis and Samuel Samuel Samuel S. D. 12 Steman	Approved by: Chuck Tubb	Chuck Tubb			40		
40886 Hwy 45 South Hamilton, MS 39746 Phone: 662-369-7101 Fax: 662-369-7114	Ran conduit and wiring for new trash compactor.	Ran conduit and wiring for new trash compactor.					
				harmonia rocca			
Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
T. Irvin Reg. Time							
J.Bagwell Reg. Time							
Matt.Walker Reg. Time	8	8					
1							
A. Ward Reg. Time							
Overtime	9						
D. Chism Reg. Time							
Overtime							
M.Morris Reg. Time							
Overtime							
M.Walker Reg. Time	8	8					
Overtime		7					
T. Stephens Reg. Time							
G. Irvin Reg. Time							
Overtime							
D. Gerhart Reg. Time							
Overtime	(U				THE PERSON NAMED IN COLUMN STREET, THE PERSON NAMED	AND THE OWN THE WASHINGTON THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN	
Sup. Reg. Time Subtotals							
Sup. Overtime Subtotals	n n	16					
Jour, Overtime Subtotals		č					
Engineer Reg.Time Subtotals							
Equipment							
Truck, Trailer, Golf Cart	8	000					
Genie Manlift							
Setup							
Sup Per TOTAL		Iour Rea TOTA	30	Truck Trailer TOTAL	16	Scissorlift TOTAL	
		Jour O/T TOTAL		Manlift TOTAL			
Eng Reg TOTAL				Conduit Setup TOTAL			
Elig. Keg TOTAL		Flig. 0/1 1017E		College Court			



40260 Lackey Road Hamilton, MS 39746

Phone: 662-369-3913 Fax: 662-369-8941

1	n	V	0	Consumer 2s	C	e
	-	-		-	-	-

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
16	April 23-29, 20 New Lab Mach Approved by C Journeyman Truck & Test E	nines Thuck Tubb		46. 7.	
				Total	\$796.00

Plant site:		ilmore Memori	al	Date:	4-23	thru 4-29-18	3
.loh Name:	Newla	ab Machi	noc		-		
oob Name.	THEW L	ab Macili	nes				
Job PO#:	501						
Approved by:	Chuck	Tubb					
	Reg	Time	Ove	rtime	Double	Time	Totals
Supervisor		_ @ \$50.00		@ \$75.00 _	@	\$100.00	1000
Journeyman						1 H	\$736.00
Engineering	STORAGE STEPS AND STEPS AND STEPS AND STEPS AND STEPS AND STEPS AND STEPS AND STEPS AND STEPS AND STEPS AND ST	@ \$98.00		@ \$147.00	æ	D \$196.00	
Total Mnhrs.		_				21111111	
Genie Manlift		@ \$37.00					
		@ \$20.00					
Forklift_		@ \$20.00					
Truck_	8	@ \$7.50					\$60.00
Setup_							Ψ00.00
Generator_		@ \$10.00					
MATE	RIALS	_	_	Price	Э		
		No M	aterials	73 No. 2 Line 192 Sec 44 to 4 Shekis 124			
PO amt.							
			Subtotal 15%				
		,	y#		N	laterials	
				Tota	al Invoice		\$796.00
this week \$796							
remaining -\$796	.00						

			11
Approved by: Chuck Tubb	P	J	

4-23 thru 4-29-18

PO#: 501 Job: New Lab Machines

Eng. Keg IOIAL	Sup. O/ TOTAL	Sup Of TOTAL	TOKIIT	SCISSORIII	Genie Manlift	Truck, Trailer, Golf Cart	Equipment	Engineer Overtime Subtotals	Engineer Reg.Time Subtotals	Jour. Overtime Subtotals	Jour. Reg. Time Subtotals	Sup. Overtime Subtotals	Cun Dog Time Cubbatal	D. Gerriait Reg. Time	0	T.Stephens Reg. Time	Overtime	M.Walker Reg. Time		M.Morris Reg. Time	Overtime	R. Winders Reg. Time	Overtime	Matt Walker Reg. Time	Overtime	D. Bray Reg. Time	Overtime	J.Bagwell Reg. Time	Overtime	T.Irvin Reg. Time	Hamilton, MS 39746 Phone: 662-369-7101 Fax: 662-369-7114	40886 Hwy 45 South
						8					16									8						œ					machines in the Lab. Monday	Ran wire for new
Eng. O/T TOTAL	Jour. O/T TOTAL	10.4000000																													Tuesday	
		16																													Wednesday	
Scissorlift TOTAL	Manlift TOTAL	Truck, Trailer TOTAL																													Thursday	
		8					***************************************	***************************************		***************************************									7											* ************************************	Friday	
		Forklift TOTAL						***************************************	***************************************		÷	\$																		Caturday	Control	
																														Sunday		

Gilmore Memorial

MIDDLE DISTRICT OF TENNESSEE **Claims Register**

3:18-bk-05665 Curae Health Inc.

Chapter: 11 Judge: Charles M Walker

Office: Nashville Last Date to file claims: 01/21/2019

Trustee: Last Date to file (Govt):

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

Date: 01/04/2019

Amount claimed: \$4776.00

History:

Details 167- 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**

Total Amount Claimed*	\$4776.00
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		