

**Fill in this information to identify the case:**

Debtor 1	Curae Health Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number:	<b>18-05665</b>

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 1/7/2019  
 MATTHEW T. LOUGHNEY, Clerk

**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**

<b>1. Who is the current creditor?</b>	W.W. Grainger _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> W.W. Grainger _____ Name 401 S. Wright Rd. Attn SCD Bankruptcy Janesville, WI 53546  Contact phone <u>608-898-5450</u> Contact email <u>SCD_BankruptcyNotices@Grainger.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name  Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1660</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>45110.38</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>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 healthcare information.</p> <p><u>Goods Sold (See Statement)</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input checked="" type="checkbox"/> Other. Describe: <u>Goods Sold</u></p> <p><b>Basis for perfection:</b> <u>See reclamation demand</u></p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ <u>11451.49</u></p> <p><b>Amount of the claim that is unsecured:</b> \$ <u>33658.89</u> (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ <u>11451.49</u></p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input checked="" type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 3334.92
* 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 1/7/2019  
MM / DD / YYYY

/s/ Char Walters

Signature

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

Name	<u>Char Walters</u>		
	First name	Middle name	Last name
Title	<u>Special Collections Assoc.</u>		
Company	<u>W.W. Grainger</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>401 South. Wright Road</u>		
	Number	Street	
	<u>Janesville, WI 53546</u>		
Contact phone	City	State	ZIP Code
	<u>608-898-5450</u>	Email	<u>SCD_BankruptcyNotices@grainger.com</u>

## ADDENDUM TO PROOF OF CLAIM

W.W. Grainger, Inc. (“**Grainger**”), hereby submits this addendum (the “**Addendum**”) to its proof of claim (the “**Proof of Claim**”) against **Curae Health Inc.** and its administratively consolidated debtors<sup>1</sup> (collectively, the “**Debtor(s)**”) and in support thereof states as follows:

### General Background

1. On **August 24, 2018** (the “**Petition Date**”), the Debtor(s) the filed voluntary petition(s) for relief under Chapter 11 of Title 11, United States Code (the “**Bankruptcy Code**”) in the **United States Bankruptcy Court Middle District of Tennessee**. The Debtor(s) remain(s) in possession of its property and continues to operate its businesses as debtor-in-possession pursuant to Bankruptcy Code §§ 1107(a) and 1108.

### Claims of Grainger Against Debtor(s)

#### Pre-Petition Claim

2. Grainger’s claim arises from unpaid invoices for goods provided by Grainger to the Debtor(s) prior to the Petition Date. Attached as Exhibit 1 is a spreadsheet of amounts owed by the Debtor(s) to Grainger for pre-Petition Date goods provided by Grainger to the Debtor(s). Accordingly, the Debtor(s) **[is/are]** liable to Grainger in the total amount of at least **\$45,110.38**

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<sup>1</sup> The Debtors consist of the following entities: **Amory Regional Medical Center, Inc., Batesville Regional Medical Center Inc., Clarksdale Regional Medical Center Inc., Amory Regional Physicians LLC, Batesville Regional Physicians, LLC, Clarksdale Regional Physicians LLC.**

### **Administrative Claim**

3. Pursuant to Bankruptcy Code section 503(b)(9), any claim for goods received by the Debtor(s) within 20 days prior to the Petition Date is entitled to administrative expense priority status. *See* 11 U.S.C. § 503(b)(9). During the 20 day period prior to the Petition Date, Grainger provided certain goods and services to the Debtor(s). Accordingly, the Debtor(s) **[is/are]** liable to Grainger in the total amount of **\$3,334.92** for administrative claims pursuant to Bankruptcy Code section 503(b)(9) (the “**Section 503(b)(9) Claim**”). Attached as Exhibit 2 is a spreadsheet of amounts owed by the Debtor(s) to Grainger for goods provided by Grainger to the Debtor(s) during the 20 day period prior to the Petition Date.

### **Reclamation Claim**

4. On **September 7, 2018** Grainger submitted a reclamation demand to the Debtor(s) for approximately **\$11,451.49** (the “**Reclamation Claim**”), a copy of which is attached hereto as Exhibit 3 (the “**Reclamation Demand**”).

5. Under Bankruptcy Code section 546(c), Grainger’s valid Reclamation Claim is a secured claim, and therefore Grainger asserts a secured claim in the amount of approximately **\$11,451.49**.<sup>2</sup> *See* 11 U.S.C. § 546(c). In the event the Reclamation Claim is allowed, Grainger shall amend this Proof of Claim accordingly.

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<sup>2</sup> The Reclamation Claim includes the entire amount of the Section 503(b)(9) claim.

### **Total Claim of Grainger**

6. Accordingly, the Debtor(s) is/are liable to Grainger in the total amount (the “Claim”) of at least **\$45,110.38**<sup>3</sup> comprising:

a. **\$3,334.92** remaining due and unpaid as an administrative, Section 503(b)(9) Claim;<sup>4</sup>

b. **\$11,451.49** remaining due and unpaid as a secured Reclamation Claim (**\$3,334.92** of this amount is also asserted as an administrative claim pursuant to Bankruptcy Code section 503(b));<sup>5</sup> and

c. **\$33,658.89 = \$45,110.38 - \$11,451.50** as a general unsecured claim for goods delivered to the Debtor(s).<sup>6</sup>

7. Grainger requests allowance and payment of the Claim as stated herein. To the extent that the Section 503(b)(9) Claim or the Reclamation Claim is not allowed by this Court, the Proof of Claim is filed as an unsecured claim in the entire amount of **\$45,110.38**. To the extent these claims accrue after the Petition Date as a result of the actions or positions taken by the Debtor(s), or as otherwise allowed by law, these claims are asserted as administrative expense claims of a first priority under Bankruptcy Code section 503.

### **Reservation of Other Claims and Rights**

8. The filing of this Proof of Claim is not intended and should not be construed to be an election of remedies, waiver of any past, present or future defaults or events of default, or a waiver or limitation of any rights, remedies, claims, or interest of Grainger. The filing of this Proof of Claim is not and should not be construed as: (1) a waiver of jury trial rights; or (2) a waiver or limitation of any right, interest, or cause of action held by Grainger.

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<sup>3</sup> See Exhibit 1 for an accounting of this claim.

<sup>4</sup> See Exhibit 2.

<sup>5</sup> See Exhibit 3.

<sup>6</sup> See Exhibit 1.

9. Grainger expressly includes a claim against the Debtor(s) and each and every one of the affiliates of the Debtor(s) and others purporting to act on their behalf, for the benefit derived from the use of any of the Debtor(s)' assets or the proceeds of such assets traceable to such person, and for imposition of constructive trusts or equitable liens thereon, subrogation and all other claims thereto, and for any and all other legal or equitable remedies, rights, and interest to which Grainger may be entitled by virtue of the use, possession and enjoyment by the Debtor(s) or any of the affiliates of the Debtor(s) or any other recipient of any of the Debtor(s)' assets or the proceeds of such assets, either directly or indirectly. Grainger further reserves any and all rights against parties other than the Debtor(s) based on the foregoing facts and circumstances.

10. Grainger expressly reserves its rights, remedies, interests, priorities, protections, claims, setoffs, and recoupments against the Debtor(s) under Sections 510, 544, 545, 548, 549, 550, and 553 of the Bankruptcy Code, including claims to equitable subordination and the right and benefit at law or in equity of all Grainger's rights and interests.

11. Other than those documents named and described herein, there may be additional documents in the possession or under the control of the Debtor(s) that would further support the claims hereunder. Grainger expressly reserves its right to supplement the foregoing Proof of Claim and Addendum against the Debtor(s) and any of the affiliates of the Debtor(s) after full disclosure of all relevant facts in these bankruptcy proceedings, whether pursuant to Bankruptcy Code section 1104 or 1106, or such adversary actions or other legal proceedings as may be necessary or appropriate.

12. Grainger reserves the right to amend or supplement this Proof of Claim and Addendum or to file additional proofs of claims for additional claims, including, without

limitation, claims for administrative expenses and all other claims, at law or in equity, arising prior to, on, or after the Petition Date. Grainger reserves the right to amend or supplement this Proof of Claim, if Grainger should deem it necessary and appropriate, for any reason including an updated statement of the amount then due, or for any other purpose for which a Proof of Claim filed in this proceeding could be amended.

13. Grainger does not consent to the jurisdiction of this Court for any purpose other than the proof and allowance of this Proof of Claim.





W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

## Pre-Petition Statement

**NORTHWEST MISSISSIPPI MEDICAL CTR  
1970 HOSPITAL DRIVE  
CLARKSDALE MS 38614**

Invoice #	PO #	Date	Amount
9598609718	829-6562207	1/22/2018	\$165.63
9693116155	749-6662269	2/7/2018	\$253.44
9695304189	749-6662269	2/9/2018	-\$50.39
9695649021	749-6662269	2/9/2018	\$50.40
9697237353	749-6665933	2/12/2018	\$250.76
9698281913	749-6656932	2/13/2018	\$95.82
9699917739	749-6666226	2/14/2018	\$327.51
9704415836	749-6671467	2/19/2018	\$89.68
9711093238	749-6677299	2/26/2018	\$240.36
9718720767	749-6684029	3/6/2018	\$195.54
9723446770	749-6685791	3/9/2018	\$117.70
9726125520	749-6689309	3/13/2018	\$602.20
9734726830	749-6695533	3/21/2018	\$196.21
9739391390	749-6698460	3/26/2018	\$202.23
9739609007	749-6698699	3/26/2018	\$450.81
9741269550	749-6699405	3/28/2018	\$196.21
9747134923	749-6704606	4/4/2018	\$324.59
9747703719	749-6705114	4/4/2018	\$118.22
9751758724	749-6708021	4/10/2018	\$40.21
9760338302	749-6715038	4/18/2018	\$123.80
9760338310	749-6715038	4/18/2018	\$281.84
9762234012	749-6715482	4/18/2018	\$117.70
9771000305	749-6721376	4/26/2018	\$303.43
9771474336	749-6721648	4/27/2018	\$454.06
9771474344	749-6721959	4/27/2018	\$3,187.70
9776284680	749-6724958	5/3/2018	\$323.57
9783054605	749-6729667	5/10/2018	\$117.70
9789230944	749-6733163	5/15/2018	\$54.78
9791754212	749-6733913	5/17/2018	\$58.57



W.W. Grainger, Inc  
 401 S. Wright Road  
 Janesville, WI 53546

9794554478	749-6733913	5/21/2018	\$96.17
9795621524	749-6737847C	5/22/2018	\$1,948.47
9801330169	749-6741780	5/29/2018	\$251.02
9804477140	749-6739019	5/31/2018	\$70.11
9810644634	749-6747698	6/6/2018	\$117.70
9816703533	749-6751154	6/12/2018	\$900.77
9824665039	749-6755541	6/20/2018	\$282.48
9828956905	749-6758346	6/25/2018	\$161.78
9831807145	749-6759660	6/27/2018	\$70.62
9833699441	749-6761666	6/29/2018	\$762.63
9833699458	749-6761666	6/29/2018	\$49.52
9833848857	749-6761666	6/29/2018	\$839.92
9840553409	749-6765571	7/9/2018	\$117.70
9847970994	749-6769909	7/16/2018	\$450.17
9854674224	749-6773095	7/24/2018	\$298.40
9857236930	749-6775567	7/26/2018	\$603.74
9861312867	749-6777362	7/30/2018	\$117.70
9864231973	749-6779523	8/1/2018	\$10.66
9870914455	749-6783338	8/8/2018	\$323.57
<b>Account Total</b>			<b>\$16,363.41</b>

**GILMORE MEMORIAL HOSPITAL**  
**1105 EARL FRYE BLVD**  
**AMORY MS 38821-5500**

Invoice #	PO #	Date	Amount
9748148898	304	4/4/2018	\$787.07
9748453298	267	4/4/2018	\$68.93
9750982481	372	4/6/2018	\$175.06
9760903436	492	4/18/2018	\$463.29
9766513908	548	4/23/2018	\$1,254.16
9768848971	596	4/25/2018	\$157.29
9773630539	648	4/30/2018	\$859.34
9793123077	871	5/18/2018	\$377.50
9797838225	918	5/24/2018	\$222.06



W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

9798440484	918	5/24/2018	\$115.17
9798590486	918	5/24/2018	\$355.41
9799030995	918	5/24/2018	\$764.29
9804750736	972	6/1/2018	\$494.62
9807213096	972	6/4/2018	\$377.50
9807357927	918	6/4/2018	\$529.28
9816589262	1112	6/12/2018	\$1,119.09
9817001010	1127	6/13/2018	\$525.01
9817112429	1127	6/13/2018	\$407.46
9818052848	1127	6/13/2018	\$730.79
9818646151	1127	6/14/2018	\$45.22
9834914245	1334	7/2/2018	\$611.19
9835183055	1334	7/2/2018	\$377.50
9835463887	1359	7/2/2018	\$417.94
9841295901	1447	7/10/2018	\$281.24
9842891237	1465	7/11/2018	\$701.42
9844100777	1478	7/12/2018	\$442.86
9844526088	1478	7/12/2018	\$377.50
9845372524	1478	7/13/2018	\$131.74
9845372532	1488	7/13/2018	\$289.92
9847991982	15811	7/17/2018	\$517.39
9852064550	1557	7/19/2018	\$511.02
9859178056	1638	7/27/2018	\$560.78
9862900009	1692	7/31/2018	\$239.65
9863479599	1705	8/1/2018	\$110.44
9865251970	1722	8/2/2018	\$758.64
9868335168	1758	8/7/2018	\$1,652.06
9869017443	1786	8/8/2018	\$325.79
9870086890	1808	8/8/2018	\$1,033.50
<b>Account Total</b>			<b>\$19,169.12</b>

GILMORE MEMORIAL HOSPITAL  
AMORY REGIONAL MED CENTER/HMA INC  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500



W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

Invoice #	PO #	Date	Amount
9755164630	425	4/12/2018	\$22.53
9755472934	425	4/12/2018	\$134.00
9755634111	425	4/12/2018	\$168.27
9760911967	96	4/18/2018	\$446.94
9778803354	697	5/4/2018	\$163.20
9780768199	721	5/8/2018	\$189.60
9783053839	750	5/10/2018	\$80.46
9788577717	815	5/15/2018	\$77.16
9801686487	937	5/29/2018	\$140.00
9809921571	1054	6/6/2018	\$79.35
9810678137	1061	6/7/2018	\$481.38
9812734649	750	6/8/2018	\$67.34
9813149656	1091	6/8/2018	\$499.33
9821261824	1163	6/18/2018	\$547.69
9822003563	1147	6/19/2018	\$232.89
9823783866	1212	6/20/2018	\$562.20
9825824684	1239	6/21/2018	\$233.74
9826023047	1239	6/22/2018	\$908.34
9826023054	1054	6/22/2018	\$73.92
9826177264	1259	6/22/2018	\$352.80
9830349867	1304	6/27/2018	\$478.60
9831791901	1318	6/27/2018	\$28.50
9838157874	1411	7/6/2018	\$589.01
9839172831	1429	7/6/2018	\$344.50
9850203424	1543	7/18/2018	\$26.62
9850625527	1543	7/19/2018	\$269.97
9853034644	1577	7/20/2018	\$485.70
9855968054	1621	7/25/2018	\$460.71
9857026620	1621	7/25/2018	\$125.80
9859811425	1657	7/27/2018	\$344.50
<b>Account Total</b>			<b>\$8,615.05</b>



W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

Invoice #	PO #	Date	Amount
9857217724	636	7/25/2018	\$962.80

**Account Total \$962.80**

**Total \$45,110.38**



W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

### 503(B)9 Statement

NORTHWEST MISSISSIPPI MEDICAL CTR  
1970 HOSPITAL DRIVE  
CLARKSDALE MS 38614

Invoice #	PO #	Date	Amount
9870914455	749-6783338	8/8/2018	\$323.57
<b>Account Total</b>			<b>\$323.57</b>

GILMORE MEMORIAL HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821-5500

Invoice #	PO #	Date	Amount
9868335168	1758	8/7/2018	\$1,652.06
9869017443	1786	8/8/2018	\$325.79
9870086890	1808	8/8/2018	\$1,033.50
<b>Account Total</b>			<b>\$3,011.35</b>
<b>Total</b>			<b>\$3,334.92</b>



W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

**VIA OVERNIGHT MAIL**

September 7, 2018

Mr. Michael Anthony Malone  
Polsinelli P.C.  
401 Commerce Street  
Suite 900  
Nashville, TN 37219

Re: Demand for Reclamation (W.W. Grainger, Inc.)

Dear Sir:

Demand is hereby made upon you pursuant to Sections 2-702 of the applicable State Uniform Commercial Code, Section 546(c) of the U.S. Bankruptcy Code, and by virtue of debtor's insolvency, for reclamation of certain deliveries of goods by W.W. Grainger, Inc. ("Grainger") to Curae Health ("Debtor"). A document setting forth the specific deliveries to which this demand relates and containing other relevant information is attached hereto.<sup>1</sup> The total demand is in the amount of \$11,451.49. The product for which demand is being made was received by Debtor on or during the forty-five (45) days prior to August 24, 2018. Debtor is directed to hold all Grainger goods identified in the attachment ("Grainger Reclaimed Goods") and to segregate the Grainger Reclaimed Goods from all other goods in the possession of Debtor.

Please contact the undersigned immediately to arrange for return of the Grainger Reclaimed Goods. If there is any objection to the immediate return of the Grainger Reclaimed Goods, please inform the undersigned immediately in writing specifying the objection(s).

This demand is made not later than forty-five (45) days after Debtor received the Grainger Reclaimed Goods, and not later than 20 days after August 24, 2018.

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<sup>1</sup> Copies of all invoices supporting this spreadsheet are available upon request.



W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

By making this demand, Grainger does not waive its rights to assert any other claims against Debtor and specifically reserves any such other claims and any other rights or interests Grainger may have with respect to the goods identified herein or any other matters relating to its relationship with Debtor.

Very truly yours,

Char Walters,  
Special Collections Associate  
[Char.Walters@Grainger.com](mailto:Char.Walters@Grainger.com)  
Phone No. 608-898-5450

Cc: Mr. Stephen Clapp, CEO  
Curae Health Inc.  
1721 Midpark Road, Suite B200  
Knoxville TN 37921





W.W. Grainger, Inc  
401 S. Wright Road  
Janesville, WI 53546

**VIA OVERNIGHT MAIL**

September 7, 2018

Mr. Stephen Clapp, CEO  
Curae Health Inc.  
1721 Midpark Road, Suite B200  
Knoxville TN 37921

Re: Demand for Reclamation (W.W. Grainger, Inc.)

Dear Sir:

Demand is hereby made upon you pursuant to Sections 2-702 of the applicable State Uniform Commercial Code, Section 546(c) of the U.S. Bankruptcy Code, and by virtue of debtor's insolvency, for reclamation of certain deliveries of goods by W.W. Grainger, Inc. ("Grainger") to Curae Health ("Debtor"). A document setting forth the specific deliveries to which this demand relates and containing other relevant information is attached hereto.<sup>1</sup> The total demand is in the amount of \$11,451.49. The product for which demand is being made was received by Debtor on or during the forty-five (45) days prior to August 24, 2018. Debtor is directed to hold all Grainger goods identified in the attachment ("Grainger Reclaimed Goods") and to segregate the Grainger Reclaimed Goods from all other goods in the possession of Debtor.

Please contact the undersigned immediately to arrange for return of the Grainger Reclaimed Goods. If there is any objection to the immediate return of the Grainger Reclaimed Goods, please inform the undersigned immediately in writing specifying the objection(s).

This demand is made not later than forty-five (45) days after Debtor received the Grainger Reclaimed Goods, and not later than 20 days after August 24, 2018.

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<sup>1</sup> Copies of all invoices supporting this spreadsheet are available upon request.



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By making this demand, Grainger does not waive its rights to assert any other claims against Debtor and specifically reserves any such other claims and any other rights or interests Grainger may have with respect to the goods identified herein or any other matters relating to its relationship with Debtor.

Very truly yours,

Char Walters,  
Special Collections Associate  
[Char.Walters@Grainger.com](mailto:Char.Walters@Grainger.com)  
Phone No. 608-898-5450

Cc: Mr. Michael Anthony Malone  
Polsinelli P.C.  
401 Commerce Street  
Suite 900  
Nashville, TN 37219



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**Reclamation**  
**CURAE HEALTH INC**

**NORTHWEST MISSISSIPPI MEDICAL CTR**  
**1970 HOSPITAL DRIVE**  
**CLARKSDALE MS 38614**

Invoice #	PO #	Date	Amount	Sold To Acct.
9847970994	749-6769909	07/16/18	\$450.17	806021069
9854674224	749-6773095	07/24/18	\$298.40	806021069
9857236930	749-6775567	07/26/18	\$603.74	806021069
9861312867	749-6777362	07/30/18	\$117.70	806021069
9864231973	749-6779523	08/01/18	\$10.66	806021069
9870914455	749-6783338	08/08/18	\$323.57	806021069
<b>Account Total</b>			<b>\$1,804.24</b>	

**GILMORE MEMORIAL HOSPITAL**  
**1105 EARL FRYE BLVD**  
**AMORY MS 38821-5500**

Invoice #	PO #	Date	Amount	Sold To Acct.
9841295901	1447	07/10/18	\$281.24	819232133
9842891237	1465	07/11/18	\$701.42	819232133
9844100777	1478	07/12/18	\$442.86	819232133
9844526088	1478	07/12/18	\$377.50	819232133
9845372524	1478	07/13/18	\$131.74	819232133
9845372532	1488	07/13/18	\$289.92	819232133
9847991982	15811	07/17/18	\$517.39	819232133
9852064550	1557	07/19/18	\$511.02	819232133
9859178056	1638	07/27/18	\$560.78	819232133
9862900009	1692	07/31/18	\$239.65	819232133
9863479599	1705	08/01/18	\$110.44	819232133
9865251970	1722	08/02/18	\$758.64	819232133



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9868335168	1758	08/07/18	\$1,652.06	819232133
9869017443	1786	08/08/18	\$325.79	819232133
9870086890	1808	08/08/18	\$1,033.50	819232133

**Account Total \$7,933.95**

**GILMORE MEMORIAL HOSPITAL  
 AMORY REGIONAL MED CENTER/HMA INC  
 1105 EARL FRYE BLVD  
 AMORY MS 38821-5500**

Invoice #	PO #	Date	Amount	Sold To Acct.
9850203424	1543	07/18/18	\$26.62	886772251
9850625527	1543	07/19/18	\$269.97	886772251
9853034644	1577	07/20/18	\$485.70	886772251
9855968054	1621	07/25/18	\$460.71	886772251
9857026620	1621	07/25/18	\$125.80	886772251
9859811425	1657	07/27/18	\$344.50	886772251

**Account Total \$1,713.30**

**Total \$11,451.49**

# 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):**

<i>Creditor:</i> (6816609)	<b>Claim No:</b> 169	<i>Status:</i>
W.W. Grainger	<i>Original Filed</i>	<i>Filed by:</i> CR
401 S. Wright Rd.	<i>Date:</i> 01/07/2019	<i>Entered by:</i> admin
Attn SCD Bankruptcy	<i>Original Entered</i>	<i>Modified:</i>
Janesville, WI 53546	<i>Date:</i> 01/07/2019	

Amount claimed: \$45110.38  
Secured claimed: \$11451.49  
Priority claimed: \$3334.92

*History:*

[Details](#)    [169-1](#) 01/07/2019 Claim #169 filed by W.W. Grainger, Amount claimed: \$45110.38 (admin)  
1

*Description:*

*Remarks:* (169-1) Account Number (last 4 digits):1660

### 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>	\$45110.38
<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>	\$11451.49	
<b>Priority</b>	\$3334.92	
<b>Administrative</b>		