

Fill in this information to identify the case:

Debtor 1 _____
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of _____
Case number _____

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?		
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?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Name _____	Name _____	
Number _____ Street _____	Number _____ Street _____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	
Contact phone _____	Contact phone _____	
Contact email _____	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----		
4. Does this claim amend one already filed?		
<input type="checkbox"/> No		
<input type="checkbox"/> 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?		
<input 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

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? \$_____. 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.

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 _____
MM / DD / YYYY

Signature

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

Name _____
First name Middle name Last name

Title _____

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

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Statement of Account

PROOF OF CLAIM

Date:	1/8/2019
To:	Joe Rusnak _____
From:	Alan Cohen #610-386-3762 acohen@leasedirect.com

UNSECURED

Customer Name:	Clarksdale HMA, LLC _____
DLL Lease Number:	100-10143775 _____
Equipment Lease Agreement:	5/26/2017 _____
Date of Last Payment:	9/1/2018 _____
Date of Oldest Outstanding:	9/1/2018 _____
Equipment Type:	Stryker Equipment _____
Original Term:	36 _____
Base Payment with Sales Tax:	\$ 965.23 _____
Secured or Unsecured:	UNSECURED

Pre-Petition

Past due/billed payments:	\$ 1,633.19	8/1, 9/1
Finance:	_____	
Late Charges:	_____	
Documentaion Fee:	_____	
Other: Insurance	_____	
Total Presently Due: CURE AMOUNT		\$1,633.19 (A)
Post-Petition		
Base Payment with Sales Tax:	\$ 965.23	
# Remaining payments to be discounted:	20	
Booked Residual:	_____	
Remaining payments & BRV discounted at:		\$19,304.60 (B)
Equipment Sale Proceeds (Net):		_____ (C)
Total DLL Unrecovered Investment: PROOF OF CLAIM AMOUNT		\$20,937.79 (A+B+C)



Short Form Conditional Sale Agreement No. 0110027030

Owner ("we" or "us"):
Stryker Flex Financial, a division of Stryker Sales Corporation
1901 Romance Road Parkway
Portage, MI 49002

Customer Name and Address ("You" and "Your"):
Clarksdale HMA, LLC
1970 Hospital DR
Clarksdale, Mississippi 38614-7202

Equipment Location: 1970 HOSPITAL DR, CLARKSDALE, Mississippi 38614-7202
Supplier: Stryker Sales Corporation, 3800 E Centre Avenue, Portage, MI 49002
Equipment Description See Exhibit A (and/or as described in invoice(s) or equipment list attached hereto and made a part hereof)

PAYMENT INFORMATION

Table with 3 columns: Number of Payments, Payment Frequency, Payment Amount. Row 1: 36, Monthly, \$965.23 (First payment due 30 days after Agreement is commenced), (Plus applicable Sales/Use Taxes - See "Taxes" section below)

Terms and Conditions:

1. Purchase Agreement/ Acceptance/ Payments: You agree to purchase from us the Equipment and services, if any, described above and on any attached schedule (the "Equipment") in accordance with the terms of this Agreement (this "Agreement"). You shall be deemed to have accepted the Equipment for purchase under this Agreement on the date that is ten (10) days after the date it is shipped to you by the Supplier ("Acceptance Date") and, at our request, you shall confirm for us such acceptance in writing. No acceptance of any item of Equipment may be revoked by you. You agree to pay the Payments described above ("Payments") beginning on the Acceptance Date or any later date we designate and thereafter until all fully paid. Unless otherwise instructed by us in writing, all Payments and other amounts due hereunder shall be made to our address above. This Agreement is non-cancelable and may not be prepaid. Your obligations under this Agreement (your "Obligations") are absolute, unconditional, and are not subject to cancellation, defense, recoupment, reduction, setoff or counterclaim. If a Payment is not made when due, you will pay us a late charge of 5% of each Payment or \$10.00, whichever is greater, but only to the extent permitted by law. We may charge you a fee of \$55.00 for any check that is returned. You authorize us to adjust the Payments at any time if taxes included in the Payments differ from our estimate. You agree that the Payments were calculated by us based, in part, on a rate reported in the "Interest rate swaps" section of Federal Reserve Statistical Release H-15 and in the event the date the Equipment is delivered to you is more than 30 days after we send this Agreement to you, we may adjust the Payments once to compensate us, in good faith, for any increase in such rate.

2. Ownership/Security Interest/Laws/Use/Maintenance: Upon acceptance of the Equipment by you, you shall hold title to and be the owner of the Equipment for all purposes including, without limitation, tax purposes. The purchase of the Equipment by you under this Agreement shall be "AS IS, WHERE IS", without representation or warranty of any kind from us, provided that this Agreement shall not impair any express warranties or indemnifications, written service agreements or other obligations of Stryker Corporation or any of its subsidiaries to you regarding the Equipment and we hereby assign all of our rights in any Equipment warranties to you. As security for all of your Obligations, you hereby grant to us a first priority security interest in all of your rights, title and interests in the Equipment, all replacements, additions, accessories, accessories and substitutions thereto or therefore and all proceeds and products thereof, including, without limitation, all proceeds of insurance. Upon timely payment of all amounts due hereunder (plus all applicable Taxes), our security interest in the Equipment shall terminate and you shall be the owner of the Equipment, free and clear of any interest created by us. You agree not to permit any lien, security interest (except ours), claim or encumbrance to be placed upon the Equipment. You shall comply with all applicable laws, rules and regulations and manufacturer's specifications and instructions concerning the operation, ownership, use and/or possession of the Equipment. You must, at your cost, keep the Equipment in good working condition. If Payments include maintenance and/or service costs, you agree that (i) no Assignee (as defined below) is responsible to provide the maintenance or service, (ii) you will make all maintenance and service related claims to the persons providing the maintenance, service or warranty, and (iii) any maintenance, warranty or service claims will not impact your Obligations. The Equipment cannot be moved from the location above without our prior written consent.

3. Taxes: You shall pay when and as due all sales, use, property, excise and other taxes, and all license and registration fees now or hereafter imposed by any governmental body or agency upon this Agreement or the ownership, use, or sale of the Equipment, together with all interest and penalties for their late payment or non-payment ("Taxes"). You shall indemnify and hold us harmless from any such Taxes. You shall prepare and file all tax returns relating to Taxes for which you are responsible hereunder. If we receive any tax bill pertaining to the Equipment from the appropriate taxing authority, we may, without obligation, pay such tax and if we pay such tax bill we will invoice you for the expense. Upon receipt of such invoice, you will promptly reimburse us for such expense.

4. Assignment: You agree not to transfer, sell, lease, assign, pledge or encumber the Equipment or any rights under this Agreement without our prior written consent, which consent shall not be unreasonably withheld, and if you do, even with our consent, you will still be fully responsible for all your Obligations. You shall provide us with at least 45 days' prior written notice of any change to your principal place of business, organization or incorporation. You agree that we may, without notice to you, sell, assign, or transfer ("Transfer") this Agreement to a third party (each, an "Assignee"), and each Assignee will have our Transferred rights, but none of our obligations, and such rights will not be subject to any claims, recoupment, defenses, or setoffs that you may have against us or any supplier even though an Assignee may continue to bill and collect all of your Obligations in the name of "Stryker Finance".

5. Risk of Loss, Insurance and Reimbursement: Effective upon delivery to you, you shall bear all risk of Equipment loss or damage. If any such loss or damage occurs you still must satisfy all of your Obligations. You will (i) keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost, (ii) list us as the insurance sole loss payee and (iii) give us written proof of the insurance. If you do not provide such insurance, we have the right, without obligation, to obtain such insurance and add an insurance fee (which may include a profit) to the amount due from you. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us. To the extent not expressly prohibited by applicable law, you will reimburse and defend us, including each Assignee for and against any losses, injuries, damages, liabilities, expenses, claims or legal proceedings asserted against or incurred by us, including any Assignee, relating to the Equipment and which relate to or arise out of your act or omission or the act or omission of your agents or employees or others (excluding us) with access to the Equipment. The terms of this paragraph will continue after the termination of this Agreement.

6. Default Remedies: You are in default under this Agreement if a) you fail to pay a Payment or any other amount when due, or b) you breach any other obligation under this Agreement, or c) your principal owner or any guarantor of this Agreement dies, or d) you or any guarantor dissolves, ceases to do business as a going concern, becomes insolvent, bankrupt, merges, or is sold; or e) you or any guarantor fails to pay any other material obligation owed to us or any of our affiliates. Upon default, we may a) declare the entire balance of unpaid Payments immediately due and payable, b) sue you for and receive the total amount due with future Payments discounted to the date of default at a rate of 3% per annum, c) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by applicable law from the date of default until paid, and/or d) require you to immediately return the Equipment to us or we may peaceably repossess it. Upon default, you will also pay all expenses including but not limited to reasonable attorneys' fees, legal costs, cost of storage and shipping incurred by us in the enforcement and attempted enforcement of any remedies under this Agreement. If the Equipment is returned or repossessed we will, if commercially reasonable, sell or otherwise dispose of the Equipment at terms we determine, at one or more public or private sales, with notice as required by law, and apply the net proceeds (after deducting any related expenses) to your Obligations. You remain liable for any deficiency with any excess being retained by us or applied as required by applicable law.

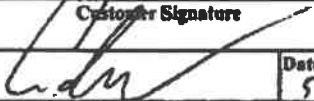
7. Miscellaneous: This Agreement shall be governed and construed in accordance with the laws of Michigan. You agree (i) that the Equipment will only be used for business purposes and not for personal, family or household use, and (ii) that a facsimile copy of this Agreement and each document executed with this Agreement may be treated as an original and will be admissible as legal evidence thereof. We may inspect the Equipment at any time prior to payment in full of your Obligations. No failure to act shall be deemed

Agreement #0110027030



a waiver of any rights hereunder. If you fail to pay (within thirty days of invoice date) any freight, sales tax or other amounts related to the Equipment which are not financed hereunder and are billed directly by us to you, such amounts shall be added to the Payments set forth above (plus interest or additional charges thereon) and you authorize us to adjust such Payments accordingly. If you are required to report the components of your payment obligations hereunder to certain state and/or federal agencies or public health coverage programs such as Medicare, Medicaid, SCHIP or others, and such amounts are not adequately disclosed in any attachment hereto, then Stryker Sales Corporation will, upon your written request, provide you with a detailed outline of the components of your payments which may include equipment, software, service and other related components. You acknowledge that you have not received any tax or accounting advice from us. You agree that you shall upon request from us, promptly provide to us a copy of your most recent annual financial statements and any of your other financial information (including interim financial statements) that we may request. You authorize us to share such information with our affiliates, subsidiaries and Assignees. This Agreement, any schedules hereto, any attachments to this Agreement or any schedules and any express warranties made by Stryker Sales Corporation constitute the entire agreement between the parties hereto regarding the Equipment and its use and possession and supersede all prior agreements and discussions regarding the Equipment and any prior course of conduct. You waive all rights to any indirect, punitive, special or consequential damages in connection with the Equipment or this Agreement. There are no agreements, oral or written, between the parties which are contrary to the terms of this Agreement and such other documents. **YOU AGREE THAT THIS IS A NON-CANCELLABLE AGREEMENT AND WAIVE TRIAL BY JURY**

I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS AGREEMENT FOR CUSTOMER

Customer Signature	
Signature: 	Date: 5-26-17
Print Name:	
Edward W. Lomicka	
Title:	

Vice President and Treasurer

Accepted By Stryker Flex Financial, a division of Stryker Sales Corporation	
Signature: 	Date: 5/11/17
Print Name:	
Auden Schreiner	
Title:	
Contract Specialist	

Agreement #0110027030

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ASSIGNMENT OF AGREEMENT

This Assignment dated effective as of January 25, 2018 by and between Clarksdale HMA, LLC (hereinafter called "Assignor") and Clarksdale Regional Medical Center, Inc. d/b/a Northwest Mississippi Medical Center (hereinafter called "Assignee").

Whereas, Assignor entered into a Short Form Conditional Sale Agreement No. 0110027030 (hereinafter called the "Agreement"), with Stryker Flex Financial, a division of Stryker Sales Corporation (hereinafter called "Lessor") on or about May 26, 2017. The Agreement provides for payment of 36 monthly payments of \$965.23.

Whereas, the Agreement is by its terms assignable only with the prior written consent of Lessor and Assignee desires to acquire the rights thereto and is willing to assume all of the obligations of Assignor under the Agreement as herein provided.

Now, Therefore, in consideration of the foregoing premises and mutual obligations hereinafter set forth, which are hereby acknowledged to be good and valuable, it is agreed as follows:

1. Assignor hereby assigns to Assignee effective as of January 25, 2018, all of Assignor's right, title and interest in and to the Agreement. This Assignment shall not release Assignor from its obligations under the Agreement.
2. Subject to the execution by Lessor of the Consent to Assignment set forth below, Assignee hereby assumes and covenants to pay all remaining unpaid monthly payments of the Agreement and perform all of the other obligations of Assignor under the terms and conditions of the Agreement.

Assignor: Clarksdale HMA, LLC

Assignee: Clarksdale Regional Medical Center, Inc.
d/b/a Northwest Mississippi Medical Center

By: [Signature]
 Print Name: Charles H. Hester Jr
 Title: CFO

By: [Signature]
 Print Name: Charles H. Hester, Jr
 Title: CFO

Consent to Assignment

Stryker Flex Financial, a division of Stryker Sales Corporation, hereby consents to the assignment of Assignor's right, title and interest in the Agreement to Assignee and hereby agrees to all of the terms thereof. This consent shall not constitute a release of the Assignor and/or Guarantors, if any, from any liability under the Agreement.

Stryker Flex Financial, a division of Stryker Sales Corporation

By: [Signature]
 Rylee Kopie
 Documentation Specialist

Dated: 2/14/18

1901 Romance Road Parkway
Portage, MI 48902
t: 888-308-3146 f: 877-204-1332
www.stryker.com



January 25, 2018

Clarksdale HMA, LLC
1970 Hospital DR
Clarksdale, MI 38614

Re: Assignment of Short Form Conditional Sale Agreement No. 0110027030 (the "Agreement") by and between Clarksdale HMA, LLC and Stryker Flex Financial, a division of Stryker Sales Corporation

To Our Valued Customer:

We have been asked to consent to the transfer of the above captioned Agreement. Please have the enclosed Assignment of Agreement signed, dated and returned to us. Please note that we will not accept 3rd party assignment forms.

The \$100 processing fee has been waived.

The Agreement must be current and not otherwise in default in order for us to sign the consent.

The enclosed original signed Assignment must be received by us before our consent can be issued. Normally, we are able to return the signed consent to you in approximately two weeks.

If we do not receive the enclosed signed Assignment within 60 days after the date of this letter, the Assignment will be void.

Sincerely,

Rylee Koole
Documentation Specialist



Exhibit A to Short Form Conditional Sale Agreement Number 0110027030
Description of Equipment

Customer Name: Clarksdale HMA, LLC
Delivery Address: 1970 HOSPITAL DR, CLARKSDALE, Mississippi 38614-7202

Part I - Equipment/Service Coverage (if applicable)

Trade-Up/Buyout:

Part Number	Trade-Up/Buyout Description	Quantity
9999-999-999	Buyout of Equipment Rental Agreement I-3133	1

Total Trade-Up/Buyout: \$31,822.77

This Exhibit A includes all equipment originally listed on Exhibit A to agreement #I-3133 plus all additional, new equipment listed above

Total Financed Amount: \$31,822.77

Customer Signature	
Signature:	Date: 5-26-17
Print Name:	
Title: Edward W. Lomicka	

Vice President and Treasurer

Accepted By Stryker Flex Financial, a Division of Stryker Sales Corporation	
Signature:	Date: 6/1/17
Print Name: Auden Schreiner	
Title: Contract Specialist	

Agreement Number 0110027030

3775



To. CLARKSDALE REGIONAL MEDICAL CENTER, INC ("Customer")

Re: The Contract ("Contract") referenced on Exhibit A annexed hereto, by and between Stryker and Customer, and the equipment, software and services, as applicable, which is the subject of such Contract ("Equipment").

STRYKER HEREBY GIVES NOTICE TO CUSTOMER THAT THE CONTRACT, AND ALL OF STRYKER'S RIGHTS AND INTERESTS WITH RESPECT TO THE PAYMENTS SET FORTH BELOW, HAVE BEEN SOLD, ASSIGNED AND TRANSFERRED TO DE LAGE LANDEN FINANCIAL SERVICES, INC ("DLL").

Stryker hereby directs Customer to make all further payments of obligations payable under the Contract directly to DLL at the following address

PO Box 41602
Philadelphia, PA 19101

*Please notate either the invoice number or contract number in the memo section of the check.

(or at such other address as DLL from time to time may notify Customer at Customer's above address or such other address of which Customer has given DLL notice), except with respect to the following payments: NOT APPLICABLE.

Stryker agrees that payment to DLL will relieve Customer of its obligation to make such payments to Stryker pursuant to the Contract and all such payments must be made to DLL until DLL advises Customer otherwise.

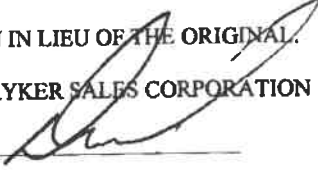
All notices and other correspondence to DLL (other than payments) shall be addressed to it at 1111 Old Eagle School Road, Wayne, Pennsylvania 19087 10167-0062, Attention: Portfolio Management, or to such other address as DLL may notify Customer from time to time.

Please have an authorized officer execute the acknowledgment below and return an executed copy of this letter to DLL. The parties hereto agree that this Acknowledgment may be executed in counterparts.

YOU MAY RELY UPON A PHOTOCOPY OF THIS NOTIFICATION IN LIEU OF THE ORIGINAL.

Acknowledged as of this
10 day of OCT 2018

STRYKER SALES CORPORATION

By 

CLARKSDALE REGIONAL MEDICAL CENTER, INC

Its: Devon Ivy
Controller

By _____

Receipt Acknowledged

Its: _____

DE LAGE LANDEN FINANCIAL SERVICES, INC

By 

Its: Senior Litigation & Bankruptcy Specialist

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> (6818682) De Lage Landen Financial Services, Inc. c/o Joseph P. Rusnak 315 Deaderick Street Ste 1700 Nashville, TN 37238</p>	<p>Claim No: 175 <i>Original Filed</i> Date: 01/09/2019 <i>Original Entered</i> Date: 01/09/2019 <i>Last Amendment</i> Filed: 01/22/2019 <i>Last Amendment</i> Entered: 01/22/2019</p>	<p><i>Status:</i> Filed by: CR Entered by: JOSEPH P RUSNAK Modified:</p>
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Amount claimed: \$20937.79

History:

- [Details](#) [175-](#) 01/09/2019 Claim #175 filed by De Lage Landen Financial Services, Inc., Amount claimed: \$20937.79 (RUSNAK, JOSEPH)
 [1](#)
- [Details](#) [175-](#) 01/10/2019 Amended Claim #175 filed by De Lage Landen Financial Services, Inc., Amount claimed: \$20937.79 (RUSNAK, JOSEPH)
 [2](#)
- [Details](#) [175-](#) 01/22/2019 Amended Claim #175 filed by De Lage Landen Financial Services, Inc., Amount claimed: \$20937.79 (RUSNAK, JOSEPH)
 [3](#)

Description:

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*	\$20937.79
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		