

Fill in this information to identify the case:

Debtor 1 Curae Health Inc

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the _____ District of _____

Case number _____

FILED

JAN 11 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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?	<u>Smart Source of Georgia LLC.</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)	
	Name: <u>Smart Source of Georgia</u>	Name _____	
	<u>10 McGinnis Ferry Rd.</u>	Number _____ Street _____	
	Number _____ Street _____	Number _____ Street _____	
	City <u>Suwanee</u> State <u>GA</u> ZIP Code <u>30024</u>	City _____ State _____ ZIP Code _____	
	Contact phone <u>408 716 7330</u>	Contact phone _____	
	Contact email <u>VBehan@SmartSourceLLC.com</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

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

- ☐ 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 01/08/2019
MM / DD / YYYY

Val Sheehan
Signature

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

Name Val Sheehan
First name Middle name Last name

Title Senior Credit Manager

Company SMART Source of Georgia LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7270 McGinnis Ferry Rd.
Number Street

Suwanee GA 30024
City State ZIP Code

Contact phone 408-796-7330 Email Vsheehan@SMARTSOURCE.COM

Run Date: 01/08/2019
Time: 03:36 PM

Smart Source of Georgia LLC
A/R Open Invoice Report by Customer
Aged by Invoice date as of 01/08/2019
Transactions as of Fiscal Year 2019 Accounting Period 01

Page: 1

Invoice	Date	Due Date	Future	Current	Over 30	60	90	120
35-HSP15291	PANOLA MEDICAL CENTER		(663)	563-5611	Ext:			
1926188	10/25/2017	11/24						CREDIT HOLD
	06/07/2018	CHK: 013453						3,357.87
	07/09/2018	CHK: 013645						500.00-
	07/26/2018	CHK: 013816						500.00-
	08/23/2018	CHK: 013926						250.00-
								500.00-
								1,607.87

1926890	10/26/2017	11/25	701-6549622						454.31
1939841	12/11/2017	01/10	701-6506923						2,254.53
Credit Limit Total for	A/R Balance								4,316.71
1	35-HSP15291			.00	.00	.00	.00	.00	4,316.71

**Division 35 Total (3):

4,316.71	.00	.00	.00	.00	.00	.00	.00	4,316.71
100.00%								100.00%

*** INVOICE ***



BRAND LEVERAGE DELIVERED

Remit To:
Smart Source of Georgia, LLC
P.O. Box 932146
Atlanta, GA 31193-2146

NUMBER	1926188
DATE	10/25/2017
CUSTOMER	35-HGP15291
P.O. #	
ORDERED BY	

SOLD TO

PANOLA MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
303 MEDICAL CENTER DR.
BATESVILLE, MS 38606

SHIPPED TO

0000 RECEIVING
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR.
BATESVILLE, MS 38606

PLEASE PAY FROM THIS INVOICE. WE SINCERELY APPRECIATE YOUR BUSINESS.

OUR ORD. #	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS
35-006522	09/27/2017	Sales Delivery	Kyle Wagner	NET 30 DAYS

ORDERED	SHIPPED	DESCRIPTION / ITEM CODE	UNIT PRICE	U/M	EXTENSION	NO TAX
290	290	GILDAN T-SHIRT, SIZES S-XL 2000	6.92	EACH	2,006.80	*
65	65	GILDAN T-SHIRT, SIZES 2XL 2000	9.87	EACH	641.55	*
25	25	GILDAN T-SHIRT, SIZES 3XL 2000	11.62	EACH	290.50	*
1	1	ART CHARGES	190.00	EA	190.00	*
8	8	GILDAN T-SHIRT, SIZES 4XL-5XL 2000	11.62	EACH	92.96	*

COMMENTS:

For questions about this invoice, email us at:
billing@smartsourcecellc.com

Net Sale:

3,221.81

Sales Tax:

8.90

Freight:

127.16

Total in USD:

3,357.87

NOTE: Any overdue amounts shall be subject to a finance charge at the rate of one percent (1.0%) per month, commencing on the date such amount becomes overdue.

*** INVOICE ***



BRAND LEVERAGE DELIVERED

Remit To:
Smart Source of Georgia, LLC
P.O. Box 932146
Atlanta, GA 31193-2146

NUMBER	1926680
DATE	10/26/2017
CUSTOMER	35-HGP15291
P.O. #	701-6549622
ORDERED BY	

SOLD TO

PANOLA MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
303 MEDICAL CENTER DR.
BATESVILLE, MS 38606

SHIPPED TO

0000 PO# 701-6549622
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR.
BATESVILLE, MS 38606

PLEASE PAY FROM THIS INVOICE. WE SINCERELY APPRECIATE YOUR BUSINESS.

OUR ORD. #	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS
35-006571	10/18/2017	UPS Ground	Kyle Wagner	NET 30 DAYS

ORDERED	SHIPPED	DESCRIPTION / ITEM CODE	UNIT PRICE	U/M	EXTENSION	NO TAX
500	500	HANGING PARKING PERMIT HANG TAG	.87	EACH	435.00	*

COMMENTS:

For questions about this invoice, email us at:
billing@smartsourcellc.com

Net Sale:

435.00

Sales Tax:

1.26

Freight:

18.05

Total in USD:

454.31

NOTE: Any overdue amounts shall be subject to a finance charge at the rate of one percent (1.0%) per month, commencing on the date such amount becomes overdue.

*** INVOICE ***



Remit To:
Smart Source of Georgia, LLC
P.O. Box 932146
Atlanta, GA 31193-2146

NUMBER	1939841
DATE	12/11/2017
CUSTOMER	35-HGP15291
P.O. #	701-6506923
ORDERED BY	

SOLD TO	SHIPPED TO
PANOLA MEDICAL CENTER ATTN: ACCOUNTS PAYABLE 303 MEDICAL CENTER DR. BATESVILLE, MS 38606	0000 PO 701-6506923 - MISSY HOPKINS PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR. BATESVILLE, MS 38606

PLEASE PAY FROM THIS INVOICE. WE SINCERELY APPRECIATE YOUR BUSINESS.

OUR ORD. #	DATE SHIPPED	SHIPPED VIA	SALESPERSON	TERMS
35-006433	10/11/2017	UPS Ground	Kyle Wagner	NET 30 DAYS

ORDERED	SHIPPED	DESCRIPTION / ITEM CODE	UNIT PRICE	U/M	EXTENSION	TAX
13	13	LADIES OTTOMAN TEXTURED KNIT POLO CGM435	28.82	EACH	374.66	
3	3	LADIES OTTOMAN TEXTURED KNIT POLO CGM435	31.74	EACH	95.22	
25	25	MENS OTTOMAN TEXTURED KNIT POLO CGM441	28.82	EACH	720.50	
18	18	MENS OTTOMAN TEXTURED KNIT POLO CGM441	31.74	EACH	571.32	*
5	5	MENS OTTOMAN TEXTURED KNIT POLO-CHAPLAIN CHAPLAIN	32.84	EACH	164.20	*
6	6	MENS OTTOMAN TEXTURED KNIT POLO-CHAPLAIN CHAPLAIN	35.76	EACH	214.56	*
2	2	MENS OTTOMAN TEXTURED KNIT POLO CGM441	28.82	EACH	57.64	*

COMMENTS:

For questions about this invoice, email us at:
billing@smartsourcellc.com

Net Sale:	Sales Tax:	Freight:	Total in USD:
2,198.10	3.69	52.74	2,254.53

NOTE: Any overdue amounts shall be subject to a finance charge at the rate of one percent (1.0%) per month, commencing on the date such amount becomes overdue.

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: (6819558)

Claim No: 178

Status:

SMART SOURCE OF

Original Filed

Filed by: CR

GEORGIA LLC

Date: 01/11/2019

Entered by: Intake1

SMART SOURCE OF

Original Entered

Modified:

GEORGIA

Date: 01/11/2019

7270 MCGINNIS FERRY RD

SUWANEE GA 30024

No amounts claimed

History:

[Details](#) [178-1](#) 01/11/2019 Claim #178 filed by SMART SOURCE OF GEORGIA LLC, Amount claimed: (Intake1)

Description:

Remarks: (178-1) Page 2 of Form 410 not included in paperwork that was sent to Court.

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

No Amounts Claimed