

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee  
(State)

Case number 18-05665

**FILED**

JAN 11 2019

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

Official Form 410

# Proof of Claim

12/15

Read the instructions before filling out the 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 any attached documents. Attach redact 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? FedEx Corporate Services Inc.  
Name of the current creditor (the person or entity to be paid for the 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? <u>FedEx Corporate Services Inc. as Assignee</u> <u>offi FedEx Express/Ground/Freight/Office</u>	Where should payments to the creditor be sent? (if different)
	Name <u>3965 Airways Blvd, Module G, 3rd Floor</u> Number Street	Name _____ Number Street
	<u>Memphis TN 38116-5017</u> City State ZIP Code	City State ZIP Code _____ _____ _____
	Contact phone <u>855-552-5393 X 471-4000</u>	Contact phone _____
	Contact email <u>Bankruptcy@FedEx.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?  
 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: 4975

7. How much is the claim? \$1,069.58 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.  
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 all that apply:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. 507(a)(1)(A) or (a)(1)(B).  
 Up to \$2,775\* 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 \$12,475\*) 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 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign below**

The person completing the 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 1-7-19  
 MM / DD / YYY

Melissa Fitzgerald  
 Signature

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

Name	or	Melissa	K.	Fitzgerald
		Michael	D.	Gahagan
		First name	Middle name	Last name
Title		<u>Sr. Performance and Planning Analyst</u>		
Company		<u>FedEx Corporate Services Inc.</u>		
		Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address		<u>3965 Airways Blvd, Module G, 3rd Floor</u>		
		Number	Street	
		<u>Memphis</u>	<u>TN</u>	<u>38116-5017</u>
		City	State	Zip Code
Contact phone		<u>855-552-5393 X 471-4000</u>	Email	<u>Bankruptcy@FedEx.Com</u>



Bankruptcy Information System  
Statement of Account

Case # 18-05665  
Name Curae Health Inc.  
Filing St Tennessee FilingDist Middle  
Filing Date 08/24/2018 Chapter 11

Account #	Invoice #	Invoice Date	Invoice Amount
105794975	623470268	07/04/2018	\$8.46
105794975	624076511	07/11/2018	\$29.86
105794975	624786149	07/18/2018	\$97.05
105794975	625509665	07/25/2018	\$41.17
105794975	626156370	08/01/2018	\$28.33
105794975	626984733	08/08/2018	\$66.68
105794975	627569990	08/15/2018	\$64.12
105794975	628404559	08/22/2018	\$27.15
<b>105794975</b>			<b>\$362.82</b>
421430403	624754643	07/18/2018	\$133.78
421430403	625575773	07/25/2018	\$90.25
421430403	626251237	08/01/2018	\$136.43
421430403	626923749	08/08/2018	\$81.84
421430403	627708926	08/15/2018	\$104.61
421430403	628424261	08/22/2018	\$159.85
<b>421430403</b>			<b>\$706.76</b>
<b>Grand Total:</b>			<b>\$1,069.58</b>



Wednesday, January 9, 2019

US Bankruptcy Court  
701 Broadway Room 207  
Nashville, TN 37203

Ref: Curae Health Inc.

Case #: 18-05665

To Whom It May Concern

Please file the attached Proof of Claim on behalf of FedEx Corporate Services Inc. and return a copy to me as the proof of the filing.

Thank you for your cooperation in this matter

Sincerely,

A handwritten signature in black ink that reads "Mehdi Setguld" followed by the initials "HSE".

Sr Perf & Plan Analyst

Tel: 1-855-552-5393 ext 4714000

Fax: 901-397-2016

Attachment(s):

cc: file

# 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:* (6819569)      **Claim No:** 180      *Status:*  
FEDEX CORPORATE      *Original Filed*      *Filed by:* CR  
SERVICES INC              *Date:* 01/11/2019      *Entered by:* Intake1  
FEDEX CORPORATE      *Original Entered*      *Modified:*  
SERVICES INC AS ASSIGNEE      *Date:* 01/11/2019  
OFFI FEDEX EXPRESS  
GROUND FREIGHT OFFICE  
3965 AIRWAYS BLVD  
MODULE G 3RD FLOOR  
MEMPHIS TN 38116-  
5017

Amount claimed: \$1069.58

*History:*

[Details](#)      [180-](#) 01/11/2019 Claim #180 filed by FEDEX CORPORATE SERVICES INC, Amount claimed:  
[1](#)                      \$1069.58 (Intake1)

*Description:* (180-1) 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>	\$1069.58
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		