

Fill in this information to identify the case:

Debtor 1 GILMORE MEMORIAL HOSPITAL
 Debtor 2 (Spouse, if filing) NW MISSISSIPPI REG MED CTR
 United States Bankruptcy Court for the: _____ District of _____
 Case number 18-05665

FILED
 JAN 17 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? GENERAL BIOMEDICAL SERVICE INC.
 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?
 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?	Where should payments to the creditor be sent? (if different)
	<u>GENERAL BIOMEDICAL Service</u> Name <u>1900 25TH STREET</u> Number Street <u>Kenner LA 70062</u> City State ZIP Code Contact phone <u>504.468.8597</u> Contact email <u>504.469.3723 FAX</u> <u>info@generalbiomedical.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<u>General Biomedical Service</u> Name <u>1900 25TH STREET</u> Number Street <u>Kenner LA 70062</u> City State ZIP Code Contact phone <u>504.468.8597</u> Contact email <u>504.469.3723 FAX</u>

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? _____

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

No

Yes. Check one:

Amount entitled to priority

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.

\$ _____

* 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

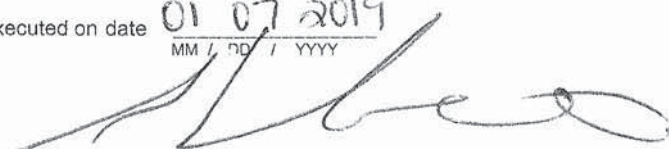
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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 07 2019
MM / DD / YYYY



Signature

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

Name

STEPHEN SALADINO

First name

Middle name

Last name

Title

PRESIDENT

Company

GENERAL BIOMEDICAL SERVICE INC.

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

Address

1900 25TH ST

Number

Street

Kenner

LA

70062

City

State

ZIP Code

Contact phone

504 468 8597

Email

info@generalbiomedical.com

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> (6718161)	Claim No: 181	<i>Status:</i>
GENERAL BIOMEDICAL	<i>Original Filed</i>	<i>Filed by:</i> CR
SERV INC	<i>Date:</i> 01/11/2019	<i>Entered by:</i> Intake1
1900 25TH STREET	<i>Original Entered</i>	<i>Modified:</i>
KENNER, LA 70062	<i>Date:</i> 01/11/2019	

No amounts claimed

History:

[Details](#) [181-](#) 01/11/2019 Claim #181 filed by GENERAL BIOMEDICAL SERV INC, Amount claimed:
[1](#) (Intake1)

Description:

Remarks: (181-1) Form 410 page 2 not included.

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