

**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  
 1/14/2019  
 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.

<b>Part 1: Identify the Claim</b>																					
<b>1. Who is the current creditor?</b>	USOC MEDICAL 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>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Where should notices to the creditor be sent?</b></td> <td style="width: 50%;"><b>Where should payments to the creditor be sent? (if different)</b></td> </tr> <tr> <td>USOC MEDICAL</td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>20 MORGAN</td> <td>_____</td> </tr> <tr> <td>IRVINE, CA 92618</td> <td>_____</td> </tr> <tr> <td>Contact phone 949-243-9109</td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email</td> <td>Contact email _____</td> </tr> <tr> <td>accounting@usocmedical.com</td> <td>_____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>	USOC MEDICAL	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	20 MORGAN	_____	IRVINE, CA 92618	_____	Contact phone 949-243-9109	Contact phone _____	Contact email	Contact email _____	accounting@usocmedical.com	_____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>																				
USOC MEDICAL	_____																				
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IRVINE, CA 92618	_____																				
Contact phone 949-243-9109	Contact phone _____																				
Contact email	Contact email _____																				
accounting@usocmedical.com	_____																				
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____																					
<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**

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: 2057

7. How much is the claim? \$ 3105.00 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 healthcare information.  
Repair of Medical Equipment

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)?	<input checked="" type="checkbox"/> No	
	<input 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 type="checkbox"/> 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).

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 1/14/2019  
MM / DD / YYYY

/s/ Kimberly Gray

Signature

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

Name Kimberly Gray

First name Middle name Last name

Title Accounting

Company USOC Medical

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

Address 20 Morgan

Number Street

Irvine, CA 92618

City State ZIP Code

Contact phone 949-243-9109 Email accounting@usocmedical.com



## Invoice

**20 Morgan**  
**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 5281**  
**Date : 03-23-2018**  
**Account # : ACC2057**

### Ship To:

Northwest Mississippi Medical Center  
 1970 Hospital Dr  
 Clarksdale, MS, 38614  
 Attention: Biomed Tom

### Bill To:

Northwest Mississippi Medical Center  
 892 902 Accounting  
 PO Box 1218  
 Clarksdale MS, 38614  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Patti	Repair	749-6693609	30	Shipped	03-23-2018	3-Day	04-22-2018	435230258748

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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**"Simple Solutions for Complex Devices"**

All parts sold by USOC are either Refurbished or Aftermarket.

\*\*\*\* **Late Fees: 0-30 days (5%), 30-60 days (10%), >60 days (15%). All credit card charges are subject to a 3% fee of the total cost** \*\*\*\*  
 USOC Medical warrants to the original purchaser that this product is free from defects in materials and workmanship for (12) month period. This warranty does not apply if this product (1) was not purchased from USOC Medical, (2) has been altered in any way, or (3) has not been used in accordance with OEM and product manufacturer's guidelines. This Limited Warranty does not cover damage due to accidents, water damage, neglect, improper installation, or substitution of parts not approved by USOC Medical. For more complete details on usoc medical warranty policy refer to [www.usocmedical.com](http://www.usocmedical.com). \*\* A 20% restocking fee will be added for any return items \*\*

**Invoice**

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**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_5281**  
**Date : 03-23-2018**  
**Account # : ACC2057**

1	<p>USOCM4841A  M4841A Philips TRX Telemetry without SPO2</p> <p>SN: US11483569</p> <p>HOSP ID: 1530</p> <p>ISSUE: Battery door case broken.</p> <p>Problem Found: Physical Damage</p> <ul style="list-style-type: none"> <li>- Broken Battery Compartment Lock</li> <li>- Corrosion in Battery Compartment and Battery Terminals</li> <li>- Cracked Case And Corrosion in Comport Pin Well with Damage/Missing Contact Pins</li> <li>- Corrosion in ECG Block Assembly</li> </ul> <p>Solution: Replaced Case Assembly,</p> <p>Tested Device on ECG Simulator S/N: 2125,</p> <p>Device Passed Functional Tests to OEM Specification,</p> <p>Device Passed Department QC Inspection,</p> <p>Set Device to Factory Default settings.</p>	1.00	\$495.00	\$495.00
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**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_5281**  
**Date : 03-23-2018**  
**Account # : ACC2057**

2	USOCM4841A M4841A Philips TRX Telemetry without SPO2  SN: US11472613  HOSP ID: 1525  ISSUE: Battery door case broken.  Problem Found: Physical Damage - Broken Battery Compartment and Lock  - Corrosion in Battery Compartment and Battery Terminal  - Corrosion in Comport Pin Well with Damaged/Missing Contact Pins  - Corrosion in ECG Block Assembly  Solution: Replaced Case Assembly,  Tested Device on ECG Simulator S/N: 2125,  Device Passed Functional Tests to OEM Specification,  Device Passed Department QC Inspection,  Set Device to Factory Default settings.	1.00	\$495.00	\$495.00
			<b>Sub Total</b>	<b>\$990.00</b>

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[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_5281**  
**Date : 03-23-2018**  
**Account # : ACC2057**

			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$990.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_10679**  
**Date : 06-25-2018**  
**Account # : ACC2057**

### Ship To:

Northwest Mississippi Medical Center  
 1970 Hospital Dr  
 Clarksdale, MS, 38614  
 Attention:

### Bill To:

Northwest Mississippi Medical Center  
 892 902 Accounting  
 PO Box 1218  
 Clarksdale MS, 38614  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Patti	Repair	749-6769948	30	Shipped	06-25-2018	3-Day	07-25-2018	448782842058

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_10679**  
**Date : 06-25-2018**  
**Account # : ACC2057**

1	USOCM4841A M4841A Philips TRX Telemetry W/O SPO2  SN: US11472604  Hosp ID: 3  Issue: Not picking up any readings  Problem Found:  - Physical Damage  - Corrosion in Battery Compartment and Battery Terminals  - Cracked Case and Corrosion in Comport Pin Well  - Corrosion in ECG Block Assembly  - RF Malfunction  Solution:  - Replaced Case Assembly  - Replaced RF PCB  Tested Device on ECG Simulator S/N: 2125,  Device Passed Functional Tests to OEM Specification,  Device Passed Department QC Inspection,  Set Device to Factory Default settings.  Cleaned and sanitized.	1.00	\$495.00	\$495.00
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[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_10679**  
**Date : 06-25-2018**  
**Account # : ACC2057**

			<b>Sub Total</b>	<b>\$495.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$495.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 11746**  
**Date: 07-16-2018**  
**Account #: ACC2057**

### Ship To:

Northwest Mississippi Medical Center  
 1970 Hospital Dr  
 Clarksdale, MS, 38614  
 Attention: Bomed

### Bill To:

Northwest Mississippi Medical Center  
 892 902 Accounting  
 PO Box 1218  
 Clarksdale MS, 38614  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Marcos	Repair	749-6769940	30	Shipped	07-16-2018	3-Day	08-15-2018	436760922782

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
1	USOCM4841A M4841A  SN: US11472625  HOSP ID:11  ISSUE: Damaged front panel, sounds as though the entire place is going to have to be replaced.  Solution: Replaced Case Assembly, RF PCB Refurbished, ECG PCB Refurbished, Tested Device on ECG Simulator S/N: 2125, Device Passed Functional Tests to OEM Specification, Device Passed Department QC Inspection, Set Device to Factory Default settings.	1.00	\$495.00	\$495.00
			<b>Sub Total</b>	<b>\$495.00</b>

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**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_11746**  
**Date : 07-16-2018**  
**Account # : ACC2057**

			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$495.00</b>

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**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 13923**  
**Date : 08-21-2018**  
**Account # : ACC2057**

### Ship To:

Northwest Mississippi Medical Center  
 1970 Hospital Dr  
 Clarksdale, MS, 38614  
 Attention: Biomed Cleaven

### Bill To:

Northwest Mississippi Medical Center  
 892 902 Accounting  
 PO Box 1218  
 Clarksdale MS, 38614  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Hana	Repair	749-6783990	30	Shipped	08-21-2018	3-Day	09-20-2018	448782858469

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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**Invoice#: INV18\_13923**  
**Date : 08-21-2018**  
**Account # : ACC2057**

1	USOCGE5700 5700HAX GE Ultrasound Corometric Transducer  US Knob  Came with 05-0317  Issue: Broken  Tech notes:  Damaged cable  Damaged main board and crystals  Damaged bottom case  Repairs done:  Replaced cable  Replaced Main board  Replaced crystals  Passed all functional tests  Passed all department QC	1.00	\$80.00	\$80.00
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## Invoice

**20 Morgan**  
**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_13923**  
**Date : 08-21-2018**  
**Account # : ACC2057**

2	USOCGE5700 5700HAX GE Ultrasound Corometric Transducer  US Knob  Issue: Broken.  Tech notes:  Damaged cable  Repairs done:  Replaced cable  Passed all functional tests  Passed all department QC	1.00	\$80.00	\$80.00
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**Date : 08-21-2018**  
**Account # : ACC2057**

3	USOCGE5700 5700HAX GE Ultrasound Corometric Transducer  US Knob  Issue: Broken.  Tech notes:  Damaged cable  Repairs done:  Replaced cable  Passed all functional tests  Passed all department QC	1.00	\$80.00	\$80.00
			<b>Sub Total</b>	<b>\$240.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$240.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 14526**  
**Date : 08-23-2018**  
**Account # : ACC2057**

### Ship To:

Northwest Mississippi Medical Center  
 1970 Hospital Dr  
 Clarksdale, MS, 38614  
 Attention: Biomed: Cleaven

### Bill To:

Northwest Mississippi Medical Center  
 892 902 Accounting  
 PO Box 1218  
 Clarksdale MS, 38614  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Ricky	Patient Monitoring Sales	749-6789330	30	Shipped	08-23-2018	Ground (Free)	09-22-2018	448782859270

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
1	USOCGE5700 5700HAX GE Ultrasound Corometric Transducer  US Knob  Tech Notes: brand new unit.  Service Notes: tested unit and passed all parameters	1.00	\$295.00	\$295.00

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**Invoice#: INV18\_14526**  
**Date : 08-23-2018**  
**Account # : ACC2057**

2	USOCGE5700 5700HAX GE Ultrasound Corometric Transducer  US Knob  Tech Notes: brand new unit.  Service Notes: tested unit and passed all parameters	1.00	\$295.00	\$295.00
3	USOCGE5700 5700HAX GE Ultrasound Corometric Transducer  US Knob  Tech Notes: brand new unit.  Service Notes: tested unit and passed all parameters.	1.00	\$295.00	\$295.00
			<b>Sub Total</b>	<b>\$885.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$885.00</b>

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# 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> (6718765)	<b>Claim No:</b> 187	<i>Status:</i>
USOC MEDICAL	<i>Original Filed</i>	<i>Filed by:</i> CR
20 MORGAN	<i>Date:</i> 01/14/2019	<i>Entered by:</i> admin
IRVINE, CA 92618	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/14/2019	

Amount claimed: \$3105.00

*History:*

[Details](#)    [187-](#) 01/14/2019 Claim #187 filed by USOC MEDICAL, Amount claimed: \$3105.00 (admin)  
1

*Description:*

*Remarks:* (187-1) Account Number (last 4 digits):2057

## 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>	\$3105.00
<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>		
<b>Priority</b>		
<b>Administrative</b>		