

Fill in this information to identify the case:

Debtor 1	Curae Health Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	MIDDLE DISTRICT OF TENNESSEE
Case number:	18-05665

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 1/16/2019
 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.

Part 1: Identify the Claim																			
1. Who is the current creditor?	Epstein Becker & Green, P.C. 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?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>Epstein Becker & Green, P.C.</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>One Gateway Center</td> <td>_____</td> </tr> <tr> <td>Newark, NJ 07102</td> <td>_____</td> </tr> <tr> <td>Contact phone _____ 973-642-8285</td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email _____ JFlynn@ebglaw.com</td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Epstein Becker & Green, P.C.	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	One Gateway Center	_____	Newark, NJ 07102	_____	Contact phone _____ 973-642-8285	Contact phone _____	Contact email _____ JFlynn@ebglaw.com	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																		
Epstein Becker & Green, P.C.	_____																		
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Contact email _____ JFlynn@ebglaw.com	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? _____																		

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: 6226

7. How much is the claim? \$ 8750.00 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.
Legal Services Rendered

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:	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.	<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 1/16/2019
MM / DD / YYYY

/s/ Robert G. Chervenak

Signature

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

Name Robert G. Chervenak

First name Middle name Last name

Title Chief Financial Officer

Company Epstein Becker & Green, P.C.

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

Address 250 Park Avenue

Number Street

New York, NY 10177

City State ZIP Code

Contact phone 212-351-4553 Email RChervenak@ebglaw.com

ANNEX

1. This Proof of Claim (the "Claim") is asserted by Epstein Becker & Green, P.C. ("EBG") against Curae Health, Inc. (the "Debtor"), debtor under chapter 11 case no. 18-05665 pending in the United States Bankruptcy Court for the Middle District of Tennessee.

2. The Claim is asserted as a general unsecured claim in the amount of \$8,750.00, on account of legal services provided by EBG to the Debtor prior to August 24, 2018, the petition date of the Debtor's case. Attached hereto are invoice statements (excluding time entries) for the Claim. The complete invoices are not being attached in order to protect confidentiality and privilege.

3. The Claim is legal, valid, binding, enforceable, and non-avoidable, and is not subject to offset, counterclaim, recoupment, or equitable subordination.

4. No judgment has been rendered with respect to the Claim.

5. EBG reserves its right to file additional proofs of claim and/or to amend this Claim.

6. The filing of this Claim is not (i) a waiver or release of EBG's rights against the Debtor, any affiliated debtors, any other person, entity, property, or guarantor, or (ii) an election of remedies.

7. All notices and communications concerning this Claim should be addressed as follows:

Epstein Becker & Green, P.C.
One Gateway Center
Newark, NJ 07102
Attn: James P. Flynn, Esq.

Attachments

**EPSTEIN
BECKER
GREEN**

Attorneys at Law

Epstein Becker & Green, P.C.
One Gateway Center, 13th Floor
Newark, New Jersey 07102-5311
t 973.642.1900
f 973.642.0099
Fed. I.D. No 13-3031033
ebglaw.com

July 20, 2018
Invoice #: 962809

Curae Health, Inc.
Egerton McAfee Armistead & Davis P.C.
900 S. Gay Street, Suite 1400, Riverview Tower
Knoxville, TN 37902
c/o Stephen A. McSween

For Professional Services rendered through the period ending 6/30/18:

086226-00002
Regulatory Advice

Legal services rendered as itemized in the attached detailed billing report.

Professional Services:	1.9 hours	\$	1,662.50
Total This Invoice		\$	<u>1,662.50</u>
Prior Balance		\$	11,462.50
Current Charges		\$	1,662.50
Total Balance		\$	<u>13,125.00</u>

**PAYMENT IS DUE ON OR BEFORE AUGUST 19, 2018
PLEASE INCLUDE INVOICE # 962809 ON YOUR CHECK**

**EPSTEIN
BECKER
GREEN**

Attorneys at Law

Epstein Becker & Green, P.C.
One Gateway Center, 13th Floor
Newark, New Jersey 07102-5311
t 973.642.1900
f 973.642.0099
Fed. I.D. No 13-3031033
ebglaw.com

August 20, 2018
Invoice #: 966741

Curae Health, Inc.
Egerton McAfee Armistead & Davis P.C.
900 S. Gay Street, Suite 1400, Riverview Tower
Knoxville, TN 37902
c/o Stephen A. McSween

For Professional Services rendered through the period ending 7/31/18:

086226-00002
Regulatory Advice

Legal services rendered as itemized in the attached detailed billing report.

Professional Services:	7.0 hours	\$	6,125.00
Total This Invoice		\$	<u><u>6,125.00</u></u>
Prior Balance		\$	7,875.00
Less Payments Received		\$	(6,212.50)
Current Charges		\$	6,125.00
Total Balance		\$	<u><u>7,787.50</u></u>

**PAYMENT IS DUE ON OR BEFORE SEPTEMBER 19, 2018
PLEASE INCLUDE INVOICE # 966741 ON YOUR CHECK**

**EPSTEIN
BECKER
GREEN**

Attorneys at Law

Epstein Becker & Green, P.C.
One Gateway Center, 13th Floor
Newark, New Jersey 07102-5311
t 973.642.1900
f 973.642.0099
Fed. I.D. No 13-3031033
ebglaw.com

September 26, 2018
Invoice #: 971379

Curae Health, Inc.
Egerton McAfee Armistead & Davis P.C.
900 S. Gay Street, Suite 1400, Riverview Tower
Knoxville, TN 37902
c/o Stephen A. McSween

For Professional Services rendered through the period ending 8/31/18:

086226-00002
Regulatory Advice

Legal services rendered as itemized in the attached detailed billing report.

Professional Services:	1.1 hours	\$	962.50
Total This Invoice		\$	<u>962.50</u>
Prior Balance		\$	7,787.50
Current Charges		\$	962.50
Total Balance		\$	<u>8,750.00</u>

**PAYMENT IS DUE ON OR BEFORE OCTOBER 26, 2018
PLEASE INCLUDE INVOICE # 971379 ON YOUR CHECK**

