Debtor 1	Curae Health
Debtor 2 (Spouse, if filing)	Amony Reg Med
United States	Bankruptcy Court for the: District of

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.

Who is th creditor?		Applied Medical Resov Name of the current creditor (the person or entity to be paid for this cla Other names the creditor used with the debtor M.	aim)		-
Has this dacquired someone		No Pres. From whom?			
and payn creditor I Federal R	Rule of cy Procedure	Where should notices to the creditor be sent? Applied Medical Sand Name Superiod 1 as Band Number Street RSM CA 92688 City State ZIP Code Contact phone 949-113-8000 Contact email Credit DApplied Ned. Co	Name Number Stree City Contact phone Contact email	State	zip Code
	s claim amend ady filed?	No Yes. Claim number on court claims registry (if known) _		Filed on	/ YYYY
else has	know if anyone filed a proof for this claim?	No Yes. Who made the earlier filing?			

	ant연 Give Informatio	on 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: 7 4 9 0	-
7.	How much is the claim?	\$ 16,610.00 . Does this amount include interest or other charges?	A 72 V 23
		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.	
		Good Sold	
9.	Is all or part of the claim	W No	
	secured?	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.	
4		☐ Motor vehicle	
	9 a	Other. Describe:	2
		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.)	as
		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	
		Amount necessary to cure any default as of the date of the petition: \$	
		Annual Interest Rate (when case was filed)%	
		☐ Fixed	
	i i	☐ Variable	
10	. Is this claim based on a	☑ No	
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$	
11	. Is this claim subject to a	■ No	
	right of setoff?	☐ Yes. Identify the property:	
	Coco 2:10 hl	OFFICE Claim 204.1 Filed 01/17/10 Deca Main Decument Decar Cof	
	Case 3:18-bk	c-05665 Claim 204-1 Filed 01/17/19 Desc Main Document Page 2 of 40	
2			

s all or part of the claim	No No							
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check one:	mount entitled to priority						
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).							
nonpriority. For example, in some categories, the aw limits the amount entitled to priority.	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). \$							
140	☐ 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	e date of adjustment.						
a ·								
rt 3: Sign Below								
s proof of claim must	Check the appropriate box:							
n and date it. BP 9011(b).	I am the creditor.							
ou file this claim	 I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 							
ctronically, FRBP	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
05(a)(2) authorizes courts `establish local rules								
ecifying what a signature	I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the							
person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.							
udulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
ara or both	I declare under penalty of perjury that the foregoing is true and correct.							
0.3.C. 99 132, 137, and	Executed on date MM DD YYYY							
	MM / DD / YYYY							
	1,92							
	Signature							
	Print the name of the person who is completing and signing this claim:							
	Name Locila S Am First name Middle name Last name	ini						
	Title Credit & Collection Specific	ed						
	company Applied Medical Resour	es						
	Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Address Street Address Address Street	ars						
	Rancho Santa Margarita CA 9	2688						
	alla 112 Para	+ DApolled M						
	Number Street Rancho Santa Margarita CA 9	2689						



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511 USA

ACCOUNT NO.	PAGE
1017490	1/1
STATEMENT	DATE
01/16/20	19

CUSTOMER STATEMENT

ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

Doc Date	Due Date	Туре	Doc Number	Reference	Amount
07/03/2018	08/02/2018	Invoice	95097301	01373	2,820.00
07/05/2018	08/04/2018	Invoice	95101177	01393	1,050.00
07/06/2018	08/05/2018	Invoice	95104882	01407	540.00
07/09/2018	08/08/2018	Invoice	95107933	01426	630.00
07/10/2018	08/09/2018	Invoice	95111111	01452	750.00
07/12/2018	08/11/2018	Invoice	95116370	01470	445.00
07/17/2018	08/16/2018	Invoice	95126017	01504	810.00
07/20/2018	08/19/2018	Invoice	95133680	01553	1,050.00
07/23/2018	08/22/2018	Invoice	95136345	01574	540.00
07/24/2018	08/23/2018	Invoice	95139082	01122	365.00
07/27/2018	08/26/2018	Invoice	95146322	01634	210.00
07/31/2018	08/30/2018	Invoice	95152793	01666	750.00
07/31/2018	08/30/2018	Invoice	95152794	01696	210.00
08/03/2018	09/02/2018	Invoice	95160297	01716	3,060.00
08/07/2018	09/06/2018	Invoice	95165246	01752	1,350.00
08/07/2018	09/06/2018	Invoice	95165247	01785	210.00
08/15/2018	09/14/2018	Invoice	95179611	01867	1,020.00
08/20/2018	09/19/2018	Invoice	95187294	01904	540.00
08/21/2018	09/20/2018	Invoice	95189790	01897	260.00
				Amount Due	16,610.00

	Breakdown of Outstanding Balance					
Current	1 to 30 days	31 to 60 days	61 to 90 Days	91 to 120 days 800.00	Over 120 Days	
0.00	0.00	0.00	0.00		15,810.00	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95189790	1
INVOICE D	ATE
08/21/20	18

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SH	IP VIA
4443046	08/16/2018	1017490	0001	50591	01897	UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTIO	UNIT PRICE	UOM	NET PRICE
you would	ike to switch to ers@appliedm	email or E	DI inv	oicing, plea k You	se contact Customer Relations at	800.282.2212 or	
1	1	10135560 C8312, X		EXIS WND	PROT/RET 5/BX	BOX	260.00
NOTE	COMMEN	TS:			S	SALES AMOUNT	260.00
Invoice not p according to to are subject to per month sec charge. All cur displayed in Dollars.	erms 2% vice rency				SHIPPIN	NG & HANDLING SALES TAX TOTAL \$	0.00 0.00 260.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328421419

According to our records 1 parcel was delivered on 08/23/18 at 11:43 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95187294	1
INVOICE D	ATE
08/20/20	18

Invoice ==

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	S	HIP VIA
4444936	08/17/2018	1017490	0001	50591	01904	UPS	S Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PRICE	UOM	NET PRICE
f you would I	ike to switch to ers@appliedm	email or E	DI inve	oicing, pleas k You	e contact Customer Relation	ons at 800.282.2212 or	
2	2	10121930 CTF33, 1		Kii Fios ZT	270.00 HR 6/BX	BOX	540.00
NOTE	COMMEN	TS:				SALES AMOUNT	540.00
Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency				S	HIPPING & HANDLING SALES TAX TOTAL \$	0.00 0.00 540.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328414169

According to our records 1 parcel was delivered on 08/22/18 at 11:22 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95179611	1
INVOICE D	ATE
08/15/20)18

Invoice =

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

IAMES SECTION	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORI	D. NO.		SHIP VIA	
4440339	08/15/2018	1017490	0001	50591	01867		U	PS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT	PRICE	UOM	NET P	RICE
you would l	ike to switch to ers@appliedm	o email or E	DI inv	oicing, please k You	contact Customer	Relations at 8	800.282.2212	or	
1	1	10086440			7	50.00	ВО	X	750.00
		CD001, 1	0mm	RETRIEVAL	SYSTEM, 10/BX				
1	1	10121960 CTB73, 1) Kii SH BLD I		70.00	BC	OX	270.00
		Į.					Sec.		
NOTE	COMMEN	TS:				SA	ALES AMOUNT	1,020	0.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328400227

According to our records 1 parcel was delivered on 08/17/18 at 12:03 P.M.. The shipment was received by WRIGHT.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95165247	1
INVOICE D	ATE
08/07/20	18

Invoice =

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp 1105 Earl Frye Blvd **AMORY** AMORY MS 38821-5500 USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.	SH	IIP VIA
4428546	08/07/2018	1017490	0001	50591	01785		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT	r PRICE	UOM	NET PRICE
you would li urchaseorde	ike to switch to ers@appliedm	email or E	DI invo	oicing, pleas k You	e contact Customer	Relations at	800.282.2212 or	
1	1	10106300 C0Q19, F		00 Z-THR C	PT SYS 6/BX	210.00	BOX	210.00
NOTE Invoice not pa according to te are subject to per month sen charge. All curr displayed in U Dollars.	erms 2% vice rency	īS:					IG & HANDLING SALES TAX TOTAL \$	0.00 0.00 0.00 210.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328369129

According to our records 1 parcel was delivered on 08/09/18 at 11:44 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10		1ZA46Y100328369129	1105 EARL FRYE BLVD AMORY	Mas MEN use	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95165246	1
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08/07/20)18

Invoice

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD.	NO.	SHI	P VIA
4427878	08/07/2018	1017490	0001	50591	01752		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT F	PRICE	UOM	NET PRICE
f you would l	ike to switch to	email or E	DI invo	oicing, plea: k You	e contact Customer F	Relations at 80	0.282.2212 or	
2	2	10124610	1		27 ON BLUNT TIP 6/BX	0.00	BOX	540.00
3	3	10121930 CTF33, 1		Kii Fios ZT		0.00	BOX	810.00
NOTE	COMMEN.	rs:			T	SAL	ES AMOUNT	1,350.00
Invoice not p according to to are subject to per month set charge. All cur displayed in Dollars.	aid erms 2% vice rency					ALCOHOLOGICA CONTRACTOR	& HANDLING SALES TAX TOTAL \$	0.00 0.00 1,350.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328368602

According to our records 1 parcel was delivered on 08/09/18 at 11:44 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	;
A46Y10		1ZA46Y100328368602	1105 EARL FRYE BLVD AMORY	Max-MEN as	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95160297	1
INVOICE D	ATE
08/03/20)18

Invoice ==

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.	SHII	PVIA
4422424	08/02/2018	1017490	0001	50591	01716		UPS (Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTIO	N UNIT	PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI inv	oicing, plea	se contact Customer	Relations at 8	800.282.2212 or	
5	5	10113840			2	10.00	BOX	1,050.00
		CTF03, 5	5x100	Kii Fios Z-T	HR 6/BX			
2	2	10121930	1		2	70.00	BOX	540.00
		CTF33, 1	1x100	Kii Fios Z	HR 6/BX			
7	7	10120870	1		2	10.00	BOX	1,470.00
		CTS02, 5	5x100	Kii SLEEVE	ZTHR 12/BX		ľ	
NOTE Invoice not p	COMMEN	TS:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALES AMOUNT	3,060.00
according to to are subject to per month ser charge. All cur displayed in	erms 2% vice rency					SHIPPIN	G & HANDLING SALES TAX TOTAL \$	0.00 0.00 3,060.00
Dollars.	Net 30				www.aujorithear.com/20045515155		1070 t	



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328353529

According to our records 1 parcel was delivered on 08/07/18 at 11:43 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95152794	1
INVOICE D	ATE
07/31/20	18

Invoice ==

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

ORDER NO. OR	DER DATE	CUSTOMER NO.	LOC	SLSMN	PL	IRCHASE ORI	D. NO.		SHIP VIA
4417554 07	//31/2018	1017490	0001	50591		01696		U	IPS Ground
QTY. ORDER/B.O. SH	QTY IIP/RETURN	ITE	M NO./I	DESCRIPTION	ON	UNIT	PRICE	UOM	NET PRICE
f you would like ourchaseorders@	to switch to	email or E	DI invo	oicing, ple «You	ase contac	t Customer	Relations at 8	00.282.2212	or
1	1	10106300	1		OPT SYS		10.00	BC	
NOTE Invoice not paid according to terms	COMMENT	rs:						& HANDLING SALES TAX TOTAL \$	210.00 0.00 0.00 210.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328339750

According to our records 1 parcel was delivered on 08/02/18 at 11:34 A.M., and left at INSIDE DELIVERY . The shipment was received by DODD as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10	V	1ZA46Y100328339750	1105 EARL FRYE BLVD AMORY	many bem	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95152793	1
INVOICE D	ATE
07/31/20	18

Invoice ==

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.	135	SHIP VIA
4416162	07/30/2018	1017490	0001	50591	01666	107011111	UF	S Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	ON UNIT	PRICE	иом	NET PRICE
f you would l	ike to switch to ers@appliedm	email or E	DI invo	oicing, ple « You	ase contact Customer	Relations at 8	00.282.2212	or
1	1	10086440 CD001, 1		RETRIEV	AL SYSTEM, 10/BX	750.00	BOX	750.00
NOTE Invoice not p	COMMENT	rs:					LES AMOUNT	750.00
according to te are subject to per month ser charge. All cur displayed in l Dollars.	erms 2% vice rency					SHIPPING	SALES TAX TOTAL \$	0.00 0.00 750.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328337930

According to our records 1 parcel was delivered on 08/02/18 at 11:34 A.M., and left at INSIDE DELIVERY . The shipment was received by DODD as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10	3	1ZA46Y100328337930	1105 EARL FRYE BLVD AMORY	mad milen	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95146322	1
INVOICE D	ATE
07/27/20	18

SHIP VIA

Invoice ==

*** Re-Print ***

PURCHASE ORD. NO.

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC SLSMN

SHIP TO:

		NO.	3 100 100 200	· (成为现代社会公司会)	ELECTION OF BUILDINGS AND STREET	MARKET SEAMERS OF	THE PARTY OF THE PARTY OF THE	MEET AT BURNING MEETING AND
4412987	07/27/2018	1017490	0001	50591	01634		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTIO	N UNIT	PRICE	UOM	NET PRICE
you would li	ke to switch to	email or E	DI invo	oicing, plea «You	se contact Customer	Relations at 8	00.282.2212 or	
1	1	10106300	1	Constitution (No. 1) Annual Cons	2 OPT SYS 6/BX	10.00	BOX	210.00
NOTE	COMMENT	rs:				SA	LES AMOUNT	210.00
Invoice not pa according to tel are subject to a per month serve charge. All curr displayed in U Dollars.	ms 2% ice ency					SHIPPING	& HANDLING SALES TAX TOTAL \$	0.00 0.00 210.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328325774

According to our records 1 parcel was delivered on 07/31/18 at 11:06 A.M., and left at INSIDE DELIVERY . The shipment was received by DOBBS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10		1ZA46Y100328325774	1105 EARL FRYE BLVD AMORY	poseend som	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95139082	1
INVOICE D	ATE
07/24/20	18

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHI	P VIA
4405706	07/23/2018	1017490	0001	50591	01122	UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PRICE	UOM	NET PRICE
you would l	ike to switch to	email or E	DI inv	oicing, please k You	contact Customer Relations at	800.282.2212 or	
1	1	10135680 G6313, L		KIS O C-SEC	365.00 RET 5/BX	вох	365.00
NOTE Invoice not p	COMMEN	TS:			T/ (#)/20 898-0004	SALES AMOUNT NG & HANDLING	365.00
according to te are subject to per month ser harge. All cur displayed in Dollars.	2% vice rency					SALES TAX TOTAL \$	0.00 365.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328313376

According to our records 1 parcel was delivered on 07/26/18 at 11:08 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95126017	1
INVOICE D	ATE
07/17/20	18

Invoice ==

SHIP VIA

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. | ORDER DATE | CUSTOMER | LOC | SLSMN | PURCHASE ORD. NO.

SHIP TO:

	NO.		SLSWIN		CHASE ON			OIIII VI	
7/16/2018	1017490	0001	50591		01504		U	PS Gro	und
QTY HIP/RETURN	ITE	M NO./I	DESCRIPTION	ON -	UNIT	PRICE	UOM		NET PRICE
to switch to	email or E	DI invo	oicing, plea	ase contact	Customer	Relations at 8	00.282.2212	or	
2	10124610	1			2	70.00	ВС	X	540.00
	C0R47, 1	2x100	Kii BALLO	OON BLUN	TTIP 6/BX				
1			Kii Fios Z	THR 6/BX	2	70.00	BC	OX	270.00
COMMENT	rs:				2		10/194		810.00 0.00 0.00 810.00
	QTY HIP/RETURN to switch to @appliedment 2 1	to switch to email or Email and Emai	to switch to email or EDI invo @appliedmedical.com. Thank 2 101246101 C0R47, 12x100 1 101219101 CTF73, 12x100	to switch to email or EDI invoicing, pleaty appliedmedical.com. Thank You 2 101246101	TIEM NO./DESCRIPTION to switch to email or EDI invoicing, please contact pappliedmedical.com. Thank You 2	THE NO./DESCRIPTION UNIT TO SWITCH T	TOTY HIP/RETURN ITEM NO./DESCRIPTION TO SWItch to email or EDI invoicing, please contact Customer Relations at 8 @appliedmedical.com. Thank You 2 101246101 270.00 COR47, 12x100 Kii BALLOON BLUNT TIP 6/BX 1 101219101 270.00 CTF73, 12x100 Kii Fios ZTHR 6/BX COMMENTS: SA SHIPPING	TOTAL S TOTAL S	COMMENTS: ITEM NO/DESCRIPTION ITEM NO/DESCRIPTION UNIT PRICE UOM UNIT PRICE UOM UNIT PRICE UOM ITEM NO/DESCRIPTION UNIT PRICE UOM ITEM NO/DESCRIPTION UNIT PRICE UOM ITEM NO/DESCRIPTION UNIT PRICE UOM BOX 270.00 BOX COR47, 12x100 Kii BALLOON BLUNT TIP 6/BX 1 101219101 CTF73, 12x100 Kii Fios ZTHR 6/BX CTF73, 12x100 Kii Fios ZTHR 6/BX SALES AMOUNT SHIPPING & HANDLING SALES TAX TOTAL S



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AIVSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328279682

According to our records 1 parcel was delivered on 07/19/18 at 11:44 A.M, and left at INSIDE DELIVERY . The shipment was received by DOBBS as follows:

SHIPPER	PKG	TRACKING	ADDRESS	SIGNATURE
NUMBER	ID NO.	NUMBER	(NO/STREET, CITY)	
A 46Y 10		1Z A 46Y 100325279682	1105 EARL FRYE BLVD AMDRY	bushed outher



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

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95133680	1				
INVOICE D	ATE				
07/20/2018					

Invoice ____

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd

Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp 1105 Earl Frye Blvd ATTN: RECV AMORY MS 38821-5500

USA

SHIP VIA ORDER DATE | CUSTOMER LOC SLSMN PURCHASE ORD. NO. ORDER NO. NO. 01553 **UPS** Ground 1017490 0001 50591 4400607 07/18/2018 QTY. QTY **NET PRICE UNIT PRICE UOM** ITEM NO./DESCRIPTION SHIP/RETURN ORDER/B.O. you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or urchaseorders@appliedmedical.com. Thank You BOX 1,050.00 101138401 210.00 5 CTF03, 5x100 Kii Fios Z-THR 6/BX 1,050.00 SALES AMOUNT COMMENTS: NOTE Invoice not paid 0.00 SHIPPING & HANDLING according to terms 0.00 SALES TAX are subject to 2% 1,050.00 per month service TOTAL \$ charge. All currency TERMS: displayed in US Dollars. Net 30



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AIVORY IVIS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328295217

According to our records 1 parcel was delivered on 07/24/18 at 1204 P.M., and left at DOCK. The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A 46Y 10		1Z A 46Y 100328295217	1105EARL FRYE BLVD AMORY	also Werren	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE		
95097301	1		
INVOICE D	ATE		
07/03/20)18		

Invoice ==

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD	. NO.	S	HIP VIA
4376370	07/03/2018	1017490	0001	50591	01373		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT I	PRICE	UOM	NET PRICE
you would l	ike to switch to	email or E	DI inv	oicing, please « You	contact Customer F	Relations at 80	00.282.2212 or	
1	1	10086440	1	3	75 SYSTEM, 10/BX	60.00	BOX	750.00
3	3	10121930	1	Kii Fios ZTH	27	0.00	BOX	810.00
6	6	10120870	1	Kii SLEEVE Z	21	0.00	BOX	1,260.00
NOTE	COMMEN	TS:				SAI	ES AMOUNT	2,820.00
Invoice not p according to to are subject to per month ser charge. All cur displayed in	aid erms 2% vice rency					SHIPPING	& HANDLING SALES TAX TOTAL \$	0.00 0.00 2,820.00
Dollars.	Net 30							



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328232114

According to our records 1 parcel was delivered on 07/06/18 at 10:48 A.M., and left at INSIDE DELIVERY . The shipment was received by SMITH as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10		1ZA46Y100328232114	1105 EARL FRYE BLVD AMORY		



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95101177	1
INVOICE D	ATE
07/05/20	18

Invoice

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.		SHIP VIA
4379292	07/05/2018	1017490	0001	50591	01393		U	PS Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	UNIT	PRICE	иом	NET PRICE
you would urchaseord	ike to switch to ers@appliedm	o email or E edical.com.	DI invo	oicing, please k You	contact Customer	Relations at 8	300.282.2212	or
5	5	10113840	1	Kii Fios Z-TH		10.00	ВО	1,050.00
Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency	TS:					ALES AMOUNT 3 & HANDLING SALES TAX TOTAL \$	1,050.00 0.00 0.00 1,050.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number.......A46Y10

Tracking Identification Number...1ZA46Y100328237717

According to our records 1 parcel was delivered on 07/09/18 at 11:05 A.M.. The shipment was received by DOBBS.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95104882	1
INVOICE D	ATE
07/06/20	18

Invoice ==

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.		SHIP VIA
4380617	07/05/2018	1017490	0001	50591	01407		U	PS Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTIO	N UNIT	PRICE	UOM	NET PRICE
f you would I	ike to switch to ers@appliedm	email or E	DI invo	oicing, plea « You	se contact Customer	Relations at 8	00.282.2212	or
1	1	10121960	1		2 D ZTHR 6/BX	70.00	ВС	X 270.00
1	1	10147068 CTF71, k		12X150MI	M Z-THREAD, 6BX	70.00	BC	OX 270.00
NOTE	COMMENT	 ГS:				SA	LES AMOUNT	540.00
Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	aid erms 2% vice rency					SHIPPING	à & HANDLING SALES TAX TOTAL \$	0.00 0.00 540.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328241391

According to our records 1 parcel was delivered on 07/10/18 at 10:50 A.M.. The shipment was received by WRIGHT.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95107933	1
INVOICE D	ATE
07/09/20)18

Invoice =

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy

1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

Gilmore Memorial Hosp 1105 Earl Frye Blvd ATTN: RECV

AMORY MS 38821-5500

USA

ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OF	RD. NO.	5	SHIP VIA
07/06/2018	1017490	0001	50591	01426		UP	S Ground
QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	UNI	T PRICE	UOM	NET PRICE
like to switch to	email or E	DI invo	oicing, pleas	contact Custome	r Relations at 8	800.282.2212 o	r
2					210.00	BOX	420.00
	C0Q19, I	Kii 8x1	00 Z-THR O	T SYS 6/BX			
1	Charles - Charles Michigan		Kii Fios ZTH		210.00	вох	210.00
						1	
oaid erms o 2% rvice	TS:					0-11994	0.00 0.00 0.00 630.00
	O7/06/2018 OTY SHIP/RETURN like to switch to ers@appliedm 2 1 COMMENT	NO. 07/06/2018 1017490 OTY SHIP/RETURN ITE like to switch to email or E ers@appliedmedical.com 2 10106300 C0Q19, I 1 10141270 CTF01, S COMMENTS: paid erms o 2% rvice rrency	NO. 07/06/2018 1017490 0001 QTY SHIP/RETURN ITEM NO./I like to switch to email or EDI invers@appliedmedical.com. Thank 2 101063001 C0Q19, Kii 8x10 1 101412701 CTF01, 5x150 I	NO. 107/06/2018 1017490 0001 50591 O7/06/2018 1017490 0001 50591 O7/06/2018 ITEM NO./DESCRIPTION like to switch to email or EDI invoicing, please ers@appliedmedical.com. Thank You 2 101063001 C0Q19, Kii 8x100 Z-THR OF 101412701 CTF01, 5x150 Kii Fios ZTHF CTF01, 5x150 Kii Fios ZTHF O7/06/2018 O7/06/2018	NO. 07/06/2018 1017490 0001 50591 01426 QTY SHIP/RETURN ITEM NO./DESCRIPTION UNI like to switch to email or EDI invoicing, please contact Custome ers@appliedmedical.com. Thank You 2 101063001 COQ19, Kii 8x100 Z-THR OPT SYS 6/BX 1 101412701 CTF01, 5x150 Kii Fios ZTHR 6/BX COMMENTS: COMMENTS:	NO. 07/06/2018 1017490 0001 50591 01426	NO. 07/06/2018 1017490 0001 50591 01426 UP OTY SHIP/RETURN ITEM NO./DESCRIPTION UNIT PRICE UOM UNIT P



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328246887

According to our records 1 parcel was delivered on 07/11/18 at 11:33 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10	ACCUPATION AND ADDRESS OF THE PARTY OF THE P	1ZA46Y100328246887	1105 EARL FRYE BLVD AMORY	Maso Waller	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95111111	1
INVOICE D	ATE
07/10/20	18

Invoice

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SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SI	HIP VIA
4385823	07/10/2018	1017490	0001	50591	01452	UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	UNIT PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI invo	oicing, please You	contact Customer Relations at	800.282.2212 or	
1	1	10086440	1		750.00 SYSTEM, 10/BX	BOX	750.00
NOTE Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars. COMMENTS TERMS: Net 30		rs:			S	ALES AMOUNT	750.00
					SHIPPIN	G & HANDLING SALES TAX TOTAL \$	0.00 0.00 750.00



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY No 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328252914

According to our records 1 parcel was delivered on 07/12/18 at 11:17 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET, CITY)	SIGNATURE	
A 46Y 10		1Z A 46Y 100328252914	1105 EARL FRYE BLVD AWDRY	hos Megrene	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE				
95116370	1				
INVOICE DATE					
07/12/2018					

SHIP VIA

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC SLSMN PURCHASE ORD, NO.

SHIP TO:

ORDER NO.	ORDER DATE	NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA
4389556	07/11/2018	1017490	0001	50591	01470	l	JPS Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PRICE	E UOM	NET PRICE
f you would I	ke to switch to ers@appliedm	email or E	DI invo	oicing, please k You	contact Customer Relat	ions at 800.282.2212	? or
1	1	10135690 G6314, X		XIS O C-SE	445.00 C RET 5/BX	BC	OX 445.00
NOTE	COMMENT	rs:				SALES AMOUNT	445.00
Invoice not pa according to te are subject to per month sen charge. All curr displayed in U Dollars.	rms 2% vice ency					SHIPPING & HANDLING SALES TAX TOTAL \$	0.00



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328264367

According to our records 1 parcel was delivered on 07/16/18 at 10.57 A.M. The shipment was received by DOBBS.

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:(6823797)Claim No: 204Status:APPLIED MEDICALOriginal FiledFiled by: CRRESOURCESDate: 01/17/2019Entered by: Intake1APPLIED MEDICALOriginal EnteredModified:

29977 AVENIDA LAS Date: 01/17/2019

BANDERAS RSM CA 92688

Amount claimed: \$16610.00

History:

<u>Details</u> 204- 01/17/2019 Claim #204 filed by APPLIED MEDICAL RESOURCES, Amount claimed:

<u>1</u> \$16610.00 (Intake1)

Description: (204-1) Good Sold

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

Total Amount Claimed*	\$16610.00
Total Amount Allowed*	

^{*}Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		