

**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

1/17/2019

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**

<b>1. Who is the current creditor?</b>	<u>Nuance Communications, Inc.</u> 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>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Nuance Communications, Inc.</u> Name c/o Tiffany Strelow Cobb Vorys, Sater, Seymour and Pease LLP 52 East Gay Street Columbus, OH 43215 Contact phone <u>(614) 464-8322</u> Contact email <u>tscobb@vorys.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
<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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<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? _____	

Official Form 410

Proof of Claim

page 1

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</div>														
<b>7. How much is the claim?</b>	<div><div style="display: flex; align-items: center;"><div style="margin-right: 10px;">\$</div><div style="border-bottom: 1px solid black; flex-grow: 1; text-align: center;">31096.92</div></div><div style="margin-top: 10px;"><b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>														
<b>8. What is the basis of the claim?</b>	<p>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.</p> <p style="text-align: center;">See attached.</p> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>														
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <div><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div style="margin-top: 20px;"><b>Basis for perfection:</b> _____</div> <div style="margin-top: 10px;">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.)</div> <div style="margin-top: 20px;"><table style="width: 100%;"><tr><td style="width: 50%;"><b>Value of property:</b></td><td style="width: 50%;">\$ _____</td></tr><tr><td><b>Amount of the claim that is secured:</b></td><td>\$ _____</td></tr><tr><td><b>Amount of the claim that is unsecured:</b></td><td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td></tr></table></div> <div style="margin-top: 20px;"><table style="width: 100%;"><tr><td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td><td style="width: 40%;">\$ _____</td></tr><tr><td><b>Annual Interest Rate</b> (when case was filed)</td><td>_____ %</td></tr><tr><td><input type="checkbox"/> Fixed</td><td></td></tr><tr><td><input type="checkbox"/> Variable</td><td></td></tr></table></div>	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____	<b>Annual Interest Rate</b> (when case was filed)	_____ %	<input type="checkbox"/> Fixed		<input type="checkbox"/> Variable	
<b>Value of property:</b>	\$ _____														
<b>Amount of the claim that is secured:</b>	\$ _____														
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)														
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____														
<b>Annual Interest Rate</b> (when case was filed)	_____ %														
<input type="checkbox"/> Fixed															
<input type="checkbox"/> Variable															
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>														
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>														

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<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 1/17/2019  
MM / DD / YYYY

/s/ Tiffany Strelow Cobb  
Signature

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

Name	<u>Tiffany Strelow Cobb</u>		
	First name	Middle name	Last name
Title	<u>One of its attorneys</u>		
Company	<u>Vorys, Sater, Seymour and Pease LLP</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>52 East Gay Street</u>		
	Number Street		
	<u>Columbus, OH 43215</u>		
	City State ZIP Code		
Contact phone	<u>(614) 464-8322</u>		Email <u>tscobb@vorys.com</u>

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

Case number 18-05665

# 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?	<u>Nuance Communications, Inc.</u> 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?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  <u>Tiffany S. Cobb; Vorys, Sater, Seymour and Pease LLP</u> Name <u>52 East Gay Street</u> Number Street <u>Columbus</u> <u>OH</u> <u>43215</u> City State ZIP Code Contact phone <u>(614) 464-8322</u> Contact email <u>tscobb@vorys.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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: \_\_\_\_\_

7. How much is the claim? \$ 31,096.92 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.  
See attached.

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 one:

- ☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

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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

1/17/2019  
MM/DD/YYYY

Signature

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

Name Tiffany Strelow Cobb  
First name Middle name Last name

Title One of its attorneys

Company Vorys, Sater, Seymour and Pease LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 52 East Gay Street  
Number Street

Columbus OH 43215  
City State ZIP Code

Contact phone (614) 464-8322 Email tscobb@vorys.com

**UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE**

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In re:

Curae Health, Inc., *et al.*

Debtor.

---

:  
: Chapter 7  
:  
:  
: Case No.: 18-05665  
:  
:  
:  
:  
:

**PROOF OF CLAIM AND REQUEST FOR PAYMENT  
OF NUANCE COMMUNICATIONS, INC.**

1. Nuance Communications, Inc. (“Claimant”) is a creditor of Curae Health, Inc., (“Debtor”) Case No. 18-05665, (the “Bankruptcy Case”), and, together with the accompanying official bankruptcy form, sets forth its proof of claim (the “Proof of Claim”).

2. Debtor is indebted and liable to Claimant for amounts due under that certain Transcription Services Activation Agreement dated in or about August 2018, together with any amendments, exhibits, addenda, schedules, Order Form(s) or attachments thereto (the “Agreement”).

3. Claimant asserts a claim for amounts due as of the Debtor’s petition date under the Agreement in the amount of at least \$31,096.92. See Exhibit A.

4. The Agreement and documentation supporting this Proof of Claim (together, the “Documents”) may contain proprietary and/or confidential information. Claimant believes that Debtor is in possession of the Documents and will also make such Documents available to Debtor upon written request sent to Nuance Communications, Inc. c/o Tiffany Strelow Cobb, Vorys, Sater, Seymour and Pease LLP, 52 East Gay Street, Columbus, Ohio 43215. If copies of

the Documents are required to be filed with the Court or requested by any other party in interest, Claimant reserves all rights, including, without limitation, the right to file the Documents under seal and/or to seek to protect such information as confidential pursuant to section 107 of title 11 of the United States Code (the "Bankruptcy Code") or otherwise applicable law.

5. Claimant expressly reserves all rights, claims, remedies and defenses against the Debtor and/or any other party in interest, whether at law or in equity, including, without limitation, the right to amend, modify, and/or supplement this Proof of Claim at any time for whatever reason, including, without limitation, for the purpose of filing additional claims and requests for payment, and/or to specify the amount of any contingent, unmatured, and/or unliquidated claims as they become non-contingent, matured and/or liquidated, as well as the right to request payment of any administrative expenses pursuant to Section 503(b) of the Bankruptcy Code, and nothing contained in this Proof of Claim shall be deemed a waiver, release, abridgment, alteration, modification, reduction or termination of any such rights, claims, remedies or defenses, whether at law or in equity, that Claimant may have.

6. To the extent that any of the claims set forth herein, in whole or in part, or any component thereof, arise or relate in any manner to the period on or after the date of the Debtor's bankruptcy petition, Claimant asserts that such claims (or portion thereof) are entitled to priority pursuant to Sections 503 and 507 of the Bankruptcy Code, and reserves any applicable rights in connection with the same.

7. Claimant reserves the right to assert any applicable rights of setoff and/or recoupment (the "Setoff Rights"), which rights are treated as secured claims under the Bankruptcy Code.

8. To date, no judgment has been rendered on the claims.



9. By virtue of filing the Proof of Claim, Claimant does not, and the Proof of Claim shall not be deemed to, consent to the jurisdiction of this Court to hear any proceeding, motion or other matter related to the Proof of Claim or any other rights of Claimant apart from the Proof of Claim.

## Exhibit A

Inv Number	Bill Date	Amount
10224716	4/5/18	\$6,350.06
10227480	5/5/18	\$4,880.11
10231803	6/7/18	\$5,758.57
10233337	7/4/18	\$4,597.11
10236707	8/6/18	\$4,527.21
10241649	9/7/18	\$4,983.86
<b>Balance Due</b>		<b>\$31,096.92</b>

# 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:* (6824369)      **Claim No:** 215      *Status:*  
Nuance Communications, Inc.      *Original Filed*      *Filed by:* CR  
c/o Tiffany Strelow Cobb      *Date:* 01/17/2019      *Entered by:* admin  
Vorys, Sater, Seymour and Pease      *Original Entered*      *Modified:*  
LLP      *Date:* 01/17/2019  
52 East Gay Street  
Columbus, OH 43215

Amount claimed: \$31096.92

*History:*

[Details](#)      [215-1](#)      01/17/2019 Claim #215 filed by Nuance Communications, Inc., Amount claimed: \$31096.92  
(admin)

*Description:*

*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>	\$31096.92
<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>		