

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															
1. Who is the current creditor?	MYCO Instrumentation, Inc. _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____														
2. Has this claim been acquired from someone else?	<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>MYCO Instrumentation, Inc. _____</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>21507 State Route 410 E. Suite B Bonney Lake, WA 98391</td> <td>Contact phone _____</td> </tr> <tr> <td>Contact phone <u>253-447-4099</u></td> <td>Contact email _____</td> </tr> <tr> <td>Contact email <u>joanna@myco-instrumentation.com</u></td> <td>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)	MYCO Instrumentation, Inc. _____	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	21507 State Route 410 E. Suite B Bonney Lake, WA 98391	Contact phone _____	Contact phone <u>253-447-4099</u>	Contact email _____	Contact email <u>joanna@myco-instrumentation.com</u>	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)														
MYCO Instrumentation, Inc. _____	_____														
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name														
Name	Name														
21507 State Route 410 E. Suite B Bonney Lake, WA 98391	Contact phone _____														
Contact phone <u>253-447-4099</u>	Contact email _____														
Contact email <u>joanna@myco-instrumentation.com</u>	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: _____

7. How much is the claim? \$ 1306.00
 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.

 services performed for return freight of an end of lease 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:	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 1/17/2019
MM / DD / YYYY

/s/ Joanna Gail Mackay

Signature

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

Name	<u>Joanna Gail Mackay</u>		
	First name	Middle name	Last name
Title	<u>Accountant</u>		
Company	<u>MYCO Instrumentation, Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>21507 State Route 410 E. Suite B</u>		
	Number	Street	
	<u>Bonney Lake, WA 98391</u>		
Contact phone	City	State	ZIP Code
	<u>253-447-4099</u>	Email	<u>joanna@myco-instrumentation.com</u>



21507 State Rte 410 E Ste B
Bonney Lake, WA 98391

Invoice

Date	Invoice #
8/22/2018	25147

Bill To
Amory Reg Med Ctr/ Merit Health System 1105 Earl Frye Blvd. Drive Amory, MS. 38821 Tommy Gann

Ship To

P.O. No.	Terms	Rep	Ship Via	FOB
	upon billing	MP		

Description	Qty	Rate	Amount
For the return freight of the Centaur CP SN#ROB2002313 & Siemens Stratus SN# Out-of-state sale, exempt from sales tax	1	1,306.00 0.00%	1,306.00T 0.00

PLEASE NOTE NEW ACCOUNT INFORMATION AS OF JANUARY 2012 Myco Instrumentation, Inc. Branch Bank: Chase Bank Account # 976726042 21003 State Route 410 E Routing/ABA #325070760 Bonney Lake, WA 98390-8499 Swift Code: CHASUS33	Total	\$1,306.00
	Payments/Credits	\$0.00
	Balance Due	\$1,306.00

Phone #	Fax #	E-mail	Web Site
253 447-4099	253-753-2088	Joanna@myco-instrumentation.com	myco-instrumentation.com



21507 SR 410 E. Ste. B, Bonney Lake, WA 98391
253 447-4099 Fax 253 753-2088

E-mail: joanna@myco-instrumentation.com

January 17, 2019

To whom it may concern:

Please note that our business moved a few weeks ago.

Old address:
3009 219th Ave. E.
Lake Tapps, WA 98391

New address as of 01/01/19:
21507 State Route 410 E. Suite B
Bonney Lake, WA 98391

Sincerely,

Joanna Mackay
Accounting

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):**

<p><i>Creditor:</i> (6824372) MYCO Instrumentation, Inc. 21507 State Route 410 E. Suite B Bonney Lake, WA 98391</p>	<p>Claim No: 216 <i>Original Filed</i> Date: 01/17/2019 <i>Original Entered</i> Date: 01/17/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> admin <i>Modified:</i></p>
--	---	--

Amount claimed: \$1306.00

History:

[Details](#) [216-1](#) 01/17/2019 Claim #216 filed by MYCO Instrumentation, Inc., Amount claimed: \$1306.00 (admin)

Description:

Remarks: (216-1) Filer Comment: Inv 25147 under Amory Regional Medical Center

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*	\$1306.00
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		