UNITED STATES BA MIDDLE DISTRIC (NASHVILL	T OF TENN	ESSEE	503(b)(9) ADMINISTRATIVE EXPENSE CLAIM							
In re:	Chi	se No.	ADMINISTRATIVE BAR DATE: January 21, 2019							
NOTE: This form should be used only be expense claim arising under 11 U.S.C. & for any other types of claim. Name of creditor: (The person or other entity to whom the debtor owed money or property.)	Name of debtor (The entity own Curae Hea Amory Refinc. Batesville Center, Inc. Clarksdale Center, Inc. Amory Re Batesville	r: ing money or property) Ith, Inc. egional Medical Center, Regional Medical c. Regional Medical	JAN 172019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN							
	LLC	Regional Physicians,								
Name and addresses where notices should be sent: Sunrise Fresh Produce 2208 W. 21st St. Jacksonville, FL 32209 Attn: Shearice Greene	anyone else claim rel Attach corparticulars Check boreceived bankruptcy Check boxefrom the a	x if you are aware that se has filed a proof of ating to your claim. py of statement giving ox if you have never any notices from the y court in this case. x if your address differs address on the envelope to by the court.	THIS SPACE IS FOR COURT USE ONLY							
Telephone number: (04) 309-56110 sgreene@sunrise Fresh Email: produce.com			1.							
Last four digits of account or other number creditor identifies debtor:	er by which	Check this box it filed claim. Claim number (if knov Filed on:	this claim amends a previously 1):							
1. Basis for claim: ✓ Goods sold ☐ Services performed ☐ Other (describe briefly)		2. Date debt was incur 1 1 2018	-8/22/2018							
3. Date goods were received by debtor	1/0/18	-8/22/18								
4. Total amount of claim as of the date	the debt was in	4. Total amount of claim as of the date the debt was incurred. 2908.19								

Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.
5. Brief description of claim (attach any additional information):
Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:
Shipment date of goods: 7/6/18 -8/22/18
Place of delivery of goods: 303 medical center Dr. Batesville, ms 38606
Method of delivery of goods: our truck
Name of carrier of goods: ow truck
Value of goods: 2905.19
Whether the value of goods listed in this claim relates to services and goods: 900d S
The percentage of value related to services and the percentage of value related to goods: 100 1/2 9000 5
Whether claimant has filed any other claim against debtor relating to goods underlying this claim:
Attach supporting materials required by field 8 and instructions below.
6. Credits, setoffs, and counterclaims:
All payments made on this claim by the debtor have been credited and
deducted from the amount claimed hereon. This claim is subject to setoff or counterclaim as follows: has obtained this claim by assignment and attached a
copy of assignment.
8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.
All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.
Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.
Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not
available, explain. If the documents are voluminous, attach a summary.
9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.
10. Signature:
Check the appropriate box.
I am the creditor.
I am the creditor's authorized agent.
I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my

Print name: Cecil Parker
Title: Controller (1) to be 1/15/19
Company: Sunrise Fresh Produce Out Jarpen 1/15/19
Address and telephone number (if different from notice (Signature) (Date)
address above):
2205 W. 21st Street
Jock saville F 32209
(904)309-5615 cparker Csunise fresh produce .com
Telephone number: Email:

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by January 21, 2019.

A claim is the creditor's right to receive payment for a debt owed by the debtor as efined in 11 U.S.C. § 101(5).

A creditor is a person, corporation, or other entity to whom the debtor owes a debt

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

- 1. Please read this proof of claim form carefully and fill it in completely and accurately.
- 2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
- 3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
- 4. Attach additional pages if more space is required to complete the proof of claim

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- 5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.
- 6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by <u>January 21, 2019</u>. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before <u>January 21, 2019</u>, to the following address:

Office of the Clerk of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division) Customs House Room 170 701 Broadway Nashville, TN 37203

Items to be completed in proof of claim form.

Creditor's name and address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Debtor's name:

Check the box next to the debtor from whom the debt is owed.

Account or other number by which creditor identifies debtor:

State only the last four digits of the debtor's account or other number used by the coeditor to identify the debtor.

1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

2. Date debt was incurred:

State the date or dates on which the debt was incurred.

3. Date goods received by debtor:

State the date or dates on which the goods underlying the claim were received by the debtor.

4. Total amount of claim as of the date the debt was incurred:

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

5. Brief description of claim (attach any additional information):

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

6. Credits, setoffs, and counterclaims:

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

7. Assignment:

Check box and include copy of assignment if claimant obtained claim by way of assignment.

8. Supporting documents:

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies $\mathfrak{I}(x)$ the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

9. Date and signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Sunrise Produce Jackson

Customer Statement

4229 MICHAEL AVALON ST * JACKSON, MS 39209

Phone: 601.213.4008 Fax: 601.969.7480

Date 12/21/2018

Customer Code 14001162

> Terms: NET 28

MERIT HEALTH BATESVILLE+++
303 Medical Center Drive

Batesville MS 38606

SODEXO/ENTEGRA

Amount Enclosed

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14-523440	07/13/2018	11		353.74	353.74	967.97
14-524149	07/18/2018	1		79.94	79.94	1047.91
14-525175	07/25/2018	1		251.85	251.85	1299.76
14-525176	07/25/2018			27.78	27.78	1327.54
14-525523	07/27/2018	1		223.03	223.03	1550.57
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14-527415	08/08/2018			352.90	352.90	2004.03
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14-529171	08/17/2018	1		207.95	207.95	2628.74
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14-548103	11/80/2018	1		199.63	199.63	3420.50
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14-560626	12/14/2018	1		82.36	82,36	4298.88
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2	statutor 1930 (7 commodit payment fees nec	shable agricu y trust autho U.S.C. 499(e(ies, and any is received. essary to col red "sums owin	rized by sect c)). The sell receivables o Buyer agrees lect any bala	ion 5(c) of er of these or proceeds s to pay int unce due her	the Peris commodit from the s erest at eunder.	shable Agri ies retains sale of the a rate of 1 Interest ar	eultura a trus se comm 5% per d attor	subject l Commo t claim odities month neys' f	DTAL: to the dities Ad over the until fo and atto ees shal	353.74 rt, ese ull rneys*

Filed 01/17/19 Desc Main Document 20 Case 3:18-bk-05665 Claim 220-1 Page 9 of

PH:601-213-4008 | FAX:601-969-7480 Route OXF / 06 Page: SUNRISE PRODUCE JACKSON Invoice No: 14-524149 4229 MICHAEL AVALON ST Invoice Date: 07/18/2018 JACKSON, MS 39209 Terms:NET 28 14001162/4500 Driver Initials: Sold To: MERIT HEALTH BATESVILLE+++ Sime Out: Time In: 303 Medical Center Drive Sales Rep: WYPP PD: Batesville, MS 38606 Phone:() -COO ITEM UNIT PRICE EXT PRICE ORD GTY SHIP GTY UOM DESCRIPTION 1.00 -1.00 CASE LIMES 200 CT 11270 23.65 23.65 1.00 -1.00 SACK ONION RED JUMBO 25# 12385 15.08 15.08 1.00 - 1.00 CASE TOMATO 5X6 25# 11750 20.32 .20.32 1.00 __ 1.00 CASE VA GREEN LEAF CROWNS 10# 16044 20.83 20.89 Remember to include dairy, meat and frying oil on your next order! . Packages= * 1 4 9 * * SUBTOTAL: 79.94 0.00 TAX: 79.94 The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys' fees necessary to collect any balance due hereunder. Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

SUNRISE PRODUCE JACKSON PH:601-213-4008 FAX:601-969-7480 Route OXF / 07 Page: Invoice No: 14-525175 4229 MICHAEL AVALON ST Invoice Date: 07/45/2018 JACKSON, MS 39209 Terms:NET Sold To: MERIT HEALTH BATESVILLE+++ 14001162/4500 . Driver Initials: Time Ind · 303 Medical Center Drive Sales Rep: WYPP Batesville, MS 38606 COO ITEM UNIT PRICE ORD GTY SHIP GTY UOM DESCRIPTION ----24.87 11096 -1.00 CASE BANANA PREMIUM 16.98 16.96 1.00 ___1.00 CASE BERRY STRAWBERRY CA 8/1# 11116 11140 16.37 16.37 1.00 -1.00 CASE CANTALOUPE 12 CT 1.00 -1.00 CASE GRAPE RED SEEDLESS 27.28 27.28 11168 .1.00 -1.00 CASE HONEYDEW 5 CT 13.72 11194 13.72 1.00 LASE PINEAPPLE GOLD 6-8 CT 13045 17.31 .17.31 12727 31.74 31.74 1.00 - 1.00 CASE SPRING MIX 4/3 # 1.00 -1.00 FLAT TOMATO GRAPE RED 11836 19.34 19.34 16000 27.97 27.97 1.00 --- 1.00 CASE VA BROCCOLI FLORETS 6/3# 15.28 15.28 14555 1.00 --- 1.00 CASE VA CAULIFLOWER FLORET 2/3 20.89 20,89 1.00 - 1.00 CASE VA GREEN LEAF CROWNS 10# 16044 1.00 ___1.00 CASE VA. ROMAINE CHOPPED 6/2 16094 20.12 Remember to include dairy, meat and frying oil on your next order!. Packages= SUBTOTAL: 251.85 TAX: 0.00 TOTAL: 251.85 The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these

Case 3:18-bk-05665 Claim 220-1 Filed 01/17/19 Desc Main Document Rage:11 of

commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys' fees necessary to collect any balance due hereunder. Interest and attorneys' fees shall be

considered "sums owing in connection" with this transaction under the PACA trust.

PH:601-213-4008 FAX:601-969-7480 Route OXF / 07 Page: SUNRISE PRODUCE JACKSON Invoice No: 14-525176 4229 MICHAEL AVALON ST Invoice Date: 07/25/2020 JACKSON, MS 39209 Terms: NET Driver Initials: 14001162/4500 Sold To: MERIT HEALTH BATESVILLE+++ 303 Medical Center Drive Sales Rep: WYPP Batesville, MS 38606 COO ITEM UNIT PRICE ORD GTY SHIP GTY UOM DESCRIPTION 27.78 27.78 11292 1.00 - 1.00 CASE ORANGE CA 88 2 nnette Le Remember to include dairy, meat and frying oil on your next order! THE PICTURE AND THE REAL PROPERTY AND THE RE Packages= 27.78 SUBTOTAL: 0.00 TAX: 27.78 The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys'

Case 3:18-bk-05665 Claim 220-1 Filed 01/17/19 Desc Main Document Page/12 of 20

fees necessary to collect any balance due hersunder. Interest and attorneys' fees shall be

considered "sums owing in connection" with this transaction under the PACA trust.

FAX:601-969-7480 Route OXF / 09 Page: PH:601-213-4008 SUNRISE PRODUCE JACKSON Invoice No: 14-525523 4229 MICHAEL AVALON ST Invoice Date: 07/27/2018 JACKSON, MS 39209 Terms: NET 26 Driver Initials: 14001162/4500 Sold To: MERIT HEALTH BATESVILLE+++ Yime Out Time Ins 303 Medical Center Drive Sales Rep: WYPP Batesville, MS 38606 Phone:() - 42-525.5.2,3.4. COO ITEM UNIT PRICE -- EXT PRICE ORD GTY SHIP GTY UOM DESCRIPTION 12385 5, 35 2.00 T2.00 SLB ONION RED JUMBO 25# 4.22 8.44 12435 2.00 --- 2.00 5LB ONION YELLOW JUMBO 50# 31.13 31,18 12595 . -1.00 SACK POTATO RED B 50# IDAHO 1.00 7.35 7.35 12715 -1.00 EACH SPINACH CLIPPED 4/2.5# 1.00 15,80 15.80 1.00 -1.00 CASE SQUASH YELLOW MEDIUM 12775 12790 15.80 . 15.80 1.00 -1.00 CASE SQUASH ZUCCHINI MEDIUM 19,64 -1.00 CASE TOMATO 5X6 25# 11750 19.64 1.00 11836 19.34 19.34 1.00 __ 1.00 FLAT TOMATO GRAPE RED 27.97 27.97 16000 1.00 -1.00 CASE VA BROCCOLI FLORETS 6/8# 15.28 15.28 14555 1.00 ____1.00 CASE VA CAULIFLOWER FLORET P/3 6.28 12.56 16180 2.00 _2.00 EACH VA LETTUCE 1/4" SHRED 16094 20.12 .20.12 1.00 ___1.00 CASE VA ROMAINE CHOPPED 6/2 18.85 18.85 16124 1.00 ____1.00 CASE VA TOMATO DICED 2/5# Remember to include dairy, meat and frying oil on your next order! *.11.4 - 5.2.5 .5.2.3.3.* 16.00 Packages=, 223.03 SUBTOTAL: 0.00 TAX: 223.03 The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys" fees necessary to collect any balance due hersunder. Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

PH:601-213-4008 FAX:601-969-7480 Route OXF / 06 Page: SUNRISE PRODUCE JACKSON Invoice No: 14-526201 4229 MICHAEL AVALON ST JACKSON, MS 39209 Invoice Date: 08/01/2018 Terms:NET 28 Sold To: MERIT HEALTH BATESVILLE+++ 14001162/4500 Driver Initials: Time In 100 Time Out 303 Medical Center Drive Sales Rep: WYPP Batesville, MS 38606 * 1 4 - 5 2 6 2 0 1 * Phones () -COO ITEM UNIT PRICE ORD GTY SHIP GTY UOM DESCRIPTION _____ 19.57 19.57 1.00 --- 1.00 CASE CUCUMBER SELECT 12185 1.00 __ 1.00 CASE VA BROCCOLI FLORETS 6/3# 16000 27.97 27,97 1.00 -1.00 CASE VA CARROT STICK 2/5# 14554 16.42 16, 42 1.00 -1.00 CASE VA ROMAINE CHOPPED 6/2 20.12 16894 20.12 1.00 - 1.00 CASE VA SLAW SHRED W/COLOR 4/5# 16117 16,48 16.48 Remember to include dairy, meat and frying oil on your next order! Packages= 5.00 100.56 SUBTOTAL: TAX: 0,00 100.56 The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys" fees necessary to collect any balance due he eunder. Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

PM:601-213-400\$ FAX:601-969-7480 Route OXF / 06 Page: | SUNRISE PRODUCE JACKSON 4229 MICHAEL AVALON ST Invoice No: 14-527415 JACKSON, MS 39209 Invoice Date: 08/08/2018 Terms: NET Sold To: MERIT HEALTH BATESVILLE+++ 14001462/4500 Driver Initials: Time Ins 16 Time Outs 303 Medical Center Drive Sales Rep: WYPP Batesville, MS 38606 Phones () -COO ITEM UNIT PRICE ORD GTY SHIP GTY UOM DESCRIPTION I THE SELECTION OF THE PROPERTY OF THE SELECTION OF THE S 24.87 1.00 -1.00 CASE BANANA PREMIUM 11112 31.53 31.53 1.00 -1.00 FLAT BERRY RASPBERRY 12 CT _ 1.00 CASE CANTALOUPE 12 CT 15.74 11140 15.74 1.00 26.02 11168 26.02 1.00 -1.00 CASE GRAPE RED SEEDLESS 11194 13.34 13.34 1.00 - 1.00 CASE HONEYDEW 5 CT -67.50 1.00 --- 1.00 CASE LEMON CH 165 11224 67.58 1.00 - 1.00 CASE MUSHROOM FANCY 10% 16282 18.52 18.52 1.00 - 1.00 CASE ORANGE CA 88 11292 28, 41 28.41 31.74 1.00 -1.00 CASE SPRING MIX 4/3 # 12727 31.74 -1.00 CASE TOMATO 5X6 25# 1.1.750 21.68 21.68 1.00 - 1.00 FLAT TOMATO GRAPE RED 11836 20.53 20.53 1.00 -1.00 CASE VA CARROT STICK 2/5# 14554 - -16.42 16.42 1.00 16094 20.12 20.12 1.00 -1.00 CASE VA ROMAINE CHOPPED 6/2 -16.48 16,48 1.00 -1.00 CASE VA SLAW SHRED W/COLOR 4/5# 16117 Remember to include dairy, meat and frying oil on your next order! * 1 4 - 5 2 7 4 1 5 * . Packages= SUBTOTAL: 352.90 0.00 352.98 TOTAL: The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys? fees necessary to collect any balance due hereunder. Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

FAX:601-969-7480 Route OXF / 08 Pages PH:601-213-4008 SUNRISE PRODUCE JACKSON Invoice No: 14-527839 4229 MICHAEL AVALON ST Invoice Date: 08/10/2018 Terms:NET 78 JACKSON, MS 39209 Driver Initials: K Sold To: MERIT HEALTH BATESVILLE+++ 14001162/4500 Time In: 243 Time Out: 10 303 Medical Center Drive Sales Rep: WYPP PO: . Batesville, MS 38606 Phones () . -COO ITEM UNIT PRICE ORD GTY SHIP GTY UOM DESCRIPTION 6.19 6.19 1.00 2LB. ONION GREEN ICELESS 1.00 21.38 · 12715 21.38 1.00 CASE SPINACH CLIPPED 4/2.5# 1.00 27.97 27.97 16000 1.00 CASE VA BROCCOLI FLORETS 6/\$# 1.00 14555 15.28 30.56 2.00 CASE VA CAULIFLOWER FLORET \$/3 Remember to include dairy, meat and frying oil on your next order! And place hand much from hand found or other first desired and great and gre 5.00 Packages= SUBTOTAL: 0.00 TAX: 86.10 TOTALs The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys' fees necessary to collect any balance due he reunder. Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

SUNRISE PRODUCE JACKSON 4229 MICHAEL_AVALON ST JACKSON, MS 39209

PH:601-213-4008 | FAX:601-969-7480 Route OXF / 08 | Page:

Invoice No: 14-527857

Invoice Date: 08/10/2018 Terms: NET 28,

Sold To: MERIT HEALTH BATESVILLE+++

303 Medical Center Drive

14001162/4500

Driver Initials:

Time In: 1243 Time Out: 10 Sales Rep: WYPP

PO:

Batesville, MS 38606

Phones() -

ORD GTY SHIP GTY UOM DESCRIPTION

ITEM UNIT PRICE con

1.00 CASE SQUASH YELLOW MEDIUM 1.00 CASE SQUASH ZUCCHINI MEDIUM 1.00

12790

15,80 15.89 15.80 15.80

Remember to include dairy, meat and frying oil on your next order!

2.00 Packages=

SUBTOTAL:

31.60

TAX: TOTAL:

0.00 31.60

The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys" fees necessary to collect any balance due hereunder. Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

Case 3:18-bk-05665 Claim 220-1 Filed 01/17/19 Desc Main Document Rage/17 of

FAX:601-969-7480 Route OXF / 08 PH:601-213-4008 Pages SUNRISE PRODUCE JACKSON Invoice No: 14-528738 4229 MICHAEL AVALON ST Invoice Date: 08/15/2012 JACKSON, MS 39209 Terms: NET 22 Sold To: MERIT HEALTH BATESVILLE+++ 14001162/4500 Driver Initials: Time Ins303 Medical Center Drive Sales Rep: WYPP PO: Batesville, MS 38606 ITEM UNIT PRICE EXT PRICE ORD GTY SHIP GTY UOM DESCRIPTION 29.82 12100 -1.00 CASE CABBAGE GREEN CTN 1.00 17.00 17.00 11140 -1.00 CASE CANTALOUPE 12 CT 1.00 26.02 26.02 11168 -1.00 CASE GRAPE RED SEEDLESS 1.00 12385 15.08 15.08 1.00 - 1.00 SACK ONION RED JUMBO 25# 28, 41 11292 28.41 -71.00 CASE ORANGE CA 88 1.99 12530 33.85 33.86 1.00 -1.00 CASE PEPPER RED 1 1/9 BUSHEL 33, 97 33.07 - 1.00 SACK POTATO RED B 50# IDAHC #2 12595 1.00 7.35 7.35 __1.00 EACH SPINACH CLIPPED 4/2.5# 12715 1.00 -1.00 CASE TOMATO 5X6 25# 11750 23.05 23.05 1.00 . 27.97 27.97 -1.00 CASE VA BROCCOLI FLORETS 6/3# 1.00 16.42 1.00 CASE VA CARROT STICK 2/5# 14554 1.00 20.89 20.89 1.00 ____ 1.00 CASE VA GREEN LEAF CROWNS 10# 16044 16094 20.12. 20.12 -1.00 CASE VA ROMAINE CHOPPED 6/2# 1.00 Remember to include dairy, meat and frying oil on your next order! * 1 4 5 2 8 7 3 8 * Packages=_ 13.00 299.06 SUBTOTAL: TAX 0.00 299.06 TOTAL: The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full

considered. "sums owing in connection" with this transaction under the PACA trust.

payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys' fees necessary to collect any balance due he eunder. Interest and attorneys' fees shall be

FAX:601-969-7480 Route OXF*/.10 SUNRISE PRODUCE JACKSON PH:601-213-4008 Invoice No: 14-529171 4229 MICHAEL AVALON ST Invoice Date: 08/17/2018 JACKSON, MS 39209 Terms: NET/EA Sold To: MERIT HEALTH BATESVILLE+++ 14001162/4500 Driver Initials: Time In: 24 Time Out: 303 Medical Center Drive Sales Rép: Batesville, MS 38606 Phone:() -COO ITEM UNIT PRICE EXT PRICE ORD GTY SHIP GTY UOM DESCRIPTION _________________ 24.87 11096 1.00 CASE BANANA PREMIUM 17.59 17,59 11116 1.00 CASE BERRY STRAWBERRY CA 8/1 1.00 17.00 17.00 11140 1.00 CASE CANTALOUPE 12 CT 1.00 17.05 12185 17.05 1.00 1.00 CASE CUCUMBER SELECT 18.52 18.52 16282 1.00 CASE MUSHROOM FANCY 10# 1.00 17.31 17.31 13045 1.00 CASE PINEAPPLE GOLD 6-8 CT 1.00 12775 6.27 6.27 1.00 5LB SQUASH YELLOW MEDIUM 1.00 12790. 6.65 6.65 1.00 SLB SQUASH ZUCCHINI MEDIUM 1.00 11836 21.13 21.13 1.00 FLAT TOMATO GRAPE RED 1.00 27.97 27.97 16000 1.00 CASE VA BROCCOLI FLORETS 6/3# 1.00 17.11 17.11 1.00 CASE VA LETTUCE SHRED 4/5# 16052 1.00 16117 16.48 16.48 1.00 CASE VA SLAW SHRED W/COLOR 4/5# 1.00 Remember to include dairy, meat and frying oil on your next order! Packages= 12.00 207.95 SUBTOTAL: 0.00 207.95 TOTAL: The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys

fees necessary to collect any balance due hereunder. Interest and attorneys' fees shall be

considered "sums owing in connection" with this transaction under the PACA trust.

PH:601-213-4008 FAX:601-969-7480 Route OXF / 06 Page: SUNRISE PRODUCE JACKSON Invoice No: 18-539078 4229 MICHAEL AVALON ST Invoice Date: 05/2 12/2018 JACKSON, MS 39209 Terms: NEF 14001162/4500 Driver Initials: Sold To: MERIT HEALTH BATESVILLE+++ I Dime Out Time In: 303 Medical Center Drive Sales Rep: WYPP Batesville,MS 38606 PO: Phone:() -COO ITEM UNIT PRICE EXT PRICE ORD QTY SHIP QTY UOM DESCRIPTION 27.98 12010 1.00 CASE ASPARAGUS STANDARD 11/1# 1.00 31.53 11112 31.53 1.00 FLAT BERRY RASPBERRY 12 CT 1.00 26.02 26.02 1.00 CASE GRAPE RED SEEDLESS 11168 1.00 19.96 12435 19.96 1.00 SACK OHION YELLOW JUMBO 50# 1.00 28.41 28.41 11292 1.00 1.00 CASE ORANGE CA 88 26.57 26.57 12595 1.00 SACK POTATO RED B 50# IDAHO #2 1.00 23.91 12640 23.91 1.00 CASE POTATO SWEET #1 1.00 7.35 7.35 12715 1.00 EACH SPINACH CLIPPED 4/2.5# 1.00 11852 22.79 22.79 1.00 CASE TOMATO ROMA 25# 1.00 16.43 16.42 1.00 CASE VA CARROT STICK 2/5# 1.4554 1.00 28.39 28.39 1.00 CASE VA CELERY STICKS 4/5# 16936 1.00 20.12 20.12 16094 1.00 CASE VA ROMAINE CHOPPED 6/2 1.00 . Remember to include dairy, meat and frying oil on your next order! 12.00 Packages= 279.45 SUBTOTAL: 0.00 TAX: TOTAL: 279.45 The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(e(c)). The seller of these commodities retains a trust claim over these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Buyer agrees to pay interest at a rate of 1.5% per month and attorneys" fees necessary to collect any balance due here under. ; Interest and attorneys' fees shall be considered "sums owing in connection" with this transaction under the PACA trust.

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: (6824605) Claim No: 220 Status:
SUNRISE FRESH PRODUCE Original Filed Filed by: CR
(ADMINISTRATIVE) Date: 01/17/2019 Entered by: Intake1
2208 W 21ST ST Original Entered Modified:

JACKSONVILLE FL Date: 01/18/2019

32209

Admin claimed: \$2908.19

History:

<u>Details</u> <u>220-</u> 01/17/2019 Claim #220 filed by SUNRISE FRESH PRODUCE, Admin claimed: \$2908.19

(Intake1)

Description: (220-1) Goods 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*	
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	\$2908.19	