

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re:	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019
Debtor:	Case No.	
NOTE: This form should be used <u>only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9)</u> . This form should not be used 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 owing money or property) <input type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input checked="" type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Sunrise Fresh Produce 2208 W. 21st St. Jacksonville, FL 32209 Attn: Sheanice Greene </div> Telephone number: (904) 309-5616 Email: sgreene@sunrisefreshproduce.com	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">JAN 17 2019</div> <div style="font-size: 0.8em; font-weight: bold; margin-bottom: 10px;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</div> <div style="font-weight: bold; margin-top: 20px;">THIS SPACE IS FOR COURT USE ONLY</div>
Last four digits of account or other number by which creditor identifies debtor: <div style="font-size: 1.5em; font-weight: bold; margin-left: 100px;">1162</div>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <div style="font-size: 1.5em; font-weight: bold; margin-left: 20px;">7/6/2018 - 8/22/2018</div>	
3. Date goods were received by debtor: 7/6/18 - 8/22/18		
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: our truck

Value of goods: 2908.19

Whether the value of goods listed in this claim relates to services and goods: goods

The percentage of value related to services and the percentage of value related to goods: 100% goods

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: No

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:

7. Assignment:

☐ Check this box if claimant 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).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: Cecil Parker
 Title: Controller
 Company: Sunrise Fresh Produce Cecil Parker 1/15/19
 Address and telephone number (if different from notice address above):
2208 W. 21st Street
Jacksonville, FL 32209
(904) 309-5615 cparker@sunrisefreshproduce.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**.

Claim.

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

Creditor.

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.

Proof of Claim.

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.

Redacted.

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.

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 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.

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 **January 21, 2019**. 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 **January 21, 2019**, 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 creditor 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 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.

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

4229 MICHAEL AVALON ST * JACKSON, MS 39209
Phone: 601.213.4008 Fax: 601.969.7480

Customer Statement

Date 12/21/2018
Customer Code 14001162
Terms: NET 28

MERIT HEALTH BATESVILLE+++
303 Medical Center Drive

Batesville MS 38606

SODEXO/ENTEGR

Amount Enclosed

Page 1

Reference #	Ref Date	Code	Description	Amount	Balance	Forward
14-522305	07/06/2018	I		247.70	247.70	247.70
14-523062	07/11/2018	I		366.53	366.53	614.23
14-523440	07/13/2018	I		353.74	353.74	967.97
14-524149	07/18/2018	I		79.94	79.94	1047.91
14-525175	07/25/2018	I		251.85	251.85	1299.76
14-525176	07/25/2018	I		27.78	27.78	1327.54
14-525523	07/27/2018	I		223.03	223.03	1550.57
14-526201	08/01/2018	I		100.56	100.56	1651.13
14-527415	08/08/2018	I		352.90	352.90	2004.03
14-527839	08/10/2018	I		86.10	86.10	2090.13
14-527857	08/10/2018	I		31.60	31.60	2121.73
14-528738	08/15/2018	I		299.06	299.06	2420.79
14-529171	08/17/2018	I		207.95	207.95	2628.74
14-530078	08/22/2018	I		279.45	279.45	2908.19
14-544890	11/09/2018	C	544306 11/07/2018	-14.53	-14.53	2893.66
14-547668	11/28/2018	I		327.21	327.21	3220.87
14-548103	11/30/2018	I		199.63	199.63	3420.50
14-548984	12/05/2018	I		277.05	277.05	3697.55
14-550232	12/12/2018	I		390.46	390.46	4088.01
14-550625	12/14/2018	I		126.51	126.51	4214.52
14-550626	12/14/2018	I		82.36	82.36	4296.88
14-551322	12/19/2018	I		192.85	192.85	4489.73

Statement Total: 4489.73

Codes: D=DR Memo I=Invoice F=Finance Charge C=CR Memo P=Payment A=Discount Allowed

Current	1-6 Days	7-13 Days	14-20 Days	21-27 Days	28+ Days
Case 3:18-bk-05665	Claim 220-1	Filed 01/17/19	Desc Main Document	Page 6 of	
1596.07	0.00	-14.53	20	0.00	2908.19

SUNRISE PRODUCE JACKSON
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4000

FAX:601-969-7480 Route OXF / 05 Page: 1

Invoice No: 14-522305
Invoice Date: 07/06/2018

Terms: NET

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *LM*

303 Medical Center Drive

Time In: 11:00 Time Out: 11:14

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO#

ORD QTY SHIP QTY UOM DESCRIPTION

ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00				CASE BANANA PREMIUM	11096	24.87	24.87
1.00	1.00				CASE BERRY STRAWBERRY CA 8/1#	11116	17.27	17.27
1.00	1.00				CASE SPINACH CLIPPED 4/2.5#	12715	21.38	21.38
1.00	1.00				CASE SPRING MIX 4/3 #	12727	31.74	31.74
1.00	1.00				CASE SQUASH YELLOW MEDIUM	12775	15.80	15.80
1.00	1.00				CASE SQUASH ZUCCHINI MEDIUM	12790	15.80	15.80
1.00	1.00				CASE TOMATO 5X6 25#	11750	25.77	25.77
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
2.00	2.00				CASE VA CAULIFLOWER FLORET 2/3	14555	15.28	30.56
1.00	1.00				CASE VA ROMAINE CHOPPED 6/2#	16094	20.12	20.12

Cennate Tellez

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

Packages= 12.00



SUBTOTAL: 247.70
TAX: 0.00
TOTAL: 247.70

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4000

FAX:601-969-7400 Route OXF / 04 Page: 1

Invoice No: 14-523062

Invoice Date: 07/11/2018

Terms: NET 20

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *LM*

303 Medical Center Drive

Time In: *10:59* Time Out: *11:18*

Sales Rep: WYPP

Batesville, MS 38606

PO:

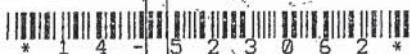
Phone: () -



ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00				CASE BANANA PREMIUM	11096	24.87	24.87
1.00	1.00				FLAT BERRY BLACKBERRY 12 CT	11104	25.23	25.23
1.00	1.00				FLAT BERRY BLUEBERRY 12 CT	11108	26.49	26.49
1.00	1.00				FLAT BERRY RASPBERRY 12 CT	11112	29.01	29.01
1.00	1.00				CASE BERRY STRAWBERRY CA 8/LM	11116	16.96	16.96
1.00	1.00				CASE CABBAGE GREEN CTN	12100	24.25	24.25
1.00	1.00				CASE CANTALOUPE 12 CT	11140	15.49	15.49
1.00	1.00				CASE GRAPE RED SEEDLESS	11160	27.28	27.28
1.00	1.00				CASE HONEYDEW 5 CT	11194	15.93	15.93
1.00	1.00				SACK ONION YELLOW JUMBO 50#	12435	19.96	19.96
1.00	1.00				CASE ORANGE CA 88	11292	27.78	27.78
1.00	1.00				SACK POTATO RED B 50# IDAHO #2	12595	31.18	31.18
1.00	1.00				CASE VA CELERY STICKS 4/5#	16036	28.39	28.39
1.00	1.00				CASE VA LETTUCE SHRED 4/5#	16052	17.11	17.11
1.00	1.00				CASE VA ROMAINE CHOPPED 6/2#	16094	20.12	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= 16.00



SUBTOTAL: 366.53
TAX: 0.00
TOTAL: 366.53

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4000

FAX:601-969-7480 Route OXF / 07 Page: 1

Invoice No: 14-523440

Invoice Date: 07/17/2018

Terms: NET 10

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *RM*

303 Medical Center Drive

Time In: *11:22* Time Out: *11:36*

Batesville, MS 38606

Sales Rep: WIPP

Phone: () -

PO:



ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00				CASE APPLE GRANNY SMITH 113/138		11068	40.54	40.54
1.00	1.00				CASE BERRY STRAWBERRY CA 8/1#		11116	16.96	16.96
1.00	1.00				CASE CUCUMBER SELECT		12185	23.35	23.35
1.00	1.00				CASE GRAPE RED SEEDLESS		11168	27.28	27.28
1.00	1.00				CASE MUSHROOM FANCY 10#		16282	18.52	18.52
1.00	1.00				5LB PEPPER GOLDEN 1 1/9 BUSHEL		12495	15.75	15.75
1.00	1.00				CASE PEPPER GREEN CHOICE		12510	19.50	19.50
1.00	1.00				CASE PEPPER RED 1 1/9 BUSHEL		12530	40.16	40.16
1.00	1.00				EACH SPINACH CLIPPED 4/2.5#		12715	7.35	7.35
1.00	1.00				FLAT TOMATO GRAPE RED		11836	18.90	18.90
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 CAULIFLOWER FLORET 2/3		14555	15.28	15.28
1.00	1.00				CASE VA CELERY STICKS 4/5#		16036	28.39	28.39
1.00	1.00				CASE VA GREEN LEAF CROWNS 10#		16044	20.89	20.89
1.00	1.00				CASE VA SLAW SHRED W/COLOR 4/5#		16117	16.48	16.48

C. W. Wooten

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

Packages= 16.00



SUBTOTAL: 353.74
TAX: 0.00
TOTAL: 353.74

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4008

FAX:601-969-7480 Route OXF / 06 Page: 1

Invoice No: 14-524149

Invoice Date: 07/18/2018

Terms: NET 28

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *HHS*

303 Medical Center Drive

Time In: *10:03* Time Out: *10:14*

Sales Rep: WYPP

Batesville, MS 38606

PO:

Phone: () -



ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00				CASE LINES 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	20.89	20.89

copy kept

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

Packages= 4.00



SUBTOTAL: 79.94
TAX: 0.00
TOTAL: 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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4008

FAX:601-969-7480 Route OXF / 07 Page: 1

Invoice No: 14-525175

Invoice Date: 07/25/2018

Terms: NET 30

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *FW*

303 Medical Center Drive

Time In: *10:40* Time Out: *10:55*

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PQ:

ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	—1.00				CASE BANANA PREMIUM		11096	24.87	24.87
1.00	—1.00				CASE BERRY STRAWBERRY CA 8/1 #		11116	16.96	16.96
1.00	—1.00				CASE CANTALOUPE 12 CT		11140	16.37	16.37
1.00	—1.00				CASE GRAPE RED SEEDLESS		11168	27.28	27.28
1.00	—1.00				CASE HONEYDEW 5 CT		11194	13.72	13.72
1.00	—1.00				CASE PINEAPPLE GOLD 6-8 CT		13045	17.31	17.31
1.00	—1.00				CASE SPRING MIX 4/3 #		12727	31.74	31.74
1.00	—1.00				FLAT TOMATO GRAPE RED		11836	19.34	19.34
1.00	—1.00				CASE VA BROCCOLI FLORETS 6/3 #		16000	27.97	27.97
1.00	—1.00				CASE VA CAULIFLOWER FLORET 2/3		14555	15.28	15.28
1.00	—1.00				CASE VA GREEN LEAF CROWNS 10 #		16044	20.89	20.89
1.00	—1.00				CASE VA ROMAINE CHOPPED 6/2 #		16094	20.12	20.12

Annette Lelima

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

Packages= 12.00

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 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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4008

FAX:601-969-7480 Route OXF / 07 Page: 1

Invoice No: 14-525176

Invoice Date: 07/25/2018

Terms: NET 21

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *PHS*

303 Medical Center Drive

Time In: 10:40 Time Out: 10:55

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO:

ORD QTY SHIP QTY UOM DESCRIPTION

COO ITEM UNIT PRICE EXT PRICE

1.00 — 1.00 CASE ORANGE CA 88

11292

27.78

27.78

Annette Sullivan

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

Packages= 1.00

* 1 4 - 5 2 5 1 7 6 *

SUBTOTAL: 27.78

TAX: 0.00

TOTAL: 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' 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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4000

FAX:601-969-7480 Route OXF / 09 Page: 1

Invoice No: 14-525523

Invoice Date: 07/27/2018

Terms: NET 20

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *HW*

303 Medical Center Drive

Time In: 12:00 Time Out: 12:15

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO:

ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
2.00	2.00	5LB	ONION RED JUMBO 25#			12385		5.35	10.70
2.00	2.00	5LB	ONION YELLOW JUMBO 50#			12435		4.22	8.44
1.00	1.00	SACK	POTATO RED B 50# IDAHO #2			12595		31.18	31.18
1.00	1.00	EACH	SPINACH CLIPPED 4/2.5#			12715		7.35	7.35
1.00	1.00	CASE	SQUASH YELLOW MEDIUM			12775		15.80	15.80
1.00	1.00	CASE	SQUASH ZUCCHINI MEDIUM			12790		15.80	15.80
1.00	1.00	CASE	TOMATO 5X6 25#			11750		19.64	19.64
1.00	1.00	FLAT	TOMATO GRAPE RED			11836		19.34	19.34
1.00	1.00	CASE	VA BROCCOLI FLORETS 6/3#			16000		27.97	27.97
1.00	1.00	CASE	VA CAULIFLOWER FLORET 2/3			14555		15.28	15.28
2.00	2.00	EACH	VA LETTUCE 1/4" SHRED 4/5#			16180		6.28	12.56
1.00	1.00	CASE	VA ROMAINE CHOPPED 6/2#			16094		20.12	20.12
1.00	1.00	CASE	VA TOMATO DICED 2/5#			16124		18.85	18.85

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

Packages= 16.00

SUBTOTAL: 223.03
TAX: 0.00
TOTAL: 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 hereunder. 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:601-213-4000

FAX:601-969-7400 Route OXF / 06 Page: 1

Invoice No: 14-526201

Invoice Date: 08/01/2010

Terms: NET 30

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *HHJ*

303 Medical Center Drive

Time In: *11:20* Time Out: *11:45*

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO:

ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
	1.00		1.00		CASE CUCUMBER SELECT		12185	19.57	19.57
	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#		16094	20.12	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

SUBTOTAL: 100.56
TAX: 0.00
TOTAL: 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 hereunder. 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:601-213-4000

FAX:601-969-7400 Route OXF / 06 Page: 1

Invoice No: 14-527415

Invoice Date: 08/08/2018

Terms: NET 10

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *WHS*

303 Medical Center Drive

Time In: *11:15* Time Out: *11:30*

Batesville, MS 38606

Sales Rep: WYPP

Phone: ()

PO:

ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	—	1.00			CASE BANANA PREMIUM		11096	24.87	24.87
1.00	—	1.00			FLAT BERRY RASPBERRY 12 CT		11112	31.53	31.53
1.00	—	1.00			CASE CANTALOUPE 12 CT		11140	15.74	15.74
1.00	—	1.00			CASE GRAPE RED SEEDLESS		11168	26.02	26.02
1.00	—	1.00			CASE HONEYDEW 5 CT		11194	13.34	13.34
1.00	—	1.00			CASE LEMON CH 165		11224	67.50	67.50
1.00	—	1.00			CASE MUSHROOM FANCY 10W		16282	18.52	18.52
1.00	—	1.00			CASE ORANGE CA 88		11292	28.41	28.41
1.00	—	1.00			CASE SPRING MIX 4/3 W		12727	31.74	31.74
1.00	—	1.00			CASE TOMATO 5X6 25W		11750	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 2/5W		14554	16.42	16.42
1.00	—	1.00			CASE VA ROMAINE CHOPPED 6/2W		16094	20.12	20.12
1.00	—	1.00			CASE VA SLAW SHRED W/COLOR 4/5W		16117	16.48	16.48

L. J. H. H.

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

Packages= 14.00

SUBTOTAL: 352.90
TAX: 0.00
TOTAL: 352.90

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4008

FAX:601-969-7480 Route OXF / 08 Page: 1

Invoice No: 14-527039

Invoice Date: 08/10/2018

Terms: NET 30

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: RM

303 Medical Center Drive

Time In: 12:43 Time Out: 1:01

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO:

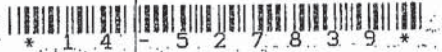


ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00			2LB.	ONION GREEN ICELESS		12375	6.19	6.19
1.00	1.00			CASE	SPINACH CLIPPED 4/2.5#		12715	21.38	21.38
1.00	1.00			CASE	VA BROCCOLI FLORETS 6/3#		16000	27.97	27.97
2.00	2.00			CASE	VA CAULIFLOWER FLORET 2/3		14555	15.28	30.56

Handwritten signature: WYPP

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

Packages= 5.00



SUBTOTAL: 86.10
TAX: 0.00
TOTAL: 86.10

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4000

FAX:601-969-7480 Route OXF / 08 Page: 1

Invoice No: 14-527057

Invoice Date: 08/10/2018

Terms: NET 28

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *RM*

303 Medical Center Drive

Time In: *12:43* Time Out: *1:01*

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

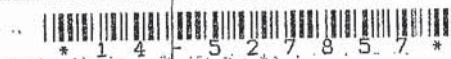
PO:

ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COD	ITEM	UNIT PRICE	EXT PRICE
	1.00		1.00		CASE SQUASH YELLOW MEDIUM		12775	15.80	15.80
	1.00		1.00		CASE SQUASH ZUCCHINI MEDIUM		12790	15.80	15.80

Shley *Utter*

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

Packages= 2.00



SUBTOTAL: 31.60
TAX: 0.00
TOTAL: 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.

SUNRISE PRODUCE JACKSON
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4000

FAX:601-969-7480 Route OXF / 08 Page: 1

Invoice No: 14-528738

Invoice Date: 08/15/2010

Terms: NET 20

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *HLB*

303 Medical Center Drive

Time In: *11:35* Time Out: *11:45*

Sales Rep: WYPP

Batesville, MS 38606

PO:

Phone: () -

ORD QTY SHIP QTY UOM DESCRIPTION

COO ITEM UNIT PRICE EXT PRICE

1.00	1.00	CASE	CABBAGE GREEN CTN	12100	29.82	29.82
1.00	1.00	CASE	CANTALOUPE 12 CT	11140	17.00	17.00
1.00	1.00	CASE	GRAPE RED SEEDLESS	11160	26.02	26.02
1.00	1.00	SACK	ONION RED JUMBO 25#	12385	15.08	15.08
1.00	1.00	CASE	ORANGE CA 88	11292	28.41	28.41
1.00	1.00	CASE	PEPPER RED 1 1/9 BUSHEL	12530	33.86	33.86
1.00	1.00	SACK	POTATO RED B 50# IDAHO #2	12595	33.07	33.07
1.00	1.00	EACH	SPINACH CLIPPED 4/2.5#	12715	7.35	7.35
1.00	1.00	CASE	TOMATO 5X6 25#	11750	23.05	23.05
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 GREEN LEAF CROWNS 10#	16044	20.89	20.89
1.00	1.00	CASE	VA ROMAINE CHOPPED 6/2#	16094	20.12	20.12

Ronnie

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

Packages= 13.00

SUBTOTAL: 299.06
TAX: 0.00
TOTAL: 299.06

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4008

FAX:601-969-7400 Route OXFV/10 Page: 1

Invoice No: 14-529171

Invoice Date: 08/17/2018

Terms: NET 30

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *RM*

303 Medical Center Drive

Time In: *12:24* Time Out: *12:38*

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO:



ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00				CASE BANANA PREMIUM		11096	24.87	24.87
1.00	1.00				CASE BERRY STRAWBERRY CA 8/1#		11116	17.59	17.59
1.00	1.00				CASE CANTALOUPE 12 CT		11140	17.00	17.00
1.00	1.00				CASE CUCUMBER SELECT		12185	17.05	17.05
1.00	1.00				CASE MUSHROOM FANCY 10#		16282	18.52	18.52
1.00	1.00				CASE PINEAPPLE GOLD 6-8 CT		13045	17.31	17.31
1.00	1.00				SLB SQUASH YELLOW MEDIUM		12775	6.27	6.27
1.00	1.00				SLB SQUASH ZUCCHINI MEDIUM		12790	6.65	6.65
1.00	1.00				FLAT TOMATO GRAPE RED		11836	21.13	21.13
1.00	1.00				CASE VA BROCCOLI FLORETS 6/3#		16000	27.97	27.97
1.00	1.00				CASE VA LETTUCE SHRED 4/5#		16052	17.11	17.11
1.00	1.00				CASE VA SLAW SHRED W/COLOR 4/5#		16117	16.48	16.48

Monica

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

Packages= 12.00



SUBTOTAL: 207.95
TAX: 0.00
TOTAL: 207.95

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
4229 MICHAEL AVALON ST
JACKSON, MS 39209

PH:601-213-4008

FAX:601-969-7480 Route OXF / 06 Page: 1

Invoice No: 14-530078

Invoice Date: 03/22/2018

Terms: NET 30

Sold To: MERIT HEALTH BATESVILLE+++

14001162/4500

Driver Initials: *AKS*

303 Medical Center Drive

Time In: 10:20 Time Out: 10:40

Batesville, MS 38606

Sales Rep: WYPP

Phone: () -

PO:



ORD	QTY	SHIP	QTY	UOM	DESCRIPTION	COO	ITEM	UNIT PRICE	EXT PRICE
1.00	1.00				CASE ASPARAGUS STANDARD 11/1#		12010	27.90	27.90
1.00	1.00				FLAT BERRY RASPBERRY 12 CT		11112	31.53	31.53
1.00	1.00				CASE GRAPE RED SEEDLESS		11168	26.02	26.02
1.00	1.00				SACK ONION YELLOW JUMBO 50#		12435	19.96	19.96
1.00	1.00				CASE ORANGE CA 88		11292	28.41	28.41
1.00	1.00				SACK POTATO RED B 50# IDAHO #2		12595	26.57	26.57
1.00	1.00				CASE POTATO SWEET #1		12640	23.91	23.91
1.00	1.00				EACH SPINACH CLIPPED 4/2.5#		12715	7.35	7.35
1.00	1.00				CASE TOMATO ROMA 25#		11852	22.79	22.79
1.00	1.00				CASE VA CARROT STICK 2/5#		14554	16.42	16.42
1.00	1.00				CASE VA CELERY STICKS 4/5#		16036	28.39	28.39
1.00	1.00				CASE VA ROMAINE CHOPPED 6/2#		16094	20.12	20.12

Monica Grief

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

Packages= 12.00



SUBTOTAL: 279.45
TAX: 0.00
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 hereunder. 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)
SUNRISE FRESH PRODUCE
(ADMINISTRATIVE)
2208 W 21ST ST
JACKSONVILLE FL
32209

Claim No: 220
Original Filed
Date: 01/17/2019
Original Entered
Date: 01/18/2019

Status:
Filed by: CR
Entered by: Intake1
Modified:

Admin claimed: \$2908.19

History:

[Details](#) [220-1](#) 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	