

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
 1/18/2019
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?	<u>General Biomedical Service, 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?	Where should notices to the creditor be sent? <u>General Biomedical Service, Inc.</u> Name 1900 25th Street Kenner, LA 70062 Contact phone <u>504-468-8597</u> Contact email <u>info@generalbiomedical.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 _____ 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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ <u>13045.00</u></div><div>Does this amount include interest or other charges? <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>
8. What is the basis of the claim?	<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><u>services performed</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <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>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <div>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><div>Value of property:</div><div>\$ _____</div><div>Amount of the claim that is secured:</div><div>\$ _____</div><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div><div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

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. <i>Check all that apply.</i>	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

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>1/18/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Stephen G. Saladino</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3"><u>Stephen G. Saladino</u></td> </tr> <tr> <td></td> <td style="width: 20%;">First name</td> <td style="width: 20%;">Middle name</td> <td style="width: 40%;">Last name</td> </tr> <tr> <td>Title</td> <td colspan="3"><u>President</u></td> </tr> <tr> <td>Company</td> <td colspan="3"><u>General Biomedical Service, Inc.</u></td> </tr> <tr> <td rowspan="4">Address</td> <td colspan="3">Identify the corporate servicer as the company if the authorized agent is a servicer</td> </tr> <tr> <td colspan="3"><u>1900 25th Street</u></td> </tr> <tr> <td colspan="3">Number Street</td> </tr> <tr> <td colspan="3"><u>Kenner, LA 70062</u></td> </tr> <tr> <td rowspan="2">Contact phone</td> <td colspan="2">City State ZIP Code</td> <td>Email</td> </tr> <tr> <td colspan="2"><u>504-468-8597</u></td> <td><u>info@generalbiomedical.com</u></td> </tr> </table>	Name	<u>Stephen G. Saladino</u>				First name	Middle name	Last name	Title	<u>President</u>			Company	<u>General Biomedical Service, Inc.</u>			Address	Identify the corporate servicer as the company if the authorized agent is a servicer			<u>1900 25th Street</u>			Number Street			<u>Kenner, LA 70062</u>			Contact phone	City State ZIP Code		Email	<u>504-468-8597</u>		<u>info@generalbiomedical.com</u>
Name	<u>Stephen G. Saladino</u>																																				
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General Biomedical Service, Inc.

Invoice

1900 25th Street
 Kenner, LA 70062
 Tel: 504-468-8597
 Fax: 504-469-3723

Date	Invoice #
7/10/2018	35269

Bill To
Merit Health -Gilmore Memorial Hospital 754 902 Curae Accouting 1105 Earl frye Blvd. Amory, MS 38821 cindy.simpson@hma.com

Ship To
754 902 Curae Accouting Amory RMC Accounting Gilmore Memorial Hospital 1105 Earl Frye Blvd. Amory, MS 38821

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
01274	Net 30 Days	AJS	6/25/2018	Our Truck	Origin	
Quantity	Item Code	Description			Price Each	Amount
1	PM Contract	Ventilator Maintenance Contract - 2 Year Mississippi Tax Exempt			8,900.00 0.00%	8,900.00 0.00
Thank you for your business.					Total	\$8,900.00

General Biomedical

P.M. Quotation T18500

June 11, 2018

Bill To:
Mike Adams
Gilmore Memorial Hospital
1105 Earl Frye Blvd.
P.O. Box 459
Amory, MS, 38821-5500
Phone: 662-256-7111
Fax: 662-256-3133

Ship To:
Same

Estimated Ship Date	Ship Via	F.O.B.	Terms
	Out Truck	Origin	Net 30

Qty	Description	Unit Cost	Total
5	Viasys Avea Ventilator		
3	Respironics Vision BI- PAP	500.00	2500.00
2	Bird 8400 Ventilator	300.00	900.00
1	Bird VIP Ventilator	500.00	1000.00
1	Bird Mark 7 IPPB	500.00	500.00
1	VERSA MED I vent 201	250.00	250.00
		400.00	400.00
	Multi Year discount		(1100.00)

PREVENTIVE MAINTENANCE CONTRACT			
Includes One preventive maintenance inspections per year, standard PM parts, travel and labor. (Excludes :overhauls, oxygen cells and batteries)			
Valid from :July 1, 2018-June 30,2020			
	First Year		\$4450.00
	Second Year		\$4450.00
	Total		\$8,900.00

This contract can be terminated by either party within thirty days with written notification.

We cannot ship without your signed acceptance.

By: Anthony Sepulveda

Accepted By: Paul Jarvis- Upton
Date: 6/25/2018
Purchase Order Number: PO # 01274

J. Harty

GENERAL BIOMEDICAL SERVICE, INC.
1900 25th Street, Kenner, Louisiana 70062
(504) 468-8597 • toll free (800) 558-9449 • fax (504) 469-3723
www.generalbiomedical.com • Email: info@generalbiomedical.com

General Biomedical Service, Inc.

Invoice

1900 25th Street
Kenner, LA 70062
Tel: 504-468-8597
Fax: 504-469-3723

Date	Invoice #
7/16/2018	35284

Bill To
Merit Health -Gilmore Memorial Hospital 754 902 Curae Accounting 1105 Earl frye Blvd. Amory, MS 38821 cindy.simpson@hma.com

Ship To
754 902 Curae Accounting Amory RMC Accounting Gilmore Memorial Hospital 1105 Earl Frye Blvd. Amory, MS 38821

P.O. Number		Terms	Rep	Ship	Via	F.O.B.	Project	
		Net 30 Days	AJS	7/12/2018	Our Truck	Origin		
Quantity	Item Code	Description				Price Each	Amount	
1	Labor	Repair of Viasys Avea Ventilator S/N: AEV02123				0.00	0.00	
1	GBS-16	#PSR-11-917-M2 O2 sensor, PB 840, Ivent 201, Avea				115.00	115.00	
		Mississippi Tax Exempt				0.00%	0.00	
Thank you for your business.						Total	\$115.00	

General Biomedical Service, Inc.

1900 25th Street
Kenner, LA 70062
Tel: 504-468-8597
Fax: 504-469-3723

Invoice

Date	Invoice #
7/11/2018	35277

Bill To
Clarksdale Regional Medical Center DBA: NW Mississippi Medical Center 1970 Hospital Drive Clarksdale, MS 38614

Ship To
NW Mississippi Regional Medical Center 1970 Hospital Drive Clarksdale, MS 38614

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
749-6763519	Net 30 Days	SGS	7/10/2018	UPS	Origin	
Quantity	Item Code	Description			Price Each	Amount
3	Labor	Repair of Philips V60 S/N: 100051626			140.00	420.00
1	453561505991S	Respironics Filter V60			0.00	0.00
1	Part	Nov Rins Assembly			585.00	585.00
1	1076374	V60 Battery			910.00	910.00
1	Freight	Shipping & Handling			100.00	100.00
		Mississippi Tax Exempt			0.00%	0.00
Thank you for your business.					Total	\$2,015.00



1900 25th Street
Kenner, Louisiana 70062
(504) 468-8597 • (800) 558-9449
Fax: (504) 469-3723

SERVICE REPORT

109504

Bill To:		Ship To:		
North West Miss Medial Ctr.				
1970 Hospital Ave				
Clarksdale, Ms. 38614-7204				
Purchase Order Number:	Repair Authorization:	Phone Number:	Hospital ID #	
749-6763519			0511	
Manufacturer:	Model:	Serial Number:	Hours	
Philips	V60	100051426		
Problem / Work Performed				
Problem: unit fails performance testing				
Work: - Replace defective non-rins bizel Assembly - Replace Expired Internal Battery - unit calibration - o.v.p check-out - 24 Hour Service - unit works well!				
Electrical Safety	Grd. < _____ Ohm, Leakage < _____ uA	Test Equipment		
Quantity	Part Number	Description	Unit Price	Amount
1	453501505991	P.N. KIT		-
1		non-rins assembly		585.00
1	1074374	Internal Battery		910.00
Repaired By:	Date Picked Up:	Parts Total	1495.00	
<i>[Signature]</i>	5/24/18	Labor: 3.0 Hours X \$ _____ per hour	420.00	
Accepted By:	Date Completed/Returned:	Travel/Shipping: _____ Hours X \$ _____ per hour	100.00	
<i>[Signature]</i>	7/10/18		2015.00	

PO Number: 749-6763519
PO Date: 07/03/2018

Vendor: GENERAL BIOMEDICAL SERVICE 1900 25TH ST KENNER, LA 70062 Phone: 5044688597 Fax: 15044693723				Ship To: 749 CLARKSDALE CURAE STORES NORTHWEST MISSISSIPPI MEDICAL CTR 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614 GLN: Phone: 662-624-3435 Fax: 662-624-3397				Bill To: 749 902 CURAE ACCOUNTING NORTHWEST MISSISSIPPI MEDICAL CTR PO BOX 1218 CLARKSDALE, MS 38614 Phone: 662-624-3435 Fax:			
Vendor Code: 620030365 PO Type: PO Status: Draft Customer No:				Comment:				Composed By: YATASHA MUSKIN Terms: DISCRETIONARY 60 DAYS FOB: Delivery Date: 07/09/2018 Tax ID Number: 81-5064755			
Line Modified	Vendor Catalog	Mfr Catalog	Order Quantity	Item Number	Description	Charge Dept. Sub-Ledger	Price Discount	Tax Amount Sub-Project	Ext. Price w/o Tax		
1	453561505991	Unknown	1 EA	[non-catalog]	P. KIT NOV-RINS ASSEMBLY	7497540045	\$ 585.00	\$0.00	\$ 585.00		
2	1076374	Unknown	1 EA	[non-catalog]	BATTERY	7497540045	\$ 910.00	\$0.00	\$ 910.00		
3	N/A	Unknown	1 EA	[non-catalog]	LABOR 3 HOURS	7497540045	\$ 420.00	\$0.00	\$ 420.00		
4	N/A	Unknown	1 EA	[non-catalog]	SHIPPING	7497540045	\$ 100.00	\$0.00	\$ 100.00		
PO Sub Total: \$2,015.00						Tax Total:					
						\$0		Purchase Order Total: \$2,015.00			
Signature(s): _____											

General Biomedical Service, Inc.

1900 25th Street
Kenner, LA 70062
Tel: 504-468-8597
Fax: 504-469-3723

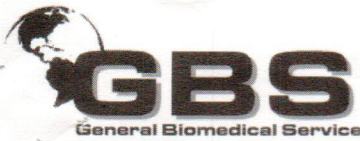
Invoice

Date	Invoice #
4/25/2018	35132

Bill To
Clarksdale Regional Medical Center DBA: NW Mississippi Medical Center 1970 Hospital Drive Clarksdale, MS 38614

Ship To
NW Mississippi Regional Medical Center 1970 Hospital Drive Clarksdale, MS 38614

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
749-6704841	Net 30 Days	AJS	4/23/2018	UPS	Origin	
Quantity	Item Code	Description			Price Each	Amount
3	Labor	Repair of Philips V-60 S/N: 100051578			140.00	420.00
1	453561505991S	Respironics Filter V60			0.00	0.00
1	Part	Nav-Ring			585.00	585.00
1	1076374	V60 Battery			910.00	910.00
1	Freight	Shipping & Handling			100.00	100.00
		Mississippi Tax Exempt			0.00%	0.00
Thank you for your business.					Total	\$2,015.00



1900 25th Street
Kenner, Louisiana 70062
(504) 468-8597 • (800) 558-9449
Fax: (504) 469-3723

SERVICE REPORT

108806

Bill To:		Ship To:		
North West Miss MED. Ctr.				
1970 Hospital Dr.				
Clarksdale, MS 38614-7204				
Purchase Order Number:	Repair Authorization:	Phone Number:	Hospital ID #	
749-6704841			0512	
Manufacturer:	Model:	Serial Number:	Hours	
philips	V-60	100051578	5137	
Problem / Work Performed				
Problem: Unit Fails Performance test				
REMOVED to Service Ctr				
Work: - Replaced defective NAV-Ring				
REPLACED EXPIRED BATTERY				
Calibrated Unit				
Performed O.V.P. checkout				
NAV, batt				
Electrical Safety	Grd. < _____ Ohm, Leakage < _____ uA	Test Equipment	✓	
Quantity	Part Number	Description	Unit Price	Amount
1	453561505901	Kit		
1		NAV-RING		585.00
1	1076374	INTERNAL BATT		910.00
Repaired By:	Date Picked Up:	Parts Total	1495.00	
Anthony Sepulveda	3/20/18	Labor: 3.0 Hours X \$ 140 per hour	420.00	
Accepted By:	Date Completed/Returned:	Travel/Shipping? Hours X \$ _____ per hour	100.00	
Shirley...	3/23/18		7015.00	

