

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <u>Curae Health, Inc.</u> Debtor: <u>Amory Regional Medical Center</u>	Chapter 11 Case No. <u>18-05665</u>	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). 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.) <u>Secure Alarms of Amory</u> <u>Jackson David Walters</u> <u>Owner</u>	Name of debtor: (The entity owing money or property) <u>Curae Health, Inc.</u> <u>Amory Regional Medical Center, Inc.</u> <u>Batesville Regional Medical Center, Inc.</u> <u>Clarksdale Regional Medical Center, Inc.</u> <u>Amory Regional Physicians, LLC</u> <u>Batesville Regional Physicians, LLC</u> <u>Clarksdale Regional Physicians, LLC</u>	
Name and addresses where notices should be sent: <u>Secure Alarms of Amory</u> <u>P.O. Box 157</u> <u>Amory, MS 38821</u>	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. Check box if you have never received any notices from the bankruptcy court in this case. Check box if your address differs from the address on the envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY	
Telephone number: <u>662-315-0507</u> Email: <u>Securealarms@yahoo.com</u>		
Last four digits of account or other number by which creditor identifies debtor: <u>4355</u>	Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	
1. Basis for claim: Goods sold <input checked="" type="checkbox"/> Services performed Other (describe briefly)	2. Date debt was incurred: <u>3-22-2018</u>	
3. Date goods were received by debtor: <u>3-22-2018</u>		
4. Total amount of claim as of the date the debt was incurred: <u>\$192,600</u>		

FILED

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**U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN**

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: Place of delivery of goods: Method of delivery of goods: Name of carrier of goods: Value of goods: Whether the value of goods listed in this claim relates to services and goods: The percentage of value related to services and the percentage of value related to goods: Whether claimant has filed any other claim against debtor relating to goods underlying this claim: <u>Attach supporting materials required by field 8 and instructions below.</u>	
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: <u>Attach redacted copies of supporting documents</u> , such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts. <u>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.</u> <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u> <u>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.</u>	
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>JP Walter</i> 11/17/2019 <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> 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: Jackson David Walters
 Title: Owner
 Company: Secure Alarms of Amory JD Walters 1-17-2019
 Address and telephone number (if different from notice (Signature) (Date)
 address above):

 Telephone number: 662-315-0507 Email: securealarms@yahoo.com

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.

SECURE ALARMS OF AMORY

Phone #---662-315-4087
MS LIC-15017414 AL LIC-1450
P.O. Box 157
Amory, MS 38821

Invoice

Date	Invoice #
3/22/2018	4355

Bill To
Gilmore Memorial Hospital P.O. Box 459 Amory, MS 38821

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
12	Monthly Monitoring Service---ZB7201(March 2018 - Feb. 2019)	18.00	216.00T
-2	Credit for January an February due to sale.	18.00	-36.00T
	Sales Tax	7.00%	12.60
Thank you for your Business. Check contact list, mark changes and return with payment.		Total	\$192.60

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):**

<i>Creditor:</i> (6824754)	Claim No: 226	<i>Status:</i>
SECURE ALARMS OF	<i>Original Filed</i>	<i>Filed by:</i> CR
AMORY	<i>Date:</i> 01/18/2019	<i>Entered by:</i> Intake1
(ADMINISTRATIVE)	<i>Original Entered</i>	<i>Modified:</i>
JACKSON DAVID WALTERS	<i>Date:</i> 01/18/2019	
OWNER		
SECURE ALARMS OF		
AMORY		
PO BOX 157		
AMORY MS 38821		

Admin claimed: \$192.60

History:

[Details](#) [226-1](#) 01/18/2019 Claim #226 filed by SECURE ALARMS OF AMORY, Admin claimed: \$192.60 (Intake1)

Description: (226-1) Services performed

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	\$192.60	