

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <u>Curae Health, Inc.</u>	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019
Debtor: <u>Amory Regional Medical Center</u>	Case No. <u>18-05665</u>	
NOTE: This form should be used <u>only</u> 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 Watters</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>	<p style="text-align: center;">FILED</p> <p style="text-align: center;">JAN 18 2019</p> <p style="text-align: center;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>
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>	<p>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.</p> <p>Check box if you have never received any notices from the bankruptcy court in this case.</p> <p>Check box if your address differs from the address on the envelope sent to you by the court.</p>	
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>4326</u>	<p>Check this box if this claim amends a previously filed claim.</p> <p>Claim number (if known): _____</p> <p>Filed on: _____</p>	
1. Basis for claim: Goods sold <u>Services performed</u> Other (describe briefly)	2. Date debt was incurred: <u>2-27-2018</u>	
3. Date goods were received by debtor: <u>2-27-2018</u>		
4. Total amount of claim as of the date the debt was incurred: <u>\$409.81</u>		

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:

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.

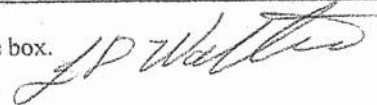
I am the creditor.

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.



1/17/2019

Invoice

SECURE ALARMS OF AMORY

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

Date	Invoice #
2/27/2018	4326

Bill To
Gilmore Memorial Hospital Aberdeen Family Medicine Clinic P.O. Box 459 Amory, MS 38821

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Service Call to install wireless communicator. Tested system and communications completely, all test good.	75.00	75.00T
1	TG-1 EXPRESS TELGUARD WIRELESS COMMUNICATOR	200.00	200.00T
9	Monthly Wireless Communicator Fee (March-November)	12.00	108.00T
	Sales Tax	7.00%	26.81
Please feel free to contact me if you have any questions.662-315-0507		Total	\$409.81

