

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Curae Health, Inc. Debtor.		Chapter 11 Case No. 18-05665
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.) Cardinal Health 110, LLC f/k/a Cardinal Health 110, Inc.	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input 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	THIS SPACE IS FOR COURT USE ONLY
Name and addresses where notices should be sent: Debra A. Willet, Vice President, Assoc. General Counsel 7000 Cardinal Place Dublin, OH 43017 Telephone number: 614.757.3428 Email: Debra.Willet@ Cardinalhealth.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.	
Last four digits of account or other number by which creditor identifies debtor:	<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): 233 Filed on: 1/18/2019	
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: <p style="text-align: center;">VARIOUS</p>	
3. Date goods were received by debtor: VARIOUS		
4. Total amount of claim as of the date the debt was incurred: \$173,432.80		

<input type="checkbox"/> 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): See Rider attached. Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: Pharmaceutical products Shipment date of goods: Various Place of delivery of goods: Amory, Batesville, and Clarksdale Medical Centers Method of delivery of goods: Ground Delivery Name of carrier of goods: Hackbarth Delivery Value of goods: 173,432.80 Whether the value of goods listed in this claim relates to services and goods: No. 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: General unsecured claim is being filed herewith and claims are being filed against other debtors. <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. <input checked="" type="checkbox"/> This claim is subject to setoff or counterclaim as follows: Potential recoupment and/or setoff of certain credits	7. Assignment: <input type="checkbox"/> 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. <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: <u>Brod K Phister</u>	
Title: <u>Credit Advisor</u>	
Company: <u>Cardinal Health</u>	
Address and telephone number (if different from notice address above): _____ _____	(Signature) <u>Brod K Phister</u> (Date) <u>5/9/19</u>
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.

CURAE HEALTH, INC.
Case No. 18-05665
Chapter 11

Amended Rider to 503(b)(9) Proof of Claim of Cardinal Health 110, LLC

This supplement to the 503(b)(9) administrative claim of Cardinal Health 110, LLC f/k/a Cardinal Health 110, Inc. (“CH 110”) against Curae Health, Inc. (“Curae”), in the amount of \$173,432.80, is being filed to further clarify the nature and extent of CH 110’s claims against Curae, and to provide certain proofs of delivery in connection with the CH 110 503(b)(9) claim. CH 110’s 530(b)(9) claims arises out of the following circumstances.

Cardinal Health, Inc. (“Cardinal Health”) is an approximately \$130 billion global company that specializes in medical and pharmaceutical distribution, technologies and supply services to various health organizations including, but not limited to, hospitals, pharmacies, nursing homes, imaging centers and clinics. Cardinal Health employs more than 30,000 people in over ten countries, and has numerous facilities worldwide. CH 110, a subsidiary of Cardinal Health, provides certain pharmaceutical products and distribution services to various entities, including, but not limited to, hospitals, clinics, and nursing homes. Curae executed the Group Commitment Agreement, with a commencement date of May 1, 2017 (the “GCA”), in connection with its request that CH 110 provide certain pharmaceutical products to it and its affiliates. The GCA is not attached here because it contains a confidentiality provision between CH 110 and Curae prohibiting the disclosure of its terms. CH 110 will provide a copy of the GCA to any interested party upon request and the provision of the appropriate protections to prevent further disclosure. As of the Petition Date, Curae owed CH 110 \$173,432.80 for unpaid pharmaceutical products shipped to Batesville, Amory, and Clarksdale Regional Medical Centers in the twenty days prior

to Curae's bankruptcy filing (the "CH 110 503(b)(9) Claim").¹ The accounting is as follows:

Facility	Pre-Petition Debt	Credits	Net	503(B)(9) Claim
Batesville	\$73,667.23	(\$94,279.72)	(\$20,612.49)	\$24,673.95
Amory	\$285,757.47	(\$16,772.64)	\$268,984.83	\$83,160.36
Clarksdale	\$334,422.51	(\$4,448.33)	\$329,974.18	\$65,598.49
TOTAL	\$693,847.21	(\$115,500.69)	\$578,346.52	\$173,432.80

All goods were sold to Curae's affiliates in the ordinary course of their business. A summary chart reflecting the invoices comprising the CH 110 503(b)(9) Claim was attached to the original Proof of Claim as **Exhibit A**. By way of supplement, proof of delivery to the various facilities, to the extent available, is attached here as **Exhibit B**.

Simultaneously herewith, CH 110 is filing a general unsecured claim in the total amount of \$693,847.21 for unpaid pharmaceutical products and services provided to Curae and its affiliates pre-petition (the "Total Pre-Petition Claim"). CH 110 is not seeking a double-recovery; to the extent that CH 110's 503(b)(9) Claim is paid, CH 110's Total Pre-Petition Claim should be reduced accordingly. Thus, if CH 110's 503(b)(9) Claim is paid in full, CH 110's total pre-petition claim will be reduced to \$520,414.4, less any credits which CH 110 may recoup or be permitted to set off. However, to the extent that CH 110's 503(b)(9) Claim is not paid in full as an administrative expense, CH 110 reserves the right to seek payment of the Total Pre-Petition Claim.

CH 110, and its affiliates, reserve their rights to amend and supplement this Proof of Claim and/or to file additional proofs of claim for additional claims or administrative claims, as they may

¹ CH 110 has filed general unsecured and 503(b)(9) administrative claims in the bankruptcy proceedings of Amory and Clarksdale Regional Medical Center. CH 110 is not seeking a double recovery. To the extent that a distribution is made on CH 110's claims in the bankruptcy cases of any of Curae's debtor affiliates, CH 110's claims against Curae should be reduced accordingly.

deem appropriate. The filing of this Proof of Claim by CH 110 is not intended as, and shall not be construed as CH 110's consent to the determination of the Debtor's liability to CH 110 by any particular court, including, without limitation, the Bankruptcy Court.

EXHIBIT B

Proofs of Delivery from Cardinal Health 110 to Amory Regional Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
C brown	2018-08-07T10:13:24	26	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-08T09:53:03	23	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-09T09:39:01	11	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
d taylor	2018-08-10T09:36:05	10	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-13T09:55:16	3	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-14T09:59:28	26	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-15T10:20:04	5	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-16T09:53:54	14	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-17T09:56:04	4	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-21T09:58:12	31	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Amory Regional Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
L Harmon	2018-08-22T10:00:15	8	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
M ward	2018-08-23T09:58:04	16	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM
L Harmon	2018-08-24T10:03:15	7	AMORY REGIONAL MEDICAL CTR INC	1105 EARL FRYE BLVD.	AMORY	MS	38821	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Batesville Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
k jossette	2018-08-06T08:27:52	2	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
n jossette	2018-08-07T08:36:23	8	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
t jossette	2018-08-08T09:00:40	5	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
v jossette	2018-08-09T08:38:49	3	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
p jossette	2018-08-10T08:05:41	5	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
t jossette	2018-08-13T08:02:20	3	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
m jossette	2018-08-14T08:30:37	4	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
s jossette	2018-08-15T08:23:38	9	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
c jossette	2018-08-16T08:32:40	4	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
m jossette	2018-08-17T08:19:14	7	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Batesville Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
s jossette	2018-08-21T08:11:16	9	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
k ashley	2018-08-22T08:23:53	4	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
m jossette	2018-08-23T09:37:54	6	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM
k jossette	2018-08-24T09:37:15	3	BATESVILLE MED CTR INC	303 MEDICAL CENTER DRIVE	BATESVILLE	MS	38606	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Clarksdale Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
l alen	2018-08-06T11:09:23	1	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
s suddith	2018-08-07T11:38:27	5	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c diaz	2018-08-08T12:22:16	15	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
m caudillo	2018-08-09T10:34:41	4	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-10T10:35:26	3	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-14T10:39:11	12	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
l suddeth	2018-08-15T10:50:00	7	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-16T10:35:47	10	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-17T10:31:53	8	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
l suddeth	2018-08-21T10:23:22	13	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM

Proofs of Delivery from Cardinal Health 110 to Clarksdale Medical Center

POD Name	POD Date/Time	Pieces	Delivery Company	Delivery Street	Delivery City	Delivery State	Delivery Zip	Pickup Company
m caudilla	2018-08-22T11:06:05	17	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
c mills	2018-08-23T10:42:06	1	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM
l suddeth	2018-08-24T10:20:40	11	NORTHWEST MISSISSIPPI MED CTR	1970 HOSPITAL DR SEVENTH ST	CLARKSDALE	MS	38614	Hackbarth Delivery Service MEM

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> (6717912)	Claim No: 233	<i>Status:</i>
CARDINAL HEALTH 110, LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
PO BOX 402605	<i>Date:</i> 01/18/2019	<i>Entered by:</i> DANIEL HAYS
ATLANTA, GA 30384-	<i>Original Entered</i>	PURYEAR
2605	<i>Date:</i> 01/18/2019	<i>Modified:</i>
	<i>Last Amendment</i>	
	<i>Filed:</i> 05/09/2019	
	<i>Last Amendment</i>	
	<i>Entered:</i> 05/09/2019	

Amount claimed: \$173432.80

Secured claimed: \$0.00

Priority claimed: \$173432.80

History:

[Details](#) [233-1](#) 01/18/2019 Claim #233 filed by CARDINAL HEALTH 110, LLC, Amount claimed: \$173432.80 (PURYEAR, DANIEL)

[Details](#) [233-2](#) 05/09/2019 Amended Claim #233 filed by CARDINAL HEALTH 110, LLC, Amount claimed: \$173432.80 (PURYEAR, DANIEL)

Description: (233-1) 503(b)(9) Claim

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*	\$173432.80
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	\$0.00	
Priority	\$173432.80	
Administrative		

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Curae Health, Inc. Debtor.	Chapter 11 Case No. 18-05665	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.) Cardinal Health 110, LLC f/k/a Cardinal Health 110, Inc.	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input 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	THIS SPACE IS FOR COURT USE ONLY
Name and addresses where notices should be sent: Debra A. Willet, Vice President, Assoc. General Counsel 7000 Cardinal Place Dublin, OH 43017 Telephone number: 614.757.3428 Email: Debra.Willet@ Cardinalhealth.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.	
Last four digits of account or other number by which creditor identifies debtor:	<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: VARIOUS	
3. Date goods were received by debtor: VARIOUS		
4. Total amount of claim as of the date the debt was incurred: 173,432.80		

<input type="checkbox"/> 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): See Rider attached.	
Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: Pharmaceutical products Shipment date of goods: Various Place of delivery of goods: Panola Medical Center and Gilmore Memorial Hospital Method of delivery of goods: To be provided. Name of carrier of goods: To be provided. Value of goods: 173,432.80 Whether the value of goods listed in this claim relates to services and goods: No. 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: General unsecured claim is being filed simultaneously herewith. <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. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:	7. Assignment: <input type="checkbox"/> 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, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.</u> <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.</u> 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. <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: Brad Phister

Title: Advisor, Credit

Company: Cardinal Health

Address and telephone number (if different from notice address above):



(Date)

01/18/19

614.553.3315

Telephone number:

Email: brad.phister@cardinalhealth.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.

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.

CURAE HEALTH, INC.
Case No. 18-05665
Chapter 11

Rider to 503(b)(9) Proof of Claim of Cardinal Health 110, LLC

The 503(b)(9) administrative claim of Cardinal Health 110, LLC f/k/a Cardinal Health 110, Inc. (“CH 110”) against Curae Health, Inc. (“Curae” or the “Debtor”), in the amount of \$173,432.80, arises out of the following circumstances.

Cardinal Health, Inc. (“Cardinal Health”) is an approximately \$130 billion global company that specializes in medical and pharmaceutical distribution, technologies and supply services to various health organizations including, but not limited to, hospitals, pharmacies, nursing homes, imaging centers and clinics. Cardinal Health employs more than 30,000 people in over ten countries, and has numerous facilities worldwide. CH 110, a subsidiary of Cardinal Health, provides certain pharmaceutical products and distribution services to various entities, including, but not limited to, hospitals, clinics, and nursing homes. Curae executed the Group Commitment Agreement, with a commencement date of May 1, 2017 (the “GCA”), in connection with its request that CH 110 provide certain pharmaceutical products to it. The GCA is not attached here because it contains a confidentiality provision between CH 110 and Curae prohibiting the disclosure of its terms. CH 110 will provide a copy of the GCA to any interested party upon request and the provision of the appropriate protections to prevent further disclosure.

As of the Petition Date, Curae owed CH 110 \$173,432.80 for unpaid pharmaceutical products shipped to Panola Medical Center and Gilmore Memorial Hospital in the twenty days prior to Curae’s bankruptcy filing (the “CH 110 503(b)(9) Claim”). All goods were sold to the Debtor in the ordinary course of the Debtor’s business. A summary chart reflecting the invoices comprising the CH 110 503(b)(9) Claim is attached as **Exhibit A**. Additional

documents supporting this claim, including proof of delivery, are too voluminous to attach here, but will be provided upon request.

Simultaneously herewith, CH 110 is filing a general unsecured claim in the total amount of \$578,346.52 for unpaid pharmaceutical products provided to the Debtor pre-petition (the "Total Pre-Petition Claim"). CH 110 is not seeking a double-recovery; to the extent that CH 110's 503(b)(9) Claim is paid, CH 110's Total Pre-Petition Claim should be reduced accordingly. Thus, if CH 110's 503(b)(9) Claim is paid in full, CH 110's total pre-petition claim will be reduced to \$404,913.72. However, to the extent that CH 110's 503(b)(9) Claim is not paid in full as an administrative expense, CH 110 reserves the right to seek payment of the Total Pre-Petition Claim.

CH 110, and its affiliates, reserve their rights to amend and supplement this Proof of Claim and/or to file additional proofs of claim for additional claims or administrative claims, as they may deem appropriate. The filing of this Proof of Claim by CH 110 is not intended as, and shall not be construed as CH 110's consent to the determination of the Debtor's liability to CH 110 by any particular court, including, without limitation, the Bankruptcy Court.

Exhibit A to CH 110 Proof of Claim

Document Date	Document Number	Amount in local currency
12/16/2017	7015327170	\$ 633.70
12/16/2017	7015327154	\$ 2.56
12/16/2017	7015295796	\$ 4,104.06
3/16/2018	7024027787	\$ 279.40
3/16/2018	7024031771	\$ 202.00
3/16/2018	7024037161	\$ 270.55
3/16/2018	7024014191	\$ 55.25
3/17/2018	7024133837	\$ (19.03)
3/20/2018	7024344881	\$ 147.42
3/20/2018	7024307822	\$ 442.26
3/21/2018	7024503724	\$ 351.00
3/23/2018	7024786550	\$ 202.65
3/23/2018	7024775047	\$ 155.22
3/24/2018	7024875556	\$ 60.09
3/24/2018	7024870198	\$ (227.03)
3/28/2018	7025194798	\$ 125.91
3/30/2018	7025429427	\$ 162.12
3/31/2018	7025550971	\$ 482.58
5/1/2018	7028574932	\$ 48.23
5/1/2018	7028569537	\$ 6,128.86
5/1/2018	7028568999	\$ 43.53
5/1/2018	7028552511	\$ 388.50
5/1/2018	7028572038	\$ 30.61
5/2/2018	7028632054	\$ 338.03
5/3/2018	7028768919	\$ 4.20
5/3/2018	7028753544	\$ 7,885.39
5/4/2018	7028903668	\$ 8,643.88
5/4/2018	7028901230	\$ 26.59
5/4/2018	7028892592	\$ 17.52
5/4/2018	7028892781	\$ 68.94
5/5/2018	7029018134	\$ 713.23
5/5/2018	7029018121	\$ 232.20
5/5/2018	7029015821	\$ 656.10
5/5/2018	7029015212	\$ 3.41
5/5/2018	7029015008	\$ 4,143.53
5/7/2018	7029056121	\$ 4,196.24
5/7/2018	7028995477	\$ 15.51
5/8/2018	7029130246	\$ 37.92
5/8/2018	7029217793	\$ 47.40
5/8/2018	7029217796	\$ 8.78
5/8/2018	7029202467	\$ 5,426.58
5/8/2018	7029213638	\$ 56.88
5/8/2018	7029224156	\$ 72.00
5/8/2018	7029223394	\$ 1,411.15
5/9/2018	7029328866	\$ 116.95
5/9/2018	7029286338	\$ 1,690.92
5/9/2018	7029332188	\$ 128.76
5/10/2018	7029468566	\$ 2,442.00
5/10/2018	7029465841	\$ 124.89
5/10/2018	7029463328	\$ 79.58
5/11/2018	7029596522	\$ 52.94
5/11/2018	7029594078	\$ 104.24
5/11/2018	7029598623	\$ 163.80
5/12/2018	7029720475	\$ 1,208.40

Exhibit A to CH 110 Proof of Claim

5/12/2018	7029722325	\$	45.94
5/12/2018	7029716594	\$	535.20
5/15/2018	7029900714	\$	59.87
5/15/2018	7029899192	\$	8,061.59
5/15/2018	7029901562	\$	250.12
5/16/2018	7030075628	\$	(11.87)
5/16/2018	7030070978	\$	(11.76)
5/16/2018	7030066565	\$	20.05
5/16/2018	7030064372	\$	1,300.41
5/17/2018	7030160963	\$	321.23
5/17/2018	7030155320	\$	69.75
5/18/2018	7030287771	\$	22.08
5/18/2018	7030288392	\$	414.12
5/18/2018	7030285181	\$	445.02
5/18/2018	7030288742	\$	14.51
5/18/2018	7030283241	\$	1,019.76
5/18/2018	7030278675	\$	32.58
5/19/2018	7030414622	\$	90.34
5/19/2018	7030414037	\$	179.46
5/19/2018	7030414302	\$	1,512.66
5/19/2018	7030416212	\$	16.29
5/19/2018	7030413326	\$	16.29
5/19/2018	7030411225	\$	696.01
5/19/2018	7030414564	\$	26.13
5/19/2018	7030388648	\$	26.13
5/21/2018	7030439151	\$	16.29
5/22/2018	7030588467	\$	2,995.35
5/22/2018	7030594074	\$	197.09
5/22/2018	7030592290	\$	11.36
5/22/2018	7030592257	\$	2,087.01
5/23/2018	7030721793	\$	27.15
5/23/2018	7030637628	\$	187.59
5/24/2018	7030854659	\$	785.64
5/24/2018	7030852165	\$	394.54
5/24/2018	7030853072	\$	5,863.92
5/24/2018	7030853005	\$	124.89
5/24/2018	7030852447	\$	182.66
5/25/2018	7030993932	\$	384.16
5/25/2018	7030995206	\$	639.20
5/25/2018	7030986139	\$	217.23
5/25/2018	7030994814	\$	799.00
5/25/2018	7030995344	\$	736.94
5/25/2018	7030983894	\$	350.41
5/25/2018	7030992616	\$	25.94
5/25/2018	7030959891	\$	10.82
5/25/2018	7030954686	\$	2,326.03
5/25/2018	7030987941	\$	50.04
5/26/2018	7031109534	\$	44.69
5/26/2018	7031114020	\$	2,135.85
5/26/2018	7031111877	\$	12.84
5/26/2018	7031112849	\$	28.13
5/29/2018	7031145929	\$	136.92
5/29/2018	7031145914	\$	1,030.69
5/29/2018	7031141184	\$	17.71
5/30/2018	7031319189	\$	4.58

Exhibit A to CH 110 Proof of Claim

5/30/2018	7031324351	\$	870.79
5/30/2018	7031320508	\$	17.71
5/30/2018	7031316659	\$	358.79
5/31/2018	7031450710	\$	659.52
5/31/2018	7031448896	\$	50.09
5/31/2018	7031444665	\$	5,176.05
5/31/2018	7031443822	\$	142.50
5/31/2018	7031452205	\$	3.26
5/31/2018	7031451781	\$	2,715.30
6/1/2018	7031610922	\$	14.49
6/1/2018	7031588386	\$	64.25
6/1/2018	7031612894	\$	21.76
6/1/2018	7031592697	\$	1,013.44
6/1/2018	7031610551	\$	44.56
6/1/2018	7031605546	\$	8,874.22
6/2/2018	7031714756	\$	221.76
6/2/2018	7031717003	\$	92.25
6/2/2018	7031717290	\$	5.40
6/2/2018	7031717180	\$	236.52
6/2/2018	7031716171	\$	1,120.90
6/2/2018	7031714564	\$	130.68
6/4/2018	7031746949	\$	16.18
6/4/2018	7031744127	\$	771.18
6/5/2018	7031909251	\$	510.92
6/5/2018	7031908419	\$	2,035.80
6/5/2018	7031906766	\$	491.87
6/5/2018	7031906469	\$	40.68
6/5/2018	7031876437	\$	1,233.90
6/5/2018	7031875948	\$	40.00
6/5/2018	7031903194	\$	95.27
6/5/2018	7031904724	\$	58.25
6/6/2018	7032030597	\$	28.16
6/6/2018	7032012893	\$	5.98
6/6/2018	7032031262	\$	344.88
6/6/2018	7032034277	\$	1,050.27
6/6/2018	7032033736	\$	432.00
6/6/2018	7032030848	\$	187.82
6/7/2018	7032185512	\$	(204.32)
6/7/2018	7032179805	\$	(160.79)
6/7/2018	7032128583	\$	(127.53)
6/7/2018	7032177561	\$	61.42
6/7/2018	7032179124	\$	16.55
6/7/2018	7032177464	\$	1,923.24
6/8/2018	7032303240	\$	13.48
6/8/2018	7032307703	\$	1,165.34
6/9/2018	7032430630	\$	(36.33)
6/9/2018	7032430169	\$	233.00
6/9/2018	7032431439	\$	738.82
6/9/2018	7032430071	\$	15.88
6/9/2018	7032430054	\$	24.27
6/9/2018	7032432844	\$	126.00
6/11/2018	7032432548	\$	127.62
6/11/2018	7032462200	\$	3,975.95
6/11/2018	7032459375	\$	212.12
6/11/2018	7001827582	\$	148.89

Exhibit A to CH 110 Proof of Claim

6/12/2018	7032596589	\$	135.19
6/12/2018	7032611543	\$	195.04
6/12/2018	7032615243	\$	702.00
6/12/2018	7032606694	\$	9,076.13
6/12/2018	7032606661	\$	29.06
6/12/2018	7032617130	\$	29.12
6/12/2018	7032626169	\$	(58.57)
6/12/2018	7032625941	\$	(201.72)
6/13/2018	7032732990	\$	(385.25)
6/13/2018	7032688337	\$	360.00
6/13/2018	7032750288	\$	293.24
6/13/2018	7032753778	\$	(47.62)
6/13/2018	7032753677	\$	(1.42)
6/14/2018	7032898927	\$	57.54
6/14/2018	7032916617	\$	3,648.89
6/14/2018	7032766888	\$	7.12
6/14/2018	7032902298	\$	18.34
6/14/2018	7032912545	\$	(36.16)
6/15/2018	7033010973	\$	303.00
6/15/2018	7033010696	\$	393.00
6/15/2018	7033010059	\$	16.37
6/15/2018	7033010446	\$	303.00
6/15/2018	7033008103	\$	91.52
6/15/2018	7033007269	\$	86.50
6/15/2018	7033010076	\$	413.48
6/16/2018	7033126280	\$	206.00
6/16/2018	7033132646	\$	6.31
6/16/2018	7033133329	\$	42.88
6/16/2018	7033120424	\$	3,643.77
6/16/2018	7033042390	\$	39.06
6/16/2018	7033135556	\$	67.74
6/16/2018	7033135551	\$	84.70
6/16/2018	7033133204	\$	2,452.37
6/16/2018	7033131686	\$	172.41
6/18/2018	7033141371	\$	19.18
6/18/2018	7033157408	\$	59.95
6/18/2018	7033153579	\$	2,421.53
6/18/2018	7033124366	\$	2.66
6/18/2018	7033118928	\$	2.66
6/18/2018	7033157803	\$	98.83
6/18/2018	7033145679	\$	47.50
6/19/2018	7033312204	\$	1,558.34
6/19/2018	7033316035	\$	30.43
6/19/2018	7033316018	\$	115.02
6/19/2018	7033300231	\$	2,893.06
6/19/2018	7033314858	\$	30.49
6/19/2018	7033250946	\$	72.28
6/19/2018	7033307677	\$	129.39
6/20/2018	7033449090	\$	(461.51)
6/20/2018	7033435417	\$	405.59
6/20/2018	7033438284	\$	79.01
6/20/2018	7033442763	\$	2,586.54
6/20/2018	7033441412	\$	58.06
6/20/2018	7033437170	\$	7.94
6/20/2018	7033429344	\$	27.30

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6/20/2018	7033439593	\$	273.86
6/20/2018	7033442559	\$	12.07
6/20/2018	7033438316	\$	6.48
6/20/2018	7033427283	\$	1,088.02
6/20/2018	7033437572	\$	445.02
6/20/2018	7033439165	\$	257.79
6/20/2018	7033439509	\$	292.20
6/20/2018	7033440833	\$	547.72
6/21/2018	7033581266	\$	76.92
6/21/2018	7033576622	\$	(433.83)
6/21/2018	7033584274	\$	2,568.42
6/21/2018	7033581805	\$	18.30
6/21/2018	7033568334	\$	24.28
6/21/2018	7033568309	\$	114.72
6/21/2018	7033515935	\$	10,969.44
6/21/2018	7033582757	\$	72.00
6/21/2018	7033576578	\$	(224.08)
6/22/2018	7033702410	\$	24.05
6/22/2018	7033709432	\$	(227.63)
6/22/2018	7033698375	\$	1,535.30
6/22/2018	7033701784	\$	254.72
6/22/2018	7033714259	\$	7.92
6/22/2018	7033714003	\$	52.32
6/22/2018	7033696644	\$	1,748.66
6/22/2018	7033710487	\$	37.63
6/22/2018	7033708892	\$	150.52
6/22/2018	7033712453	\$	37.63
6/22/2018	7033711617	\$	(330.61)
6/22/2018	7033708415	\$	(9.30)
6/22/2018	7033715627	\$	20.90
6/22/2018	7033715200	\$	301.92
6/22/2018	7033706145	\$	796.67
6/22/2018	7033706129	\$	15.88
6/22/2018	7033698387	\$	369.47
6/22/2018	7033685742	\$	585.12
6/22/2018	7033717857	\$	16.68
6/22/2018	7033712890	\$	806.84
6/22/2018	7033710732	\$	429.65
6/22/2018	7033716614	\$	103.53
6/22/2018	7033712481	\$	42.35
6/22/2018	7033717118	\$	207.06
6/22/2018	7033714503	\$	513.00
6/23/2018	7033836811	\$	1,134.03
6/23/2018	7033833882	\$	(11.76)
6/23/2018	7033832993	\$	89.15
6/23/2018	7033836344	\$	203.48
6/23/2018	7033832180	\$	36.85
6/23/2018	7033779393	\$	221.10
6/23/2018	7033835818	\$	123.62
6/23/2018	7033833770	\$	865.83
6/23/2018	7033836820	\$	31.68
6/23/2018	7033835528	\$	(5.00)
6/25/2018	7033857117	\$	4.00
6/25/2018	7033857010	\$	77.68
6/25/2018	7033855480	\$	968.32

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6/25/2018	7033857477	\$	31.28
6/26/2018	7034022103	\$	57.81
6/26/2018	7034018851	\$	3.79
6/26/2018	7034015122	\$	1,705.50
6/26/2018	7034006868	\$	63.82
6/26/2018	7034019298	\$	7,904.88
6/26/2018	7034002744	\$	(8,106.08)
6/26/2018	7034007067	\$	29.06
6/26/2018	7033968998	\$	1,924.35
6/26/2018	7034019921	\$	22.58
6/26/2018	7034017516	\$	67.74
6/26/2018	7034022029	\$	442.74
6/26/2018	7034019271	\$	15.59
6/26/2018	7034021389	\$	156.21
6/26/2018	7034017615	\$	172.52
6/26/2018	7034019010	\$	95.55
6/26/2018	7034008894	\$	20,459.65
6/26/2018	7034017926	\$	129.39
6/27/2018	7034145414	\$	(70.28)
6/27/2018	7034147308	\$	196.98
6/27/2018	7034141176	\$	38.90
6/27/2018	7034149410	\$	4,467.10
6/27/2018	7034143809	\$	360.00
6/27/2018	7034141378	\$	36.73
6/27/2018	7034137367	\$	19.18
6/27/2018	7034105378	\$	9.71
6/27/2018	7034147071	\$	29.74
6/27/2018	7034152319	\$	129.24
6/27/2018	7034147206	\$	921.19
6/27/2018	7034144263	\$	6.40
6/27/2018	7034144090	\$	341.64
6/27/2018	7034145622	\$	86.26
6/27/2018	7034136012	\$	(1,179.29)
6/28/2018	7034270490	\$	17.53
6/28/2018	7034291563	\$	986.91
6/28/2018	7034288000	\$	6.76
6/28/2018	7034279547	\$	4.86
6/28/2018	7034289151	\$	348.00
6/28/2018	7034267394	\$	123.06
6/28/2018	7034288748	\$	154.00
6/28/2018	7034288701	\$	3,267.20
6/29/2018	7034397787	\$	23.70
6/29/2018	7034405021	\$	1,290.81
6/29/2018	7034415617	\$	39.59
6/29/2018	7034417863	\$	39.09
6/29/2018	7034417073	\$	342.64
6/29/2018	7034404788	\$	816.23
6/29/2018	7034406160	\$	73.92
6/29/2018	7034414635	\$	199.07
6/29/2018	7034418698	\$	6,097.57
6/29/2018	7034385448	\$	67.49
6/29/2018	7034415609	\$	16.26
6/29/2018	7034420307	\$	907.08
6/29/2018	7034418157	\$	273.45
6/29/2018	7034377094	\$	667.48

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6/29/2018	7034408057	\$	500.61
6/29/2018	7034416945	\$	150.52
6/29/2018	7034404848	\$	30.83
6/29/2018	7034355849	\$	168.20
6/29/2018	7034410676	\$	249.78
6/29/2018	7034399993	\$	262.61
6/29/2018	7034396649	\$	3.46
6/29/2018	7034415239	\$	181.35
6/29/2018	7034405227	\$	268.14
6/29/2018	7034411656	\$	2,995.35
6/29/2018	7034400089	\$	180.03
6/30/2018	7034538369	\$	794.34
6/30/2018	7034538388	\$	29.67
6/30/2018	7034540572	\$	31.03
6/30/2018	7034539492	\$	36.95
6/30/2018	7034539464	\$	116.00
6/30/2018	7034540106	\$	56.13
6/30/2018	7034539153	\$	2,095.00
6/30/2018	7034539130	\$	914.95
6/30/2018	7034539475	\$	2,904.74
6/30/2018	7034541159	\$	209.88
6/30/2018	7034535192	\$	155.36
6/30/2018	7034542153	\$	(7.32)
6/30/2018	7034500188	\$	114.22
6/30/2018	7034538568	\$	18.00
6/30/2018	7034535247	\$	18.00
7/2/2018	7000005553	\$	1,290.99
7/2/2018	7000005596	\$	23.41
7/2/2018	7000008197	\$	198.00
7/2/2018	7000005879	\$	5.24
7/2/2018	7000005797	\$	31.95
7/2/2018	7000009540	\$	56.96
7/2/2018	7000006097	\$	15.88
7/2/2018	7000005923	\$	2,910.39
7/2/2018	7000008844	\$	38.36
7/2/2018	7000005039	\$	38.36
7/2/2018	7000005877	\$	14.53
7/2/2018	7000008943	\$	166.87
7/2/2018	7000005538	\$	112.26
7/2/2018	7000008221	\$	61.42
7/3/2018	7000147781	\$	1,564.54
7/3/2018	7000203865	\$	49.57
7/3/2018	7000204890	\$	18.00
7/3/2018	7000205020	\$	9.25
7/3/2018	7000143331	\$	175.36
7/3/2018	7000205048	\$	94.00
7/3/2018	7000143324	\$	84.22
7/3/2018	7000203856	\$	141.68
7/3/2018	7000214417	\$	124.06
7/3/2018	7000184444	\$	1,847.80
7/3/2018	7000204285	\$	107.06
7/3/2018	7000226003	\$	(34.62)
7/3/2018	7000201182	\$	24.70
7/3/2018	7000210954	\$	43.59
7/3/2018	7000205981	\$	225.80

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7/3/2018	7000209158	\$	13,348.87
7/3/2018	7000207067	\$	25.86
7/3/2018	7000203202	\$	4.95
7/3/2018	7000200021	\$	20.44
7/3/2018	7000207353	\$	3,176.55
7/4/2018	7000315721	\$	(106.00)
7/4/2018	7000311702	\$	(7.60)
7/5/2018	7000425045	\$	89.12
7/5/2018	7000429623	\$	14.91
7/5/2018	7000439152	\$	566.42
7/5/2018	7000432465	\$	160.96
7/5/2018	7000412740	\$	2.10
7/5/2018	7000437514	\$	408.04
7/5/2018	7000434312	\$	26.71
7/5/2018	7000436280	\$	68.22
7/5/2018	7000433393	\$	3,639.11
7/5/2018	7000435684	\$	111.77
7/5/2018	7000435178	\$	70.75
7/5/2018	7000435678	\$	283.00
7/5/2018	7000431196	\$	174.00
7/5/2018	7000435670	\$	212.25
7/5/2018	7000437856	\$	2,690.42
7/5/2018	7000435177	\$	47.93
7/5/2018	7000429596	\$	17.71
7/5/2018	7000434301	\$	395.84
7/5/2018	7000432209	\$	45.55
7/5/2018	7000433004	\$	438.75
7/6/2018	7000453735	\$	241.90
7/6/2018	7000464248	\$	1,220.22
7/6/2018	7000475682	\$	13.74
7/6/2018	7000463195	\$	986.11
7/6/2018	7000480554	\$	59.83
7/6/2018	7000477704	\$	12,332.20
7/6/2018	7000463684	\$	357.36
7/6/2018	7000479584	\$	1,214.87
7/6/2018	7000479551	\$	115.94
7/6/2018	7000474085	\$	284.60
7/6/2018	7000467783	\$	1,601.46
7/6/2018	7000139180	\$	239.34
7/6/2018	7000475046	\$	916.20
7/7/2018	7000600394	\$	44.08
7/7/2018	7000604967	\$	102.97
7/7/2018	7000601008	\$	(34.12)
7/7/2018	7000596919	\$	95.26
7/7/2018	7000595912	\$	(92.32)
7/7/2018	7000599108	\$	460.30
7/7/2018	7000582698	\$	125.04
7/7/2018	7000600456	\$	998.95
7/7/2018	7000602677	\$	24.19
7/7/2018	7000599939	\$	(513.00)
7/9/2018	7000632672	\$	9.88
7/9/2018	7000634404	\$	1,097.76
7/9/2018	7000624882	\$	200.88
7/9/2018	7000631284	\$	19.18
7/9/2018	7000634074	\$	21.19

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7/9/2018	7000633136	\$	2,033.28
7/9/2018	7000633119	\$	861.80
7/9/2018	7000629490	\$	21.19
7/9/2018	7000634225	\$	63.86
7/9/2018	7000632673	\$	61.42
7/9/2018	7000621484	\$	56.13
7/9/2018	7000628153	\$	19.18
7/9/2018	7000634075	\$	127.10
7/9/2018	7000633120	\$	556.42
7/9/2018	7000631112	\$	1,259.98
7/9/2018	7000627954	\$	34.68
7/9/2018	7000634508	\$	59.82
7/9/2018	7000622799	\$	59.82
7/9/2018	7000607229	\$	59.82
7/9/2018	7000622784	\$	273.86
7/10/2018	7000773544	\$	937.06
7/10/2018	7000774132	\$	52.04
7/10/2018	7000783107	\$	294.08
7/10/2018	7000784226	\$	24.64
7/10/2018	7000785343	\$	516.80
7/10/2018	7000787874	\$	48.04
7/10/2018	7000782975	\$	21.28
7/10/2018	7000784081	\$	108.85
7/10/2018	7000786434	\$	2,062.27
7/10/2018	7000785820	\$	53.88
7/10/2018	7000769092	\$	3.04
7/10/2018	7000781800	\$	109.64
7/10/2018	7000779456	\$	889.05
7/10/2018	7000786966	\$	421.20
7/10/2018	7000769086	\$	11,495.25
7/10/2018	7000782852	\$	(2,808.17)
7/11/2018	7000909591	\$	(62.35)
7/11/2018	7000911152	\$	(11.37)
7/11/2018	7000911869	\$	(125.07)
7/11/2018	7000912922	\$	2.90
7/11/2018	7000913029	\$	141.87
7/11/2018	7000917409	\$	369.66
7/11/2018	7000917251	\$	8.60
7/11/2018	7000913317	\$	453.98
7/11/2018	7000901939	\$	15.20
7/11/2018	7000912410	\$	(174.00)
7/11/2018	7000904403	\$	146.77
7/11/2018	7000911058	\$	1,222.68
7/11/2018	7000902426	\$	85.40
7/11/2018	7000912489	\$	677.64
7/11/2018	7000908578	\$	(25.32)
7/11/2018	7000885745	\$	(305.15)
7/11/2018	7000917271	\$	328.05
7/12/2018	7001038485	\$	64.95
7/12/2018	7001051214	\$	467.28
7/12/2018	7001051249	\$	58.64
7/12/2018	7001052623	\$	3,183.98
7/12/2018	7001056701	\$	342.64
7/12/2018	7001057829	\$	24.44
7/12/2018	7001052463	\$	130.91

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7/12/2018	7001052706	\$	30.11
7/12/2018	7001058702	\$	311.08
7/12/2018	7001058466	\$	15.00
7/12/2018	7001054588	\$	89.00
7/12/2018	7001051563	\$	92.25
7/12/2018	7001057000	\$	28.16
7/12/2018	7001057022	\$	140.80
7/12/2018	7001032431	\$	2,062.67
7/12/2018	7001037190	\$	(61.72)
7/13/2018	7001184568	\$	6.00
7/13/2018	7001189914	\$	6.95
7/13/2018	7001193012	\$	1,176.47
7/13/2018	7001196513	\$	20.68
7/13/2018	7001196901	\$	641.99
7/13/2018	7001188778	\$	285.00
7/13/2018	7001187218	\$	12.13
7/13/2018	7001151294	\$	24.84
7/13/2018	7001189624	\$	63.12
7/13/2018	7001192385	\$	51.37
7/13/2018	7001193763	\$	150.52
7/13/2018	7001190041	\$	591.12
7/13/2018	7001193173	\$	31.97
7/14/2018	7001313347	\$	136.80
7/14/2018	7001306185	\$	150.48
7/14/2018	7001314056	\$	48.20
7/14/2018	7001313340	\$	36.56
7/14/2018	7001312458	\$	1.58
7/14/2018	7001313956	\$	701.31
7/14/2018	7001283891	\$	45.50
7/14/2018	7001311942	\$	273.60
7/14/2018	7001314002	\$	413.48
7/14/2018	7001310099	\$	50.87
7/14/2018	7001315419	\$	3,176.55
7/14/2018	7001304643	\$	1,295.23
7/14/2018	7001289592	\$	808.35
7/14/2018	7001311030	\$	546.75
7/16/2018	7001300940	\$	25.02
7/16/2018	7001334301	\$	195.86
7/16/2018	7001340250	\$	105.36
7/16/2018	7001327970	\$	820.41
7/16/2018	7001340263	\$	33.66
7/16/2018	7001334349	\$	584.25
7/16/2018	7001336256	\$	15.88
7/16/2018	7001308939	\$	92.25
7/16/2018	7001322698	\$	87.82
7/16/2018	7001336296	\$	212.25
7/16/2018	7001339221	\$	127.72
7/16/2018	7001337064	\$	75.26
7/16/2018	7001336168	\$	2,117.70
7/16/2018	7001342156	\$	442.20
7/16/2018	7001327888	\$	78.24
7/17/2018	7001492277	\$	44.55
7/17/2018	7001454637	\$	81.31
7/17/2018	7001496815	\$	555.96
7/17/2018	7001492364	\$	65.61

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7/17/2018	7001494742	\$	3,973.39
7/17/2018	7001491271	\$	223.40
7/17/2018	7001494989	\$	264.00
7/17/2018	7001492531	\$	238.88
7/17/2018	7001492386	\$	17.17
7/17/2018	7001492356	\$	1,125.21
7/18/2018	7001588591	\$	28.23
7/18/2018	7001623880	\$	3.56
7/18/2018	7001625990	\$	342.64
7/18/2018	7001631278	\$	441.00
7/18/2018	7001632835	\$	(26.47)
7/18/2018	7001634953	\$	(39.79)
7/18/2018	7001623873	\$	7,538.15
7/18/2018	7001626270	\$	92.68
7/18/2018	7001627833	\$	17.38
7/18/2018	7001636945	\$	6,097.57
7/18/2018	7001626847	\$	1,689.76
7/18/2018	7001626643	\$	3,321.18
7/18/2018	7001634502	\$	(6.04)
7/18/2018	7001632811	\$	(142.97)
7/18/2018	7001626605	\$	35.09
7/18/2018	7001631908	\$	654.47
7/19/2018	7001785007	\$	68.88
7/19/2018	7001787346	\$	1,016.30
7/19/2018	7001791322	\$	3.55
7/19/2018	7001790429	\$	145.60
7/19/2018	7001740563	\$	887.24
7/19/2018	7001786651	\$	18.72
7/19/2018	7001159321	\$	1,544.01
7/19/2018	7001785092	\$	67.62
7/19/2018	7001784577	\$	2,047.27
7/19/2018	7001782279	\$	38.95
7/19/2018	7001774078	\$	559.36
7/19/2018	7001785010	\$	353.65
7/19/2018	7001769417	\$	578.89
7/19/2018	7001790656	\$	1,748.66
7/19/2018	7001784731	\$	46.68
7/19/2018	7001789381	\$	539.16
7/19/2018	7001790657	\$	1,362.80
7/19/2018	7001785379	\$	(544.47)
7/19/2018	7001784497	\$	(98.80)
7/19/2018	7001757574	\$	498.93
7/20/2018	7001871131	\$	12.42
7/20/2018	7001887625	\$	130.57
7/20/2018	7001897356	\$	28.63
7/20/2018	7001898885	\$	10.24
7/20/2018	7001899908	\$	30.06
7/20/2018	7001902219	\$	9.31
7/20/2018	7001904372	\$	22.11
7/20/2018	7001905557	\$	45.03
7/20/2018	7001897670	\$	81.43
7/20/2018	7001900378	\$	54.48
7/20/2018	7001895567	\$	42.69
7/20/2018	7001898012	\$	54.48
7/20/2018	7001875984	\$	65.40

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7/20/2018	7001889273	\$	206.00
7/20/2018	7001903810	\$	1,200.99
7/20/2018	7001900102	\$	32.29
7/20/2018	7001899836	\$	63.12
7/20/2018	7001897134	\$	33.21
7/20/2018	7001905450	\$	10.05
7/20/2018	7001899261	\$	27.67
7/20/2018	7001897640	\$	(51.37)
7/20/2018	7001900629	\$	51.20
7/20/2018	7001867194	\$	2,971.69
7/20/2018	7001871130	\$	639.20
7/20/2018	7001903917	\$	21.91
7/20/2018	7001899945	\$	138.20
7/20/2018	7001875036	\$	(275.52)
7/20/2018	7001901977	\$	52.07
7/21/2018	7002022836	\$	20.45
7/21/2018	7002024056	\$	1,101.66
7/21/2018	7002018035	\$	137.39
7/21/2018	7002005875	\$	21.84
7/21/2018	7002023974	\$	(124.06)
7/21/2018	7002004597	\$	96.61
7/21/2018	7002020314	\$	1,786.76
7/21/2018	7002018025	\$	3.28
7/21/2018	7002022239	\$	3,424.88
7/21/2018	7002025701	\$	(115.94)
7/21/2018	7002018595	\$	90.29
7/23/2018	7002041429	\$	176.43
7/23/2018	7002045631	\$	30.49
7/23/2018	7002045422	\$	89.10
7/23/2018	7002031684	\$	638.51
7/23/2018	7002051184	\$	61.53
7/23/2018	7002051185	\$	144.64
7/23/2018	7002050571	\$	4,351.48
7/23/2018	7002046514	\$	45.48
7/23/2018	7002051288	\$	21.27
7/23/2018	7002054169	\$	131.73
7/23/2018	7002050956	\$	131.73
7/23/2018	7002050574	\$	458.63
7/23/2018	7002046548	\$	1,734.72
7/23/2018	7002043887	\$	89.38
7/23/2018	7002045400	\$	912.85
7/23/2018	7002053216	\$	21.12
7/24/2018	7002202101	\$	1,967.02
7/24/2018	7002142542	\$	139.68
7/24/2018	7002186994	\$	413.66
7/24/2018	7002198850	\$	262.12
7/24/2018	7002192353	\$	34.58
7/24/2018	7002186987	\$	221.22
7/24/2018	7002198372	\$	59.72
7/24/2018	7002203271	\$	497.52
7/24/2018	7002201588	\$	1,294.29
7/24/2018	7002201427	\$	879.82
7/25/2018	7002329731	\$	277.36
7/25/2018	7002268189	\$	29.64
7/25/2018	7002301738	\$	22.50

Exhibit A to CH 110 Proof of Claim

7/25/2018	7002316292	\$	20.62
7/25/2018	7002337381	\$	116.83
7/25/2018	7002337263	\$	3,758.18
7/25/2018	7002318427	\$	50.89
7/25/2018	7002301744	\$	12.06
7/25/2018	7002333362	\$	497.96
7/25/2018	7002329418	\$	(714.10)
7/25/2018	7002331780	\$	135.04
7/25/2018	7002335213	\$	1,567.96
7/25/2018	7002333288	\$	14.27
7/25/2018	7002334136	\$	2,611.13
7/25/2018	7002303094	\$	125.16
7/26/2018	7002470481	\$	417.65
7/26/2018	7002478457	\$	606.00
7/26/2018	7002462771	\$	30.15
7/26/2018	7002451081	\$	34.08
7/26/2018	7002483205	\$	394.69
7/26/2018	7002480091	\$	36.40
7/26/2018	7002479796	\$	91.46
7/26/2018	7002479437	\$	15.20
7/26/2018	7002470990	\$	81.80
7/26/2018	7002482508	\$	11.19
7/26/2018	7002479801	\$	94.15
7/26/2018	7002470571	\$	45.84
7/26/2018	7002470491	\$	119.91
7/26/2018	7002464847	\$	3,552.58
7/26/2018	7002474644	\$	13,692.96
7/27/2018	7002611629	\$	725.70
7/27/2018	7002612588	\$	812.54
7/27/2018	7002613347	\$	317.40
7/27/2018	7002617100	\$	3.24
7/27/2018	7002611663	\$	55.46
7/27/2018	7002613041	\$	(68.88)
7/27/2018	7002606343	\$	102.49
7/27/2018	7002600231	\$	390.08
7/27/2018	7002612167	\$	258.23
7/27/2018	7002611764	\$	2,544.63
7/27/2018	7002608535	\$	101.39
7/27/2018	7002605698	\$	22.52
7/27/2018	7002592838	\$	206.00
7/27/2018	7002610153	\$	390.08
7/27/2018	7002613940	\$	252.86
7/27/2018	7002611695	\$	192.11
7/27/2018	7002606695	\$	(235.36)
7/27/2018	7002614804	\$	252.86
7/28/2018	7002719412	\$	5.48
7/28/2018	7002719790	\$	510.29
7/28/2018	7002721862	\$	(20.08)
7/30/2018	7002735524	\$	330.73
7/30/2018	7002748075	\$	30.82
7/31/2018	7002897746	\$	81.75
7/31/2018	7002897839	\$	9.94
7/31/2018	7002902395	\$	906.03
7/31/2018	7002896226	\$	26.39
7/31/2018	7002897831	\$	645.22

Exhibit A to CH 110 Proof of Claim

7/31/2018	7002877694	\$	109.00
7/31/2018	7002907210	\$	254.62
7/31/2018	7002902626	\$	3.83
7/31/2018	7002876026	\$	4.24
7/31/2018	7002907957	\$	61.76
7/31/2018	7002907024	\$	1,174.16
7/31/2018	7002902389	\$	35.76
7/31/2018	7002882127	\$	53.90
7/31/2018	7002897447	\$	4.98
7/31/2018	7002897417	\$	233.52
7/31/2018	7002870982	\$	1,785.27
7/31/2018	7002907979	\$	9.96
7/31/2018	7002907025	\$	81.97
7/31/2018	7002907758	\$	51.69
7/31/2018	7002905617	\$	157.49
7/31/2018	7002899383	\$	1,087.91
8/1/2018	7003113149	\$	11.92
8/1/2018	7003121900	\$	1,192.44
8/1/2018	7003121925	\$	145.67
8/1/2018	7003120774	\$	576.00
8/1/2018	7003118706	\$	8,674.90
8/1/2018	7003095540	\$	1,076.62
8/1/2018	7003120045	\$	20.34
8/1/2018	7003117082	\$	123.64
8/1/2018	7003094985	\$	1,917.63
8/1/2018	7003113116	\$	143.22
8/1/2018	7003118191	\$	52.77
8/1/2018	7003120351	\$	5,389.31
8/1/2018	7003118894	\$	636.00
8/1/2018	7003120413	\$	29.46
8/1/2018	7003119314	\$	3,618.57
8/1/2018	7003119154	\$	25.91
8/2/2018	7003141675	\$	20.61
8/2/2018	7003173045	\$	460.93
8/2/2018	7003174659	\$	43.60
8/2/2018	7003176558	\$	1,037.49
8/2/2018	7003176314	\$	190.62
8/2/2018	7003163180	\$	34.95
8/2/2018	7003160054	\$	198.00
8/2/2018	7003174280	\$	85.56
8/2/2018	7003175163	\$	46.13
8/2/2018	7003175869	\$	63.12
8/2/2018	7003173312	\$	5.24
8/2/2018	7003173128	\$	219.55
8/2/2018	7003165864	\$	4.64
8/2/2018	7003168881	\$	10.05
8/2/2018	7003153989	\$	302.13
8/2/2018	7003176750	\$	116.04
8/2/2018	7003169053	\$	1,115.74
8/2/2018	7003176601	\$	3.54
8/2/2018	7003165880	\$	25.92
8/2/2018	7003175666	\$	63.00
8/2/2018	7003169160	\$	18.91
8/2/2018	7003153973	\$	170.16
8/2/2018	7003175853	\$	53.90

Exhibit A to CH 110 Proof of Claim

8/2/2018	7003168860	\$	16.64
8/2/2018	7003165876	\$	125.29
8/2/2018	7003116732	\$	43.88
8/2/2018	7003173324	\$	94.15
8/2/2018	7003176856	\$	14.43
8/2/2018	7003168861	\$	1,056.49
8/2/2018	7003174063	\$	686.62
8/2/2018	7003141686	\$	495.34
8/3/2018	7003298335	\$	40.45
8/3/2018	7003314422	\$	25.61
8/3/2018	7003315957	\$	8,729.97
8/3/2018	7003315639	\$	54.50
8/3/2018	7003314585	\$	761.28
8/3/2018	7003314161	\$	27.92
8/3/2018	7003321418	\$	44.32
8/3/2018	7003321508	\$	16.05
8/3/2018	7003319402	\$	26.46
8/3/2018	7003317533	\$	55.84
8/3/2018	7003318313	\$	955.63
8/3/2018	7003315898	\$	529.11
8/3/2018	7003316903	\$	3,048.71
8/3/2018	7003291884	\$	182.00
8/3/2018	7003313381	\$	(126.97)
8/4/2018	7003361332	\$	22.27
8/4/2018	7003437266	\$	76.44
8/4/2018	7003441607	\$	147.02
8/4/2018	7003440621	\$	67.60
8/4/2018	7003440782	\$	86.50
8/4/2018	7003441609	\$	472.39
8/4/2018	7003440249	\$	533.40
8/4/2018	7003440202	\$	117.61
8/4/2018	7003439583	\$	37.32
8/4/2018	7003438400	\$	393.00
8/4/2018	7003440873	\$	64.49
8/4/2018	7003438658	\$	144.30
8/4/2018	7003438440	\$	1.66
8/4/2018	7003438418	\$	2,123.80
8/4/2018	7003439554	\$	634.88
8/6/2018	7003467151	\$	88.14
8/6/2018	7003437484	\$	28.14
8/6/2018	7003465861	\$	29.64
8/6/2018	7003459195	\$	6,097.57
8/6/2018	1400003795	\$	(400.36)
8/6/2018	1400003794	\$	(413.95)
8/6/2018	1400003793	\$	(4.90)
8/6/2018	1400003792	\$	(2,084.91)
8/6/2018	7003442279	\$	228.00
8/7/2018	7003616221	\$	89.00
8/7/2018	7003623130	\$	24.36
8/7/2018	7003623392	\$	1,460.08
8/7/2018	7003625063	\$	8.03

Exhibit A to CH 110 Proof of Claim

8/7/2018 7003625403	\$	15.00
8/7/2018 7003624065	\$	16.90
8/7/2018 7003640778	\$	209.49
8/7/2018 7003623102	\$	5.49
8/7/2018 7003621727	\$	46.13
8/7/2018 7003624795	\$	175.64
8/7/2018 7003620532	\$	4.64
8/7/2018 7003623316	\$	10.05
8/7/2018 7003638321	\$	275.36
8/7/2018 7003638307	\$	1,778.04
8/7/2018 7003635088	\$	3.71
8/7/2018 7003635074	\$	14.49
8/7/2018 7003606412	\$	5.04
8/7/2018 7003637035	\$	3,724.52
8/7/2018 7003627758	\$	19.87
8/7/2018 7003625502	\$	1,348.31
8/7/2018 7003625412	\$	791.97
8/7/2018 7003617220	\$	21.80
8/7/2018 7003639574	\$	126.00
8/7/2018 7003632995	\$	98.25
8/7/2018 7003632962	\$	55.84
8/7/2018 7003623348	\$	13.62
8/7/2018 7003627243	\$	159.80
8/7/2018 7003628797	\$	125.29
8/7/2018 7003639593	\$	787.68
8/7/2018 7003632272	\$	912.72
8/8/2018 7003742985	\$	1.18
8/8/2018 7003745998	\$	337.50
8/8/2018 7003744746	\$	693.38
8/8/2018 7003751096	\$	27.66
8/8/2018 7003741559	\$	710.89
8/8/2018 7003751436	\$	39.16
8/8/2018 7003751406	\$	5,036.83
8/8/2018 7003746941	\$	224.91
8/8/2018 7003749170	\$	42.35
8/8/2018 7003733629	\$	22.97
8/8/2018 7003752400	\$	392.94
8/8/2018 7003748721	\$	144.08
8/8/2018 7003751152	\$	1,514.17
8/9/2018 7003882024	\$	215.83
8/9/2018 7003887558	\$	23.59
8/9/2018 7003886568	\$	761.87
8/9/2018 7003884479	\$	100.91
8/9/2018 7003881570	\$	2,508.19
8/9/2018 7003864879	\$	85.92
8/9/2018 7003886556	\$	1,037.59
8/9/2018 7003881210	\$	119.04

Exhibit A to CH 110 Proof of Claim

8/9/2018	7003892949	\$	(354.01)
8/9/2018	7003887266	\$	8,702.68
8/9/2018	7003884690	\$	14.88
8/9/2018	7003882608	\$	577.39
8/9/2018	7003843348	\$	6,386.25
8/10/2018	7004023825	\$	2,157.15
8/10/2018	7004027118	\$	83.05
8/10/2018	7004017872	\$	(69.90)
8/10/2018	7004022434	\$	(397.20)
8/10/2018	7004022735	\$	(6.43)
8/10/2018	7004025315	\$	297.90
8/10/2018	7004016013	\$	23.70
8/10/2018	7004011861	\$	17.38
8/10/2018	7004026491	\$	33.75
8/10/2018	7004026451	\$	2,292.03
8/10/2018	7004022570	\$	702.00
8/10/2018	7004023474	\$	5,690.55
8/10/2018	7004026670	\$	10.41
8/11/2018	7004133292	\$	41.40
8/11/2018	7004133295	\$	55.54
8/11/2018	7004132381	\$	319.45
8/11/2018	7004132424	\$	222.96
8/11/2018	7004132907	\$	56.20
8/11/2018	7004133390	\$	164.84
8/11/2018	7004131174	\$	65.44
8/11/2018	7004099932	\$	147.66
8/11/2018	7004135108	\$	670.02
8/11/2018	7004099947	\$	46.15
8/11/2018	7004133376	\$	895.62
8/11/2018	7004134707	\$	(212.18)
8/13/2018	7004154105	\$	9.82
8/13/2018	7004154141	\$	307.13
8/13/2018	7004128886	\$	43.91
8/13/2018	7004156452	\$	72.65
8/13/2018	1400022070	\$	4,309.46
8/14/2018	7004340428	\$	226.12
8/14/2018	7004340750	\$	596.12
8/14/2018	7004341939	\$	166.06
8/14/2018	7004336118	\$	5.24
8/14/2018	7004342750	\$	6,686.24
8/14/2018	7004338982	\$	26.70
8/14/2018	7004338929	\$	65.42
8/14/2018	7004307337	\$	791.97
8/14/2018	7004341369	\$	98.25
8/14/2018	7004342313	\$	14.81
8/14/2018	7004342651	\$	29.72
8/14/2018	7004340792	\$	1,600.26

Exhibit A to CH 110 Proof of Claim

8/14/2018	7004333288	\$	18.26
8/14/2018	7004339864	\$	136.26
8/14/2018	7004338999	\$	5,109.00
8/14/2018	7004318312	\$	280.80
8/14/2018	7004342371	\$	(30.00)
8/14/2018	7004336587	\$	1.19
8/14/2018	7004330541	\$	297.72
8/15/2018	7004445540	\$	607.32
8/15/2018	7004424846	\$	20.26
8/15/2018	7004431068	\$	(28.24)
8/15/2018	7004439373	\$	(15.22)
8/15/2018	7004439733	\$	(68.07)
8/15/2018	7004443821	\$	594.66
8/15/2018	7004410928	\$	4.78
8/15/2018	7004445535	\$	1,612.22
8/15/2018	7004410940	\$	15.07
8/15/2018	7004424957	\$	452.58
8/15/2018	7004437656	\$	3,364.61
8/15/2018	7004424967	\$	1,259.98
8/15/2018	7004437687	\$	58.47
8/16/2018	7004568668	\$	72.46
8/16/2018	7004573115	\$	280.46
8/16/2018	7004569246	\$	38.94
8/16/2018	7004562432	\$	(4,645.50)
8/16/2018	7004575329	\$	4,552.57
8/16/2018	7004576555	\$	4,976.11
8/16/2018	7004513839	\$	888.28
8/16/2018	7004574834	\$	888.28
8/16/2018	7004572941	\$	2,938.50
8/16/2018	7004568613	\$	30.73
8/16/2018	7004578211	\$	4.63
8/16/2018	7004570802	\$	56.62
8/16/2018	7004573503	\$	48.73
8/16/2018	7004573539	\$	124.89
8/16/2018	7004570839	\$	1,996.17
8/16/2018	7004556295	\$	229.44
8/16/2018	7004513832	\$	49.72
8/16/2018	7004573521	\$	103.38
8/16/2018	7004572022	\$	310.14
8/16/2018	7004576511	\$	159.00
8/17/2018	7004706895	\$	11.85
8/17/2018	7004707937	\$	76.14
8/17/2018	7004691648	\$	43.23
8/17/2018	7004700259	\$	709.89
8/17/2018	7004707853	\$	496.68
8/17/2018	7004707895	\$	7.08
8/17/2018	7004710054	\$	26.17

Exhibit A to CH 110 Proof of Claim

8/17/2018	7004706073	\$	12.42
8/17/2018	7004707914	\$	66.12
8/17/2018	7004712470	\$	42.75
8/17/2018	7004710030	\$	23.20
8/17/2018	7004713260	\$	981.77
8/17/2018	7004706932	\$	25.39
8/17/2018	7004712236	\$	61.23
8/17/2018	7004709517	\$	2,024.00
8/17/2018	7004710005	\$	40.82
8/17/2018	7004713506	\$	116.26
8/17/2018	7004708291	\$	(1,215.17)
8/17/2018	7004707283	\$	1,180.68
8/17/2018	7004705595	\$	122.16
8/17/2018	7004707255	\$	385.40
8/17/2018	7004707403	\$	105.50
8/18/2018	7004830939	\$	89.95
8/18/2018	7004831038	\$	26.99
8/18/2018	7004831768	\$	798.49
8/18/2018	7004832117	\$	4,415.61
8/18/2018	7004831610	\$	413.66
8/18/2018	7004831635	\$	(328.37)
8/18/2018	7004830765	\$	(54.14)
8/18/2018	7004830483	\$	69.88
8/18/2018	7004830264	\$	221.60
8/18/2018	7004830156	\$	664.80
8/18/2018	7004830282	\$	169.60
8/18/2018	7004830250	\$	2,154.64
8/18/2018	7004829907	\$	327.18
8/18/2018	7004830296	\$	32.31
8/20/2018	1400149410	\$	(85,000.00)
8/20/2018	1400020330	\$	4,243.12
8/21/2018	7005028698	\$	5.24
8/21/2018	7005044428	\$	39.43
8/21/2018	7005023028	\$	1,511.47
8/21/2018	7005034535	\$	180.78
8/21/2018	7005043335	\$	600.20
8/21/2018	7005054147	\$	189.58
8/21/2018	7005056823	\$	(344.48)
8/21/2018	1400150636	\$	1,071.37
8/21/2018	7005035791	\$	179.90
8/21/2018	7005045929	\$	524.40
8/21/2018	7005052985	\$	4,846.39
8/21/2018	7005045946	\$	74.40
8/21/2018	7005052405	\$	151.10
8/21/2018	7005053602	\$	111.98
8/21/2018	7005050911	\$	13.50
8/21/2018	7005054153	\$	89.09

Exhibit A to CH 110 Proof of Claim

8/21/2018	7004985294	\$	3,505.16
8/21/2018	7005049731	\$	14.86
8/21/2018	7004980979	\$	8,655.15
8/21/2018	7005047588	\$	192.53
8/21/2018	7005034543	\$	912.72
8/22/2018	7005146118	\$	48.00
8/22/2018	7005151750	\$	13.88
8/22/2018	7005135285	\$	196.06
8/22/2018	7005146753	\$	61.62
8/22/2018	7005149182	\$	147.02
8/22/2018	7005146190	\$	2,045.49
8/22/2018	7005140214	\$	79.41
8/22/2018	7005145259	\$	504.62
8/22/2018	7005144430	\$	13.31
8/22/2018	7005148528	\$	57.83
8/22/2018	7005142846	\$	1,488.02
8/22/2018	7005150861	\$	522.42
8/22/2018	7005147993	\$	73.02
8/23/2018	7005265532	\$	207.38
8/23/2018	7005285126	\$	1,594.96
8/23/2018	7005265549	\$	18.25
8/23/2018	7005275302	\$	2.00
8/23/2018	7005280196	\$	1,015.46
8/23/2018	7005280672	\$	73.92
8/23/2018	7005285114	\$	1,125.71
8/23/2018	7005280661	\$	60.86
8/23/2018	7005278216	\$	170.12
8/23/2018	7005274365	\$	13.32
8/23/2018	7005275537	\$	72.24
8/23/2018	7005288660	\$	(103.58)
8/24/2018	7005409359	\$	411.79
8/24/2018	7005403676	\$	3,191.44
8/24/2018	7005402547	\$	2.02
8/24/2018	7005395207	\$	13.32
8/24/2018	7005407483	\$	185.62
8/24/2018	7005401227	\$	(176.36)
8/24/2018	7005378947	\$	398.87
8/24/2018	7005408570	\$	1,632.22
8/24/2018	7005407204	\$	107.62
8/24/2018	7005398078	\$	48.23
8/24/2018	7005395694	\$	49.44
8/24/2018	7005406713	\$	374.13
8/24/2018	7005395171	\$	288.60
		\$	578,346.52
	503(B)(9) Items =		173,432.80

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> (6717912)	Claim No: 233	<i>Status:</i>
CARDINAL HEALTH 110, LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
PO BOX 402605	<i>Date:</i> 01/18/2019	<i>Entered by:</i> DANIEL HAYS
ATLANTA, GA 30384-	<i>Original Entered</i>	PURYEAR
2605	<i>Date:</i> 01/18/2019	<i>Modified:</i>

Amount claimed: \$173432.80

Secured claimed: \$0.00

Priority claimed: \$173432.80

History:

[Details](#) [233-1](#) 01/18/2019 Claim #233 filed by CARDINAL HEALTH 110, LLC, Amount claimed: \$173432.80 (PURYEAR, DANIEL)

Description: (233-1) 503(b)(9) Claim

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*	\$173432.80
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	\$0.00	
Priority	\$173432.80	
Administrative		