

Fill in this information to identify the case:

Debtor 1	Curae Health Inc.
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	MIDDLE DISTRICT OF TENNESSEE
Case number:	18-05665

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 1/23/2019
 MATTHEW T. LOUGHNEY, Clerk

**Official Form 410
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	People 2.0 Global LP _____ Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>People 2.0 Global, Inc., ORNurses Nationwide</u> _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? People 2.0 Global LP _____ Name 222 Valley Creek Boulevard Suite 100 Exton, PA 19341 Contact phone <u>6102352969</u> Contact email <u>chriss@people20.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2434</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>9625.56</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Services provided</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/23/2019
MM / DD / YYYY

/s/ Christopher Simon

Signature

Print the name of the person who is completing and signing this claim:

Name Christopher Simon

First name Middle name Last name

Title Credit Manager

Company People 2.0 Global, Inc.

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 222 Valley Creek Boulevard Suite 100,

Number Street

Exton, PA 19341

City State ZIP Code

Contact phone 6102352969 Email chriss@people20.com



OR Nurses
Nationwide

Tel: (901) 682-2900 / Fax: (901) 507-4155

On Behalf Of People 2.0 Global, Inc.

Remit To:

People 2.0 Global LP
P.O. Box 536853
Atlanta, GA 30353-6853

HWS/CHS - Northwest Mississippi Medical
Center -TR
1970 Hospital Drive
Clarksdale, MS 38614

INVOICE

Invoice No.	Invoice Amount
487083784	\$2,127.51

Cust No.	Invoice Date	Due Date	Payment Terms
182434	08/24/2018	09/23/2018	Net 30 Days

Make Check Payable to: People 2.0

Invoices over 30 days old will be charged 1.5% interest per month.

Customer Name / Department
HWS/CHS - Northwest Mississippi Medical Center -TR / Primary

For Services Rendered at:

1970 Hospital Drive
Clarksdale, MS 38614

Date	Shift Worked	Description	Type	Units	Rate	Amount Due
Department: Primary						
08/12/2018 Sun	06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
08/15/2018 Wed	06:30P - 07:30A 5R	Long, Justin Ryan (RN) ER	Reg	12.50	\$57.50	\$718.75
08/16/2018 Thu	06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
Total This Department:				37.00		\$2,127.51

Reg: 37.00 OT: 0.00 DT: 0.00	Total - This Invoice: \$2,127.51
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OR Nurses
Nationwide

Tel: (901) 682-2900 / Fax: (901) 507-4155

On Behalf Of People 2.0 Global, Inc.

Remit To:

People 2.0 Global LP

P.O. Box 536853

Atlanta, GA 30353-6853

HWS/CHS - Northwest Mississippi Medical
Center -TR
1970 Hospital Drive
Clarksdale, MS 38614

INVOICE

Invoice No.	Invoice Amount
487083625	\$3,044.65

Cust No.	Invoice Date	Due Date	Payment Terms
182434	08/17/2018	09/16/2018	Net 30 Days

Make Check Payable to: People 2.0

Invoices over 30 days old will be charged 1.5% interest per month.

Customer Name / Department
HWS/CHS - Northwest Mississippi Medical Center -TR / Primary

For Services Rendered at:

1970 Hospital Drive
Clarksdale, MS 38614

Date	Shift Worked	Description	Type	Units	Rate	Amount Due
Department: Primary						
08/08/2018	Wed 06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
08/09/2018	Thu 06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
08/10/2018	Fri 06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
08/11/2018	Sat 06:30P - 07:30A 5O	Long, Justin Ryan (RN) ER	OT	9.25	\$80.50	\$744.63
08/11/2018	Sat 06:30P - 07:30A 5R	Long, Justin Ryan (RN) ER	Reg	3.25	\$57.50	\$186.88
Total This Department:				49.25		\$3,044.65

Reg: 40.00 OT: 9.25 DT: 0.00	Total - This Invoice: \$3,044.65
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OR Nurses
Nationwide

Tel: (901) 682-2900 / Fax: (901) 507-4155

On Behalf Of People 2.0 Global, Inc.

Remit To:

People 2.0 Global LP

P.O. Box 536853

Atlanta, GA 30353-6853

HWS/CHS - Northwest Mississippi Medical
Center -TR
1970 Hospital Drive
Clarksdale, MS 38614

INVOICE

Invoice No.	Invoice Amount
487083276	\$3,044.64

Cust No.	Invoice Date	Due Date	Payment Terms
182434	08/03/2018	09/02/2018	Net 30 Days

Make Check Payable to: People 2.0

Invoices over 30 days old will be charged 1.5% interest per month.

Customer Name / Department
HWS/CHS - Northwest Mississippi Medical Center -TR / Primary

For Services Rendered at:

1970 Hospital Drive
Clarksdale, MS 38614

Date	Shift Worked	Description	Type	Units	Rate	Amount Due
Department: Primary						
07/23/2018 Mon	06:30P - 07:30A 5R	Long, Justin Ryan (RN) ER	Reg	12.50	\$57.50	\$718.75
07/24/2018 Tue	06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
07/25/2018 Wed	06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	12.25	\$57.50	\$704.38
07/26/2018 Thu	06:30P - 07:15A 5O	Long, Justin Ryan (RN) ER	OT	9.25	\$80.50	\$744.63
07/26/2018 Thu	06:30P - 07:15A 5R	Long, Justin Ryan (RN) ER	Reg	3.00	\$57.50	\$172.50
Total This Department:				49.25		\$3,044.64

Reg: 40.00 OT: 9.25 DT: 0.00	Total - This Invoice: \$3,044.64
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OR Nurses
Nationwide

Tel: (901) 682-2900 / Fax: (901) 507-4155

On Behalf Of People 2.0 Global, Inc.

Remit To:

People 2.0 Global LP
P.O. Box 536853
Atlanta, GA 30353-6853

HWS/CHS - Northwest Mississippi Medical
Center -TR
1970 Hospital Drive
Clarksdale, MS 38614

INVOICE

Invoice No.	Invoice Amount
487083119	\$1,408.76

Cust No.	Invoice Date	Due Date	Payment Terms
182434	07/27/2018	08/26/2018	Net 30 Days

Make Check Payable to: People 2.0

Invoices over 30 days old will be charged 1.5% interest per month.

Customer Name / Department
HWS/CHS - Northwest Mississippi Medical Center -TR / Primary

For Services Rendered at:

1970 Hospital Drive
Clarksdale, MS 38614

Date	Shift Worked	Description	Type	Units	Rate	Amount Due	
Department: Primary							
07/15/2018 Sun	06:30P - 07:15A 5R	Long, Justin Ryan (RN)	ER	Reg	12.25	\$57.50	\$704.38
07/18/2018 Wed	06:30P - 07:15A 5R	Long, Justin Ryan (RN)	ER	Reg	12.25	\$57.50	\$704.38
Total This Department:				24.50			\$1,408.76

Reg: 24.50 OT: 0.00 DT: 0.00	Total - This Invoice:	\$1,408.76
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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> (6827579)	Claim No: 253	<i>Status:</i>
People 2.0 Global LP	<i>Original Filed</i>	<i>Filed by:</i> CR
222 Valley Creek Boulevard	<i>Date:</i> 01/23/2019	<i>Entered by:</i> admin
Suite 100	<i>Original Entered</i>	<i>Modified:</i>
Exton, PA 19341	<i>Date:</i> 01/23/2019	

Amount claimed: \$9625.56

History:

[Details](#) [253-1](#) 01/23/2019 Claim #253 filed by People 2.0 Global LP, Amount claimed: \$9625.56 (admin)

Description:

Remarks: (253-1) Account Number (last 4 digits):2434

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*	\$9625.56
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		