

Fill in this information to identify case:

Debtor 1 CURAE HEALTH, INC.

Debtor 2

United States Bankruptcy Court for the Middle District of Tennessee

Case Number 18-05665

Official Form 410
Proof of Claim

12/15

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 CYBER TECHNOLOGY SECURITY

2. Has this claim been acquired from someone else? No
 Yes. From Whom:

3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? CYBER TECHNOLOGY SECURITY 226 East Main Street E. Senatobia, MS 38668 6625627484 dbrewer@ctspage.com	Where should payments to the creditor be sent? (if different) CYBER TECHNOLOGY SECURITY 226 East Main Street E. Senatobia, MS 38668 6625627484 dbrewer@ctspage.com
	Uniform claim identifier for electronic payments in chapter 13 (if you use one) -----	

4. Does this claim amend one already filed? No
 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 No
 Yes. Who made the earlier filing? _____

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

6. Do you have any number you use to identify the debtor No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
X1879

7. How much is the claim? **\$3,102.54** Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses or other charges required by Bankruptcy Rule 3001 (c)(2)(A).

8. What is the basis of this claim: 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 health care information.
Technology services rendered

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:

- Real Estate: If the claim is secured by the debtor's principal resident, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A with this Proof of claim)
 Motor Vehicle:
 Other: Describe:

Basis for perfection:

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)

Value of Property	\$
Amount of the claim that is secured:	\$
Amount of the claim that is unsecured:	\$3,102.54
	The sum of the secured and unsecured amounts should match the amount in line 7
Amount necessary to cure any default as of the date of the petition:	\$
Annual Interest Rate (when case was filed)	0.00%
<input type="checkbox"/> Fixed	
<input type="checkbox"/> Variable	

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition: \$

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

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 non priority. 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 \$2,775* 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 \$12,475*) earned within 180 days before the bankrupt 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 government 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 4/01/16 and every 3 years after that for cases begun on or after the date of the adjustment.		

Part 3	Sign Below
<p>The person completing this proof of claim must sign and date it FRBP 9011(b)</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>A person who files a fraudulent claim could be fine up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 351</p>	<p><input type="checkbox"/> I am the creditor</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005</p> <p>I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Execute on date: <u>1/25/19</u> <u>/s/ David E. Drexler</u> <u>/s/ Brittan W. Robinson</u></p> <p>Print the name of the person who is completing and signing this claim Name <u>Brittan Webb Robinson / David E. Drexler</u> Creditor Attorney or Authorized Agent Stone, Higgs, & Drexler 150 Court Avenue Memphis, TN 38103 901-528-1111 tstewart@stonehiggisdrexler.com</p>