

**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?	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) _____	CYBER TECHNOLOGY SECURITY 226 East Main Street E.  Senatobia, MS 38668  6625627484  dbrewer@ctspage.com

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:	<b><u>\$3,102.54</u></b>
	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: \_\_\_\_\_

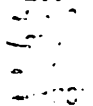
12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply	Amount entitled to priority
A claim may be partly priority and partly non priority. For example, in some categories, the law limits 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><b>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</b></p>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> I am the creditor  <input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent  <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004  <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005         </div> <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><b>Print the name of the person who is completing and signing this claim</b>          Name <u>Brittan Webb Robinson / David E. Drexler</u>          Creditor Attorney or Authorized Agent          Stone, Higgs, &amp; Drexler          150 Court Avenue          Memphis, TN 38103          901-528-1111 <a href="mailto:tstewart@stonehiggsdrexler.com">tstewart@stonehiggsdrexler.com</a></p>

**Cyber Technology Security  
Aged Receivables  
As of Dec 31, 2018**

Filter Criteria includes: 1) IDs: 11879; 2) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Bill To Contact Telephone 1	Invoice/CM #	0-30	31-60	61-90	Over 90 days	Amount Due
Panola Medical Center 662-712-2277					0.03	0.03
					15.26	15.26
					665.00	665.00
					343.75	343.75
					266.00	266.00
					475.00	475.00
					1,337.50	1,337.50
					<b>3,102.54</b>	<b>3,102.54</b>
Panola Medical Center						
<b>Report Total</b>					<b>3,102.54</b>	<b>3,102.54</b>

**Cyber Technology Security**226 E. Main Street Suite E  
Senatobia, MS 38668**INVOICE**Invoice Number: 2017-09-07  
Invoice Date: Sep 7, 2017  
Page: 1

Voice: 662-562-7484

Fax: 662-562-5184

**Bill To:**Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States**Ship to:**Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	Customer PO	Payment Terms	
	701-651-0165	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Best Way		10/7/17

Quantity	Item	Description	Unit Price	Amount
250.00	C196350	ISO CARD BLANK	2.66	665.00
Subtotal				665.00
Sales Tax				
Freight				
Total Invoice Amount				665.00
Payment/Credit Applied				
<b>TOTAL</b>				<b>665.00</b>

Check/Credit Memo No:

**Cyber Technology Security**226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484

Fax: 662-562-5184

**SALES ORDER**Sales Order Number: 10100  
Sales Order Date: Aug 30, 2017  
Ship By: Aug 30, 2017  
Page: 1**To:**Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States**Ship To:**Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	PO Number	Sales Rep Name
	701-651-0165	
Customer Contact	Shipping Method	Payment Terms
	Best Way	Net 30 Days

Quantity	Item	Description	Unit Price	Amount
250.00	C196350	ISO CARD BLANK	2.66	665.00
Subtotal				665.00
Sales Tax				
Freight				0.00
TOTAL ORDER AMOUNT				665.00



226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484  
Fax: 662-562-5184

AR Alarm E 2013 0047  
TN Alarm 1549  
TN Qualified Agent 1537  
MS Contractor 11151-SC  
AR Contractor 0215130513  
TN Contractor 41504  
MS Alarm 15025476

# INVOICE

Invoice Number:  
Invoice Date: May 18, 2018  
Page: 1

## Bill To:

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

## Ship to:

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	Customer PO	Payment Terms	
		Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Best Way		6/17/18

Quantity	Item	Description	Unit Price	Amount
1.00	SER	Service Call	100.00	100.00
3.25	LABOR	Checked And Replaced Hard Drive	75.00	243.75
		5/15/18- Checked Hard Drive On Server		
		5/16/18- Replaced Hard Drive		
Subtotal				343.75
Sales Tax				
Freight				
Total Invoice Amount				343.75
Payment/Credit Applied				
<b>TOTAL</b>				<b>343.75</b>

Check/Credit Memo No:

# Cyber Technology Security

226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484  
Fax: 662-562-5184

## SALES ORDER PICKING LIST

Sales Order Number: -----  
Sales Order Date: May 15, 2018  
Ship By: May 15, 2018  
Page: 1

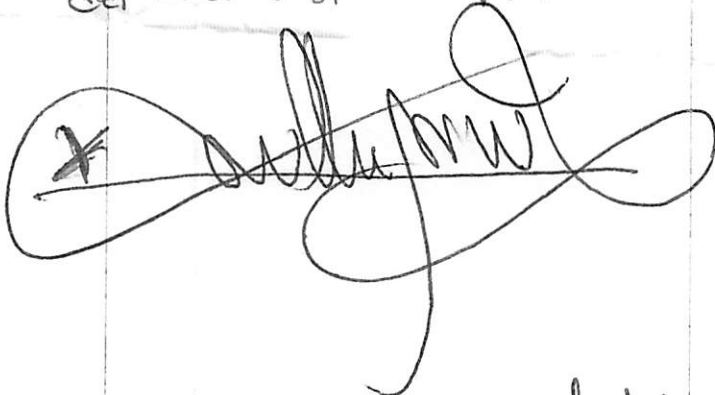
### To:

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

### Ship To:

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	PO Number	Sales Rep Name
Customer Contact	Shipping Method	Payment Terms
	Best Way	Net 30 Days

Quantity	Item	Description	Shipped Prior	This Shipment
		Check hard drive on server		
2.25 hr May 15		arrived: 11:40 AM Departed: 2:00 PM 		Changed user profile passwords on both servers. Added CTS admin accounts on the management & client viewer software. Diagnosed bad HDD on Data Server called milestone and ordered a new HDD. Added Management Server on Teamviewer and updated
		May 16 - Install new hard drive Garrett <u>0.75 hr</u>		

3:11

2:25 hr





226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484  
Fax: 662-562-5184

AR Alarm E 2013 0047  
TN Alarm 1549  
TN Qualified Agent 1537  
MS Contractor 11151-SC  
AR Contractor 0215130513  
TN Contractor 41504  
MS Alarm 15025476

# INVOICE

Invoice Number:  
Invoice Date: May 31, 2018  
Page: 1

**Bill To:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

**Ship to:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	Customer PO	Payment Terms	
	00327	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Best Way		6/30/18

Quantity	Item	Description	Unit Price	Amount
100.00	C196350	ISO CARD BLANK	2.66	266.00

Subtotal	266.00
Sales Tax	
Freight	
Total Invoice Amount	266.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>266.00</b>

Check/Credit Memo No:

226 E. Main Street Suite E  
Senatobia, MS 38668

Fax: 662-562-5184

## Sales Order Number:

Ship By: May 31, 2018

Page: 1

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Quantity	Item	Description	Shipped Prior	This Shipment
100.00	C196350	ISO CARD BLANK		

# PANOLA MEDICAL CENTER

Purchase  
Order  
Number:

**V** CYBER TECHNOLOGY SECURITY  
**E** 226 E MAIN ST SUITE E  
**N**  
**D** SENATOBIA, MS 38668-0000 **P** MS 38606  
**O** PHN: (662) 562-7484  
**R** FAX: (662) 562-7484  
**ID:**

**S** PANOLA MEDICAL CENTER  
**H** 303 MEDICAL CENTER DRIVE  
**I** BATESVILLE  
**P** MS 38606  
**T** PHN: (662) 712-2277  
**O** FAX: (662) 712-2483

**B** PANOLA MEDICAL CENTER  
**I** 303 MEDICAL CENTER DRIVE  
**L** BATESVILLE, MS.  
**L** 38606  
**T** PHN: (662) 712-2277  
**O** FAX: (662) 712-2483

Vendor No	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
C054	PMCACOOK	5/31/18	5/31/18	30 NET 30 DAYS BW BEST WAY		
Line No/ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 3200	100	EA	ISO CARD BLAND (ACCESS) C196350 REQUEST FROM DEPT LOCATION 908	908 908446	2.66	266.00
					SUBTOTAL:	266.00
					TAX:	.00
					TOTAL AMOUNT:	266.00

Authorized Signature



226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484  
Fax: 662-562-5184

AR Alarm E 2013 0047  
TN Alarm 1549  
TN Qualified Agent 1537  
MS Contractor 11151-SC  
AR Contractor 0215130513  
TN Contractor 41504  
MS Alarm 15025476

# INVOICE

Invoice Number:  
Invoice Date: Jul 5, 2018  
Page: 1

**Bill To:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

**Ship to:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	Customer PO	Payment Terms	
		Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Best Way		8/4/18

Quantity	Item	Description	Unit Price	Amount
1.00	SER	Service Call	100.00	100.00
5.00	LABOR	Doors Down	75.00	375.00
Subtotal				475.00
Sales Tax				
Freight				
Total Invoice Amount				475.00
Payment/Credit Applied				
TOTAL				475.00

Check/Credit Memo No:

Voice: 662-562-7484  
Fax: 662-562-5184

# SALES ORDER PICKING LIST

Sales Order Number  
Sales Order Date: Jun 28, 2018  
Ship By: Jun 28, 2018  
Page: 1

<b>To:</b>
Panola Medical Center 711 902 Accounting 303 Medical Center Drive Batesville, MS 38606 United States

<b>Ship To:</b>
Panola Medical Center 711 902 Accounting 303 Medical Center Drive Batesville, MS 38606 United States

Customer ID	PO Number	Sales Rep Name
Customer Contact	Shipping Method	Payment Terms
	Best Way	Net 30 Days

Quantity	Item	Description	Shipped Prior	This Shipment
1.00	SER LABOR	Service Call Doors Down  <u>5 hr</u> <u>1 SC</u>		



226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484  
Fax: 662-562-5184

AR Alarm E 2013 0047  
TN Alarm 1549  
TN Qualified Agent 1537  
MS Contractor 11151-SC  
AR Contractor 0215130513  
TN Contractor 41504  
MS Alarm 15025476

# INVOICE

Invoice Number  
Invoice Date: Aug 7, 2018  
Page: 1

**Bill To:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

**Ship to:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	Customer PO	Payment Terms	
	Door System	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Best Way		9/6/18

Quantity	Item	Description	Unit Price	Amount
1.00	SER	Service Call	100.00	100.00
2.50	LABOR	Check Door System	75.00	187.50
1.00	C300100	Gallagher Controller 6000 Replaced Controller In Closet B. SN: 1737501005	1,050.00	1,050.00
Subtotal				1,337.50
Sales Tax				
Freight				
Total Invoice Amount				1,337.50
Payment/Credit Applied				
TOTAL				1,337.50

Check/Credit Memo No:

**Cyber Technology Security**226 E. Main Street Suite E  
Senatobia, MS 38668

Voice: 662-562-7484

Fax: 662-562-5184

**SALES ORDER**

Sales Order Number:

Sales Order Date: Aug 6, 2018

Ship By: Aug 6, 2018

Page: 1

**To:**Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States**Ship To:**Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	PO Number	Sales Rep Name
	Door System	
Customer Contact	Shipping Method	Payment Terms
	Best Way	Net 30 Days

Quantity	Item	Description	Unit Price	Amount
1.00	SER LABOR	Service Call Check Door System Jeff Wideman believes he has a controller board in closet to go out. The controller is not responding. Jeff had to unplug the controller to get the doors mags to unlock.  3:11pm - 5:31pm 2:20hr = 2.50hr  C300100  SN: 1737501005 Closet B.		
Subtotal				0.00
Sales Tax				
Freight				0.00
<b>TOTAL ORDER AMOUNT</b>				<b>0.00</b>

Timothy Cooper

Parola Medical

From: Hugh Brewer [hbrewer@ctspage.com]  
Sent: Monday, August 6, 2018 8:54 AM  
To: 'Timothy Cooper'  
Subject: FW: Door system

Sales order:

Hugh D. Brewer, Jr RCDD,NTS,RTPM  
Cyber Technology Security  
226-E Main St.  
Senatobia, MS 38668  
[www.ctspage.com](http://www.ctspage.com)  
Cell: 1-662-292-4625  
Office: 1-662-562-7484

-----Original Message-----

From: Jeff Wideman <[Jeff.Wideman@curaehealth.org](mailto:Jeff.Wideman@curaehealth.org)>  
Sent: Monday, August 6, 2018 8:44 AM  
To: [hbrewer@ctspage.com](mailto:hbrewer@ctspage.com)  
Subject: Door system

I had a controller board in my closet at to go out I think. The controller is not responding. I had to unplug the controller to get my doors mags to unlock.

Sent from my iPhone

CURAE HEALTH CONFIDENTIALITY STATEMENT: The documents accompanying this transmission may contain confidential and/or legally privileged health or other information. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



Voice: 662-562-7484  
Fax: 662-562-5184

# SALES ORDER PICKING LIST

Sales Order Number: 22  
Sales Order Date: Aug 6, 2018  
Ship By: Aug 6, 2018  
Page: 1

**To:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

**Ship To:**

Panola Medical Center  
711 902 Accounting  
303 Medical Center Drive  
Batesville, MS 38606  
United States

Customer ID	PO Number	Sales Rep Name
	Door System	
Customer Contact	Shipping Method	Payment Terms
	Best Way	Net 30 Days

Quantity	Item	Description	Shipped Prior	This Shipment
1.00	SER LABOR	Service Call Check Door System Jeff Wideman believes he has a controller board in closet to go out. The controller is not responding. Jeff had to unplug the controller to get the doors mags to unlock.  2.50hr  GRUS-		

# 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):**

*Creditor:* (6718046)  
CYBER TECHNOLOGY  
SECURITY  
226 E MAIN ST SUITE E  
SENATOBIA, MS 38668

**Claim No:** 256  
*Original Filed*  
*Date:* 01/25/2019  
*Original Entered*  
*Date:* 01/25/2019

*Status:*  
*Filed by:* CR  
*Entered by:* DAVID EDWARD  
DREXLER  
*Modified:*

Amount claimed: \$3102.54

*History:*

[Details](#) [256-1](#) 01/25/2019 Claim #256 filed by CYBER TECHNOLOGY SECURITY, Amount claimed: \$3102.54 (DREXLER, DAVID )

*Description:* (256-1) Technology services rendered

*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

<b>Total Amount Claimed*</b>	\$3102.54
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		