

FILED

FEB 05 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Fill in this information to identify the case:

Debtor Curae Health Inc.
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 3:18-bk-05665

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? Musculoskeletal Transplant Foundation
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Annemarie Graci</u> Name	_____ Name
<u>125 May Street</u> Number Street	_____ Number Street
<u>Edison NJ 08755</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>732-661-2208</u>	Contact phone _____
Contact email <u>Annemarie_Graci@mtf.org</u>	Contact email _____

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: 0 0 3 0

7. How much is the claim? \$ 1,138.70 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 the 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.
Tissue for transplantation

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 residence, 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: \$ _____ (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) _____ %
 Fixed
 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)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

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).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 02/04/2019
MM / DD / YYYY

[Signature]
Signature

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

Name Andrew Gracie
First name Middle name Last name

Title Mgr AP/AR

Company MTI

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

Address 125 May St
Number Street

Edison NJ 08857
City State ZIP code

Contact phone 202-661-2208 Email Andrew-Gracie@mti.org

125 May Street
Edison, New Jersey 08837
Phone: (800) 433-6576

INVOICE

INVOICE NO.	PAGE
181058324	1 of 1
INVOICE DATE	
05/29/18	

SOLD
TO Gilmore Memorial Regional Med Ctr
PO Box 459
Amory, MS 38821
United States

SHIP
TO Gilmore Memorial Reg Med Ctr
1105 Earl Frye Blve
Amory, MS 38821
United States

*** REMIT TO: MUSCULOSKELETAL TRANSPLANT FOUNDATION, P.O. BOX 415911, BOSTON, MA 02241 ***

ORDER NO.	ORDER DATE	CUSTOMER NO.	SLSMN	PURCHASE ORD NO	JOB NUMBER	SHIP VIA/ COL/PPD	TERMS
3570595	05/29/18	250030	575	00963	johnsoc	F01	30

QUANTITY ORDER / BO	QUANTITY SHIP / RETURN	ITEM NO / DESCRIPTION	UNIT PRICE	UOM DESC	NET PRICE
1.00 0.00	1.00	038010 DBX Putty, 1cc	153.8500	EA	153.85
	<u>Qty</u>	<u>Lot / Serial</u>	<u>Expire</u>	<u>Location</u>	
	1.00	035160535411300056	02/07/20	FG2US	

Remarks: 55843085 FAX PURCHASING 662 256 6218

TO RE-ORDER SYNTHES SPACERS OR DBX
PLEASE CALL SYNTHES CUSTOMER SERVICE
AT 1-800-522-9069

Sales Amount: 153.85
0.00% Admin Fee: 0.00

125 May Street
Edison, New Jersey 08837
Phone: (800) 433-6576

INVOICE

INVOICE NO.	PAGE
181088969	1 of 1
INVOICE DATE	
08/14/18	

SOLD
TO Gilmore Memorial Regional Med Ctr
PO Box 459
Amory, MS 38821
United States

SHIP
TO Gilmore Memorial Reg Med Ctr
1105 Earl Frye Blve
Amory, MS 38821
United States

*** REMIT TO: MUSCULOSKELETAL TRANSPLANT FOUNDATION, P.O. BOX 415911, BOSTON, MA 02241 ***

ORDER NO.	ORDER DATE	CUSTOMER NO.	SLSMN	PURCHASE ORD NO	JOB NUMBER	SHIP VIA/ COL/PPD	TERMS
3609415	08/14/18	250030	575	01856	smithk	F01	30

QUANTITY ORDER / BO	QUANTITY SHIP / RETURN	ITEM NO / DESCRIPTION	UNIT PRICE	UOM DESC	NET PRICE
1.00 0.00	1.00	058025 DBX Mix 2.5cc	665.0000	EA	665.00
	<u>Qty</u>	<u>Lot / Serial</u>	<u>Expire</u>	<u>Location</u>	
	1.00	004160596211300112	10/05/19	fgeu2	

Remarks: 56074207 FAX/PURCH 6622566218

TO RE-ORDER SYNTHES SPACERS OR DBX
PLEASE CALL SYNTHES CUSTOMER SERVICE
AT 1-800-522-9069

Sales Amount: 665.00
0.00% Admin Fee: 0.00
:
:
:
Sales Tax: 0.00
USD Total: 665.00

125 May Street
Edison, New Jersey 08837
Phone: (800) 433-6576

INVOICE

INVOICE NO.	PAGE
181021510	1 of 1
INVOICE DATE	
02/26/18	

SOLD
TO **NORTHWEST MISS REGIONAL MED**
HOSPITAL DRIVE
CLARKSDALE, MS 38614
United States

SHIP
TO **Northwest Mississippi Regional**
Medical Center
1970 Hospital Drive
CLARKSDALE, MS 38614
United States

*** REMIT TO: MUSCULOSKELETAL TRANSPLANT FOUNDATION, P.O. BOX 415911, BOSTON, MA 02241 ***

ORDER NO	ORDER DATE	CUSTOMER NO	SLSMN	PURCHASE ORD NO	JOB NUMBER	SHIP VIA/ COL/PPD	TERMS
3526316	02/26/18	250042	575	7496677094	smithk	F01	30

QUANTITY ORDER / BO	QUANTITY SHIP / RETURN	ITEM NO / DESCRIPTION	UNIT PRICE	UOM DESC	NET PRICE
1.00 0.00	1.00	038025 DBX Putty, 2.5cc	319.8500	EA	319.85
	<u>Qty</u>	<u>Lot / Serial</u>	<u>Expire</u>	<u>Location</u>	
	1.00	033160652811500024	10/15/19	Fg3	

Remarks: 55571497 FAX/YATASHA 6626243435
TO RE-ORDER SYNTHES SPACERS OR DBX
PLEASE CALL SYNTHES CUSTOMER SERVICE
AT 1-800-522-9069

Sales Amount: 319.85
0.00% Admin Fee: 0.00
:
:
:
Sales Tax: 0.00
USD Total: 319.85