

UNITED STATES BANKRUPTCY COURT <u> Middle </u> DISTRICT OF <u> Tennessee </u>		PROOF OF CLAIM
Name of Debtor <u> Curae Health </u>		Case Number <u> 18-05665 </u>
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		<p>FILED</p> <p>2019 APR -2 AM 6:40</p> <p style="font-size: small;">BANKRUPTCY COURT MIDDLE DISTRICT OF TN</p>
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u> AngioDynamics, Inc </u> <p style="text-align: center;">AngioDynamics, Inc</p>		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: <p style="text-align: center;">14 Plaza Drive Latham, NY 12110</p>		
Telephone number: <u> 518 795 1393 </u>		
Account or other number by which creditor identifies debtor: <p style="text-align: center;">3566</p>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. Basis for Claim		
<input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
2. Date debt was incurred: <u> Jul 2017 - Jun 2018 </u>		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: \$ <u> 1315.30 </u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u> 03/27/19 </u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u> MILES DONWELL MGR, AR & AP </u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		



Remit to address:
 Angiodynamics, Inc
 Key Bank,
 Brooklyn, OH United States
 Account number USD: 329 681 020 627
 ABA/Routing 021300077
 BIC KEYBUS33

Statement Date: 20-MAR-19

Lockbox Address:
 Angiodynamics
 PO Box 1549
 Albany, NY 12201-1549

Statement Address:
 Northwest Mississippi Regional Med Ctr : 2275
 Attn: Accounts Payable
 P.O. Box 1218
 Clarksdale MS 38614
 United States

Customer Num : 3566

Dear Customer:

According to our records, your account with us contains the following balances as of the statement date

Invoice Number	Purchase Order Number	Transaction Type	Invoice Date	Due Date	Transaction Amount	Amount Due
20072234	808-6443641	Invoice	03-JUL-17	02-AUG-17	318.33	318.33
20289805	749-6688155	Invoice	13-MAR-18	12-APR-18	650.45	650.45
20380654	749-6755525	Invoice	21-JUN-18	21-JUL-18	650.45	650.45

Balance Due		USD	1,619.23
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Current	1-30 Days	31-60 Days	61-90 Days	Over 90 Days
0.00	0.00	0.00	0.00	1,619.23

If there are any discrepancies in the amounts shown above, please contact us to ensure timely resolution.

Thank you,
 Angiodynamics AR Team
 Email: invoiceinquiry@angiodynamics.com
 Phone: 800.772.6446, Fax: 518.742.4465

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: (6717809)
 ANGIODYNAMICS
 14 PLAZA DRIVE
 LATHAM, NY 12110

Claim No: 269
Original Filed Date: 04/02/2019
Original Entered Date: 04/02/2019

Status:
 Filed by
 Entered
 Modified

Amount claimed: \$1315.30

History:

[Details](#) [269-1](#) 04/02/2019 Claim #269 filed by ANGIODYNAMICS, Amount claimed: \$1315.30 (Intake3)

Description: (269-1) Goods sold

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*	\$1315.30
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		