

**Fill in this information to identify the case:**

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

FILED  
U.S. Bankruptcy Court  
MIDDLE DISTRICT OF TENNESSEE  
4/11/2019  
TERESA C. AZAN, Acting Clerk

**Official Form 410  
Proof of Claim**

04/19

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.

<b>Part 1: Identify the Claim</b>																					
<b>1. Who is the current creditor?</b>	<u>222 Merchandise Mart Plaza</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>MSDSonline, Inc</u>																				
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____																				
<b>3. Where should notices and payments to the creditor be sent?</b>	<table border="0"> <tr> <td style="background-color: #cccccc;"><b>Where should notices to the creditor be sent?</b></td> <td style="background-color: #cccccc;"><b>Where should payments to the creditor be sent? (if different)</b></td> </tr> <tr> <td><u>222 Merchandise Mart Plaza</u></td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td><u>1750</u></td> <td></td> </tr> <tr> <td><u>222 Merchandise Mart Plaza, 1750</u></td> <td></td> </tr> <tr> <td><u>Chicago, IL 60654</u></td> <td></td> </tr> <tr> <td>Contact phone <u>3128812876</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>Billing@ehs.com</u></td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>	<u>222 Merchandise Mart Plaza</u>	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	<u>1750</u>		<u>222 Merchandise Mart Plaza, 1750</u>		<u>Chicago, IL 60654</u>		Contact phone <u>3128812876</u>	Contact phone _____	Contact email <u>Billing@ehs.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>																				
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>2749.00</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></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>Safety system</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <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>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</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><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <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:	<b>Amount entitled to priority</b>
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 \$3,025* 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 \$13,650*) 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 4/1/22 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 4/11/2019  
MM / DD / YYYY

/s/ Doug States

Signature

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

Name Doug States

First name Middle name Last name

Title CFO

Company MSDOnline, Inc

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

Address 222 Merchandise Mart Plaza

Number Street

Chicago, IL 60654

City State ZIP Code

Contact phone 3128812876 Email Billing@ehs.com

**VelocityEHS | MSDSonline**  
 222 Merchandise Mart Plaza, Suite 1750  
 Chicago, IL 60654  
 Tel. # 312-881-2876  
 Federal Tax ID: 04-3626476



**Invoice To:**

Gilmore Memorial Hospital  
 Cindy Simpson  
 1105 Earl Frye Blvd  
 Armory, MS 38821  
 United States

**INVOICE**

DATE	INVOICE #
03/12/2019	196745

PAYMENT TERMS	DUE DATE	REFERENCE	CUSTOMER ID
Due on Subscription Start	05/12/2019		4132471

PRODUCT	SUBSCRIPTION DATES	AMOUNT
MSDSonline HQ Account - Renewal	05/12/2019 - 05/11/2020	\$2,749.00
<b>SUBTOTAL</b>		<b>USD \$2,749.00</b>
<b>TAX TOTAL</b>		<b>USD \$0.00</b>
<b>TOTAL</b>		<b>USD \$2,749.00</b>

REMITTANCE INFORMATION		
<p><b>ACH / EFT (Domestic):</b>            JPMorgan Chase Bank, N.A.            10 S. Dearborn St. Chicago, IL 60603            Account #: 511179991            Routing #: 071000013            Account Name: MSDSonline Inc. DBA VelocityEHS            Please send remittance advice to billing@ehs.com</p>	<p><b>Wire Transfer (International):</b>            JPMorgan Chase Bank, N.A.            10 S. Dearborn St. Chicago, IL 60603            Account #: 511179991            Routing #: 021000021            Account Name: MSDSonline Inc. DBA VelocityEHS            SWIFT Code: CHASUS33</p>	<p><b>Check Remit To our Lockbox:</b>            MSDSonline DBA VelocityEHS            27185 Network Place            Chicago, IL 60673            USA</p>



## Customer Order Form

222 Merchandise Mart Plaza, Suite 1750  
Chicago, IL 60654  
Ph: 312.881.2000  
Fax: 866.320.1021  
Tax ID #: 04-3626476

**Contract Number:** 070996  
**Contract Date:** 4/28/2017  
**Sales Rep:** Elizabeth Horvath  
**Offer Valid Through:** 5/28/2017

### Customer Information

**Bill to:**  
**Customer:** Gilmore Memorial Hospital  
**Attn:** Kyle Reeves  
**Address:** 1105 Earl Frye Blvd  
Amory, MS 38821

**Ship to:**  
**Customer:** Gilmore Memorial Hospital  
**Attn:** Kyle Reeves  
**Address:** 1105 Earl Frye Blvd  
Amory, MS 38821

### Terms and Conditions

**Related Contract:** Not Applicable  
**Contract Start Date:** Fourteen (14) calendar days after execution  
**Contract End Date:** Determined upon execution  
**Term:** 3 Years  
**Coverage:** 1 Location(s)

**PO Number:**  
**Payment Terms:** Net 30  
**Billing Frequency:** Annually  
**Initial Invoice Due:** 30 Days from Execution

MSDS Management	Qty	Year 1	Year 2	Year 3
HQ Account	1	\$2,749.00	\$2,749.00	\$2,749.00
Management Licenses - HQ	2	\$0.00	\$0.00	\$0.00
<b>Total:</b>		<b>\$2,749.00</b>	<b>\$2,749.00</b>	<b>\$2,749.00</b>

  

Services	Qty	Year 1	Year 2	Year 3
Implementation Services	1	\$0.00		

This Customer Order is governed by the terms and conditions of the MSDSonline Master Subscription Agreement, as posted on www.MSDSonline.com. By signing below, Customer agrees to be bound by such terms and conditions. MSDSonline may deem this Customer Order null and void if executed agreement is not received by MSDSonline by the "Offer Valid Through" date listed above, or if the document is returned with handwritten changes.

#### Gilmore Memorial Hospital

Signature: J. Allen Tyra  
Name: J. Allen Tyra  
Title: CEO  
Date: 4/28/17

#### MSDSonline

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Base subscription pricing includes:**

- 1 annual HQ subscription(s) for the Customer and its employees included within the Coverage of this agreement
- A Primary Account Administrator and 1 Additional Administrator(s). Additional Administrators may be purchased for \$100 USD per Administrator.
- Unlimited MSDS database searches, views and additions to the eBinder.
- Annual allotment of 50 MSDS Requests and 100 MSDS Uploads. Additional MSDS Requests may be purchased in bundles of fifty (50) for \$200 USD; additional MSDS Uploads may be purchased in bundles of (100) for \$200 USD.
- Implementation Services and Customer/Technical Support.

**Implementation Service:** MSDSonline will provide implementation assistance that includes the following:

- An assigned contact who will escort you through the implementation process.
- Assistance with the configuration of the system in a manner most suitable to your environment.
- Training (phone or Web conference) to any named system administrator (Primary or Additional).
- Help facilitating the deployment of your system across your organization.
- Unlimited access to the Customer Care and Technical Support resources to answer any questions you may have (between the hours of 7am and 7pm CST).

Unless otherwise noted, all fees are in USD, and Year One (1) fees become due within 30 calendar days of the execution of this Customer Order Form. The Base Subscription period will commence on the Contract Start Date, as noted on page one (1) of this agreement; the Contract Start Date will become the subscription "anniversary date". Subsequent yearly fees will be invoiced between 45 and 60 days before each anniversary date, with payments due prior to each anniversary date. Customer may at its discretion pre-pay the full term of the agreement. Sales tax associated to this Order will appear on the invoice, where applicable.

# 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):**

<p><i>Creditor:</i>        (6886438)          222 Merchandise Mart Plaza          1750          222 Merchandise Mart Plaza,          1750          Chicago, IL 60654</p> <p>Amount claimed: \$2749.00</p>	<p><b>Claim No: 271</b></p> <p><i>Original Filed</i>  <i>Date:</i> 04/11/2019</p> <p><i>Original Entered</i>  <i>Date:</i> 04/11/2019</p>	<p><i>Status:</i></p> <p><i>Filed by:</i> CR</p> <p><i>Entered by:</i> admin</p> <p><i>Modified:</i></p>
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*History:*

[Details](#)    [271-1](#)    04/11/2019 Claim #271 filed by 222 Merchandise Mart Plaza, Amount claimed: \$2749.00 (admin)

*Description:*

*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>	\$2749.00
<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>		