

Fill in this information to identify the case:

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

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 11/13/2019
 TERESA C. AZAN, 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.

Part 1: Identify the Claim															
1. Who is the current creditor?	Shred-It USA LLC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>GILMORE MEMORIAL REGL MED CTR</u>														
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____														
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td><u>Shred-It USA LLC</u></td> <td><u>28883 Network Place</u></td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td><u>7734 S 133RD Street</u> <u>Omaha, NE 68138</u></td> <td><u>Chicago, IL 60673-1288</u></td> </tr> <tr> <td>Contact phone <u>888-647-8843</u></td> <td>Contact phone <u>888-647-8843</u></td> </tr> <tr> <td>Contact email <u>kristina.bahns@stericycle.com</u></td> <td>Contact email <u>kristina.bahns@stericycle.com</u></td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	<u>Shred-It USA LLC</u>	<u>28883 Network Place</u>	Name	Name	<u>7734 S 133RD Street</u> <u>Omaha, NE 68138</u>	<u>Chicago, IL 60673-1288</u>	Contact phone <u>888-647-8843</u>	Contact phone <u>888-647-8843</u>	Contact email <u>kristina.bahns@stericycle.com</u>	Contact email <u>kristina.bahns@stericycle.com</u>	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)													
<u>Shred-It USA LLC</u>	<u>28883 Network Place</u>														
Name	Name														
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Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____															
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3633</u>
7. How much is the claim?	\$ <u>9626.75</u> Does this amount include interest or other charges? <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).
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 healthcare information. <u>shredding services</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 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 11/13/2019
MM / DD / YYYY

/s/ Kristina Bahns

Signature

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

Name	<u>Kristina Bahns</u>
	First name Middle name Last name
Title	<u>Senior Collector</u>
Company	<u>Shred It</u>
Address	Identify the corporate servicer as the company if the authorized agent is a servicer
	<u>7734 S 133rd St</u>
	Number Street
	<u>Omaha, NE 68138</u>
	City State ZIP Code
Contact phone	<u>888-647-8843</u>
	Email <u>kristina.bahns@stericycle.com</u>



Shred-it USA
7734 S 133rd Street
Omaha NE 68138

Account Statement

Account #: 13823633
Statement Date: 11/13/2019
Billing Currency: USD
Payment Terms: Net due in 30 days

GILMORE MEMORIAL REGL MED CTR
PO Box 459
Amory MS 38821-0459

Can we help you?

1-800-69-SHRED
shreditcare@stericycle.com

CURRENT	OVERDUE 1-30	OVERDUE 31-60	OVERDUE 61-90	OVERDUE 91+	ACCT BALANCE
\$999.25	\$1,006.00	\$1,257.50	\$1,006.00	\$4,335.00	\$8,603.75

Invoice #	Ref. Doc. #	Assignment	Billing Date	Days Overdue	Amount
9419070687	8123863141	8036929729	31.12.2017	206	251.50
9419183048	8123863141	8037140859	31.12.2017	206	251.50
9419283952	8123863141	8037307141	31.12.2017	206	251.50
9419366563	8123863141	8037453279	31.12.2017	206	251.50
9419479837	8124061226	8037570855	31.01.2018	175	251.50
9419649543	8124061226	8037692647	31.01.2018	175	251.50
9419805102	8124061226	8037857104	31.01.2018	175	251.50
9419917083	8124061226	8037970451	31.01.2018	175	251.50
9420056321	8124061226	8038179369	31.01.2018	175	251.50
9420195381	8124267757	8038378592	28.02.2018	147	251.50
9420448959	8124267757	8038559042	28.02.2018	147	285.50
9420476408	8124267757	8038712679	28.02.2018	147	251.50
9420610205	8124267757	8039006526	28.02.2018	147	277.00
9420762509	8124468030	8039193163	31.03.2018	116	251.50
9420914520	8124468030	8039395239	31.03.2018	116	251.50
9421057159	8124468030	8039562194	31.03.2018	116	251.50
9421196747	8124468030	8039650159	31.03.2018	116	251.50
9421342080	8124674312	8039791705	30.04.2018	86	251.50
9421478658	8124674312	8039960046	30.04.2018	86	251.50
9421648204	8124674312	8040150362	30.04.2018	86	251.50
9421755015	8124674312	8040329780	30.04.2018	86	251.50
9421909375	8124880021	8040508862	31.05.2018	55	251.50
9422049427	8124880021	8040709123	31.05.2018	55	251.50
9422193117	8124880021	8040916884	31.05.2018	55	251.50
9422331497	8124880021	8041080055	31.05.2018	55	251.50

Please Remit To: SHRED-IT USA
2883 NETWORK PLACE
CHICAGO IL 60673-1288



Shred-it USA
 7734 S 133rd Street
 Omaha NE 68138

Account Statement

Account #: 13823633
Statement Date: 11/13/2019
Billing Currency: USD
Payment Terms: Net due in 30 days

GILMORE MEMORIAL REGL MED CTR
 PO Box 459
 Amory MS 38821-0459

Can we help you?

1-800-69-SHRED
shreditcare@stericycle.com

Invoice #	Ref. Doc. #	Assignment	Billing Date	Days Overdue	Amount
9422460330	8124880021	8041276692	31.05.2018	55	251.50
9422621431	8125088277	8041420930	30.06.2018	25	251.50
9422771619	8125088277	8041557762	30.06.2018	25	251.50
9422894724	8125088277	8041721020	30.06.2018	25	251.50
9423054807	8125088277	8041953066	30.06.2018	25	251.50
9423206283	8125290431	8042173468	31.07.2018	0	251.50
9423325104	8125290431	8042291827	31.07.2018	0	251.50
9423596128	8125290431	8042366378	31.07.2018	0	244.75
9423654610	8125290431	8042381668	31.07.2018	0	251.50
9423807512	8125497598	8042796738	31.08.2018	0	251.50
9423949865	8125497598	8043019011	31.08.2018	0	268.50
9424147374	8125497598	8043261175	31.08.2018	0	251.50
9424244781	8125497598	8043429608	31.08.2018	0	251.50

Balance as of 08/24/2018

9,626.75

Overdue Items as of 08/24/2018

7,604.50

**If you have already sent your payment please disregard this friendly reminder
 and thank you for choosing Shred-it**

Please Remit To: SHRED-IT USA
 28883 NETWORK PLACE
 CHICAGO IL 60673-1288

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: Steven D Sass LLC as Debtor Representative and Liquidating Trustee

Last Date to file (Govt):

Creditor: (7041624)
Shred-It USA LLC
7734 S 133RD Street
Omaha, NE 68138

Claim No: 280
Original Filed
Date: 11/13/2019
Original Entered
Date: 11/13/2019

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$9626.75

History:

[Details](#) [280-1](#) 11/13/2019 Claim #280 filed by Shred-It USA LLC, Amount claimed: \$9626.75 (admin)

Description:

Remarks: (280-1) Account Number (last 4 digits):3633

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*	\$9626.75
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		