

Fill in this information to identify the case:

Debtor 1 <u>Curae Health Inc.</u>
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
2/18/2020
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?	<u>Tab Products Co. LLC</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>GBS Filing Solutions</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?	<table border="0"> <tr> <td style="background-color: #cccccc;">Where should notices to the creditor be sent?</td> <td style="background-color: #cccccc;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td><u>Tab Products Co. LLC</u></td> <td><u>24923 Network Place</u></td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td></td> </tr> <tr> <td>Name <u>605 4th Street Mayville, WI 53050</u></td> <td>Name <u>Chicago, IL 60673-1249</u></td> </tr> <tr> <td>Contact phone <u>920-387-1995</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>bberens@tab.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>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	<u>Tab Products Co. LLC</u>	<u>24923 Network Place</u>	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		Name <u>605 4th Street Mayville, WI 53050</u>	Name <u>Chicago, IL 60673-1249</u>	Contact phone <u>920-387-1995</u>	Contact phone _____	Contact email <u>bberens@tab.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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Contact email <u>bberens@tab.com</u>	Contact email _____														
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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9260</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>800.07</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</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><u>Goods sold</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><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>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</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>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><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:	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 2/18/2020
MM / DD / YYYY

/s/ Brendan Berens

Signature

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

Name Brendan Berens

First name Middle name Last name

Title Accounts Receivable

Company Tab Products Co. LLC

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

Address 605 4th Street

Number Street

Mayville, WI 53050

City State ZIP Code

Contact phone 9203811995 Email bberens@tab.com



AMERICA'S PRODUCTIVITY PARTNER

INVOICE

Invoice Date	Cust. Number	B/P	Invoice Number	Page
06/04/19	3729260	421	2434855	1

TAB PRODUCTS CO. LLC

Phone: 800-873-4427 Fax: 800-444-9427

REPRINT

SOLD TO:

NORTHWEST MISS REGIONAL MED CTR
 1970 HOSPITAL DRIVE
 CLARKSDALE MS 38614

SHIP TO:

NORTHWEST MISS REGIONAL MED CTR
 EARNESTINE WILLIAMS
 1970 HOSPITAL DRIVE
 CLARKSDALE MS 38614

Ship Date	Salesperson	Purchase Order Number	Shipped Via		
06/04/19	00140100	EMAIL 41919	UPS GROUND		
Line No.	Model Number / Description	Quantity	Unit Price	Unit	Ext. Price
2.000	GBS1179-03 25PT TYPE II PEARL GRN 2" LTR 1/3RD CUT POS 1 2B POS 5 PRTD	S 200	3.2700	EA	654.00
3.000	9999-27 PLATE CHARGE	S 1	50.0000	EA	50.00
6.000	2p 511b Pr#1Z5812010321201803 Frt Info	S	.0000		
	Shipping and Handling				43.73
			Sales Tax		52.34

Shipments are **FOB SHIP POINT** unless otherwise indicated above

PLEASE REMIT PAYMENT TO: GBS
 24923 Network Place
 Chicago, IL 60673-1249

Order Number
7193271 SO

Balance Due
800.07

Please show the invoice number on your check.

PAYMENT TERMS: Net 30 Days

www.tabxprs.com

Case 3:18-bk-05665 Claim 281-1 Part 2 Filed 02/18/20 Desc Attachment 1 Page 1

Call (888) 466-8228 (option 4 at prompt) or email arremitance@tab.com

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: (7101659)
Tab Products Co. LLC
605 4th Street
Mayville, WI 53050

Claim No: 281
Original Filed
Date: 02/18/2020
Original Entered
Date: 02/18/2020

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

Amount claimed: \$800.07

History:

[Details](#) [281](#)- 02/18/2020 Claim #281 filed by Tab Products Co. LLC, Amount claimed: \$800.07 (admin)
[1](#)

Description:

Remarks: (281-1) Account Number (last 4 digits):9260

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*	\$800.07
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		