

**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  
 5/15/2020  
 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.

<b>Part 1: Identify the Claim</b>																					
<b>1. Who is the current creditor?</b>	<u>Vital Care Industries, Inc</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____																				
<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>Vital Care Industries, Inc</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>7650 West 185th Street, Suite C Tinley Park, IL 60477</u></td> <td><u>7650 West 185th Street, Suite C Tinley Park, IL 60477</u></td> </tr> <tr> <td>Contact phone</td> <td>Contact phone</td> </tr> <tr> <td><u>708-342-2680x234</u></td> <td>_____</td> </tr> <tr> <td>Contact email</td> <td>Contact email</td> </tr> <tr> <td><u>Ljohnson@vitalcareindustries.com</u></td> <td>_____</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>Vital Care Industries, Inc</u>	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	<u>7650 West 185th Street, Suite C Tinley Park, IL 60477</u>	<u>7650 West 185th Street, Suite C Tinley Park, IL 60477</u>	Contact phone	Contact phone	<u>708-342-2680x234</u>	_____	Contact email	Contact email	<u>Ljohnson@vitalcareindustries.com</u>	_____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>																				
<u>Vital Care Industries, Inc</u>	_____																				
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Contact email	Contact email																				
<u>Ljohnson@vitalcareindustries.com</u>	_____																				
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____																					
<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 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>8386</u></p>	
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>1829.81</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>Goods Sold</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 5/15/2020  
MM / DD / YYYY

/s/ LeNita Johnson

Signature

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

Name	<u>LeNita Johnson</u>		
	First name	Middle name	Last name
Title	<u>Chief Operating Officer</u>		
Company	<u>Vital Care Industries, Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>7650 West 185th Street, Suite C</u>		
	Number	Street	
	<u>Tinley Park, IL 60477</u>		
Contact phone	City	State	ZIP Code
	<u>708-342-2680</u>		
	Email	<u>Ljohnson@Vitalcareindustries.com</u>	



# Invoice

Vital Care Industries, Inc.  
 7650 West 185th Street  
 Suite C  
 Tinley Park, IL 60477  
 (708) 342-2680

**Invoice Number:** 9380183-IN  
**Invoice Date:** 3/7/2018  
**Order Number:** 1121013  
**Order Date:** 3/7/2018

**Customer Number:** 31.108.386

**Bill To:**  
 NORTHWEST MISSISSIPPI REG MED  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

**Ship To:**  
 NORTHWEST MISSISSIPPI REG MED  
 RECEIVING  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

Customer P.O. 749-6684052		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
1	PP10420S Lot Number:	Stlztm Tubing, HS 6"x100 ft., 171002 SG: Shipped on: 03/07/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Third	CA	1 1	0	44.55	44.55

Net Invoice: 44.55  
 Freight: 0.00  
 Sales Tax: 0.00  
**Invoice Total:** 44.55

If paid by 3/17/2018 then deduct a 2% timely pay discount of 0.89

**Invoice**

Vital Care Industries, Inc.  
7650 West 185th Street  
Suite C  
Tinley Park, IL 60477  
(708) 342-2680

**Invoice Number:** 9380843-IN

**Invoice Date:** 3/14/2018

**Order Number:** 1121470

**Order Date:** 3/12/2018

**Customer Number:** 31.108.386

**Bill To:**

NORTHWEST MISSISSIPPI REG MED  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

**Ship To:**

NORTHWEST MISSISSIPPI REG MED  
RECEIVING  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer P.O. 749-6688220		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
2	VPS-118118BULKNS Lot Number:	Probe Cover, Vaginal, Rectal L SJ18-07 SG: Shipped on: 03/14/2018 Service: FedEx Ground Number of Packages: 2 Billing Option: Third	CA	2 2	0	166.65	333.30

Net Invoice: 333.30

Freight: 0.00

Sales Tax: 0.00

**Invoice Total:** 333.30

If paid by 3/24/2018 then deduct a 2% timely pay discount of 6.67

**Invoice**

Vital Care Industries, Inc.  
7650 West 185th Street  
Suite C  
Tinley Park, IL 60477  
(708) 342-2680

**Invoice Number:** 9384776-IN

**Invoice Date:** 4/18/2018

**Order Number:** 1125051

**Order Date:** 4/18/2018

**Customer Number:** 31.108.386

**Bill To:**

NORTHWEST MISSISSIPPI REG MED  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

**Ship To:**

NORTHWEST MISSISSIPPI REG MED  
RECEIVING  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer P.O. 749-6715470		Ship VIA FEDEX GROUND	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
2	VPS-118118BULKNS Lot Number:	Probe Cover, Vaginal, Rectal L SJ18-07	CA	2 2	0	166.65	333.30

Net Invoice: 333.30

Freight: 0.00

Sales Tax: 0.00

**Invoice Total:** 333.30

if paid by 4/28/2018 then deduct a 2% timely pay discount of 6.67

# Invoice

Vital Care Industries, Inc.  
 7650 West 185th Street  
 Suite C  
 Tinley Park, IL 60477  
 (708) 342-2680

**Invoice Number:** 9386973-IN  
**Invoice Date:** 5/8/2018  
**Order Number:** 1126771  
**Order Date:** 5/8/2018

**Customer Number:** 31.108.386

**Bill To:**

NORTHWEST MISSISSIPPI REG MED  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

**Ship To:**

NORTHWEST MISSISSIPPI REG MED  
 RECEIVING  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

Customer P.O. 749-6728103		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
1	PP10222	Stlztzn Pouch, HS, 5.25"x 10", 171004	CA	1	0	44.10	44.10
1	PP10245	Stlztzn Pouch, HS 7.5"x13", 100 171129	CA	1	0	67.49	67.49
		SG: Shipped on: 05/08/2018 Service: FedEx Ground Number of Packages: 2 Billing Option: Third					

Net Invoice: 111.59

Freight: 0.00

Sales Tax: 0.00

**Invoice Total:** 111.59

If paid by 5/18/2018 then deduct a 2% timely pay discount of 2.23



**Invoice**

Vital Care Industries, Inc.  
7650 West 185th Street  
Suite C  
Tinley Park, IL 60477  
(708) 342-2680

**Invoice Number:** 9388293-IN

**Invoice Date:** 5/18/2018

**Order Number:** 1125551

**Order Date:** 4/24/2018

**Customer Number:** 31.108.386

**Bill To:**

NORTHWEST MISSISSIPPI REG MED  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

**Ship To:**

NORTHWEST MISSISSIPPI REG MED  
RECEIVING  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer P.O. 749-6719059		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
1	PP10422S Lot Number:	Stlztm Tubing, HS 8"x100 ft., 180313 SG: Shipped on: 05/18/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Third	CA	1 1	0	30.83	30.83

Net Invoice: 30.83

Freight: 0.00

Sales Tax: 0.00

**Invoice Total:** 30.83

If paid by 5/28/2018 then deduct a 2% timely pay discount of 0.62

# Invoice

Vital Care Industries, Inc.  
 7650 West 185th Street  
 Suite C  
 Tinley Park, IL 60477  
 (708) 342-2680

**Invoice Number:** 9390760-IN  
**Invoice Date:** 6/7/2018  
**Order Number:** 1129793  
**Order Date:** 6/7/2018

**Customer Number:** 31.108.386

**Bill To:**  
 NORTHWEST MISSISSIPPI REG MED  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

**Ship To:**  
 NORTHWEST MISSISSIPPI REG MED  
 RECEIVING  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

Customer P.O. 749-6748593		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
2	VPS-118118BULKNS Lot Number:	Probe Cover, Vaginal, Rectal L SJ18-07 SG: Shipped on: 6/7/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Third Pa	CA	2 2	0	166.65	333.30

Net Invoice: 333.30

Freight: 0.00

Sales Tax: 0.00

**Invoice Total:** 333.30

If paid by 6/17/2018 then deduct a 2% timely pay discount of 6.67

**Invoice**

Vital Care Industries, Inc.  
7650 West 185th Street  
Suite C  
Tinley Park, IL 60477  
(708) 342-2680

**Invoice Number:** 9396303-IN  
**Invoice Date:** 7/23/2018  
**Order Number:** 1133879  
**Order Date:** 7/23/2018

**Customer Number:** 31.108.386

**Bill To:**

NORTHWEST MISSISSIPPI REG MED  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

**Ship To:**

NORTHWEST MISSISSIPPI REG MED  
RECEIVING  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer P.O. 749-6773106		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
2	VPS-118118NS Lot Number:	Probe Cover, Vaginal, Rectal L SJ18-07 SG: Shipped on: 07/23/2018 Service: FedEx Ground Number of Packages: 2 Billing Option: Third	CA	2 2	0	123.85	247.70

Net Invoice: 247.70

Freight: 0.00

Sales Tax: 0.00

**Invoice Total:** 247.70

If paid by 8/2/2018 then deduct a 2% timely pay discount of 4.95

Vital Care Industries, Inc.  
 7650 West 185th Street  
 Suite C  
 Tinley Park, IL 60477  
 (708) 342-2680

# Invoice

**Invoice Number:** 9399587-IN  
**Invoice Date:** 8/20/2018  
**Order Number:** 1136528  
**Order Date:** 8/20/2018

**Customer Number:** 31.108.386

**Bill To:**  
 NORTHWEST MISSISSIPPI REG MED  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

**Ship To:**  
 NORTHWEST MISSISSIPPI REG MED  
 RECEIVING  
 1970 HOSPITAL DRIVE  
 CLARKSDALE, MS 38614

Customer P.O. 749-6789338		Ship VIA 3RD PARTY	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
1	VPC0524 Lot Number:	Probe Cvr Gen Purp 5"x24", 20 V320518 SG: Shipped on: 08/20/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Third	CA	1 1	0	78.26	78.26

Net Invoice: 78.26  
 Freight: 0.00  
 Sales Tax: 0.00  
**Invoice Total:** 78.26  
 If paid by 8/30/2018 then deduct a 2% timely pay discount of 1.57

# MIDDLE DISTRICT OF TENNESSEE Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

**Judge:** Charles M Walker

**Office:** Nashville

**Trustee:** Steven D Sass LLC as Debtor Representative and Liquidating Trustee

<i>Creditor:</i> (7151747) Vital Care Industries, Inc 7650 West 185th Street, Suite C Tinley Park, IL 60477	<b>Claim No: 283</b> <i>Original Filed</i> <i>Date:</i> 05/15/2020 <i>Original Entered</i> <i>Date:</i> 05/15/2020	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> admin <i>Modified:</i>
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**Chapter:** 11

**Last Date to file claims:**

**Last Date to file (Govt):**

Amount claimed: \$1829.81

*History:*

[Details](#) [283-1](#) 05/15/2020 Claim #283 filed by Vital Care Industries, Inc, Amount claimed: \$1829.81 (admin)

*Description:*

*Remarks:* (283-1) Account Number (last 4 digits):8386

## 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>	\$1829.81
<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>		