

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
 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.

Part 1: Identify the Claim

1. Who is the current creditor?	Vital Care Industries, Inc _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
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)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Vital Care Industries, Inc _____	_____
	Name	Name
	7650 West 185th Street, Suite C Tinley Park, IL 60477	
	Contact phone 708-342-2680x234	Contact phone _____
Contact email Ljohnson@Vitalcareindustries.com	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 <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2388</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>320.07</u></p> <p>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).</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 <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>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: _____</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 <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <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 <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. <i>Check all that apply.</i>	Amount entitled to priority
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<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>708-342-2680x234</u>	Email	<u>Ljohnson@Vitalcareindustries.com</u>

Accounts Receivable Aged Invoice Report

Sorted by Customer Number

All Open Invoices - Aged as of 5/15/2020

Vital Care Industries, Inc. (VCI)

Customer/ Invoice Date	Invoice Number	Due Dates		Discount Amount	Balance	Current	30 Days	60 Days	90 Days	120 Days	Days Delq
		Invoice	Discount								
31.112.388			Contact:			Phone: 662-256-6226			Credit Limit:		0.00
GILMORE MEMORIAL REGIONAL MEDI											
5/16/2018	9387862-IN	6/15/2018	5/26/2018	0.00	141.91	0.00	0.00	0.00	0.00	141.91	700
5/18/2018	9388122-IN	6/17/2018	5/28/2018	1.87	101.01	0.00	0.00	0.00	0.00	101.01	698
7/16/2018	9395170-IN	8/15/2018	7/26/2018	0.00	77.15	0.00	0.00	0.00	0.00	77.15	639
*** On Credit Hold ***											
Customer 31.112.388 Totals:				1.87	320.07	0.00	0.00	0.00	0.00	320.07	
Report Totals:				1.87	320.07	0.00	0.00	0.00	0.00	320.07	
Number of Customers:				1							

Invoice

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

Invoice Number: 9387862-IN
Invoice Date: 5/16/2018
Order Number: 1127613
Order Date: 5/15/2018

Customer Number: 31.112.388

Bill To:
 GILMORE MEMORIAL REGIONAL MEDI
 1105 EARL FRYE BLVD.
 AMORY, MS 38821

Ship To:
 GILMORE MEMORIAL REGIONAL MEDI
 RECEIVING
 1105 EARL FRYE BLVD.
 AMORY, MS 38821

Customer P.O. 00828		Ship VIA FEDEX GROUND	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
1	PP10528 Lot Number:	Stlzn Pouch, SS 10.5"x28", 60 151152 SG: Shipped on: 05/16/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Sender	CA	1 1	0	149.20	149.20

Net Invoice: 149.20
 Freight: 11.77
 Sales Tax: 0.00
Invoice Total: 160.97

If paid by 5/26/2018 then deduct a 2% timely pay discount of 2.98

Invoice

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

Invoice Number: 9388122-IN
Invoice Date: 5/18/2018
Order Number: 1127907
Order Date: 5/18/2018

Customer Number: 31.112.388

Bill To:
 GILMORE MEMORIAL REGIONAL MEDI
 1105 EARL FRYE BLVD.
 AMORY, MS 38821

Ship To:
 GILMORE MEMORIAL REGIONAL MEDI
 RECEIVING
 1105 EARL FRYE BLVD.
 AMORY, MS 38821

Customer P.O. 00855		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	PP10525Z Lot Number:	Stlztn Pouch, SS 5.25"x10", 20 171216	BX	2	0	11.29	22.58
2	PP10520Z Lot Number:	Stlztn Pouch, SS 3.5"x9", 200 170915	BX	2	0	9.37	18.74
1	PP10660Z Lot Number:	Pouch, Ty, SS Low Temp 7.5"x13 170628 SG: Shipped on: 05/18/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Sender	BX	1	0	52.02	52.02

Net Invoice: 93.34

Freight: 7.67

Sales Tax: 0.00

Invoice Total: 101.01

If paid by 5/28/2018 then deduct a 2% timely pay discount of 1.87

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

Invoice

Invoice Number: 9395170-IN
Invoice Date: 7/16/2018
Order Number: 1133279
Order Date: 7/16/2018

Customer Number: 31.112.388

Bill To:

GILMORE MEMORIAL REGIONAL MEDI
 1105 EARL FRYE BLVD.
 AMORY, MS 38821

Ship To:

GILMORE MEMORIAL REGIONAL MEDI
 RECEIVING
 1105 EARL FRYE BLVD.
 AMORY, MS 38821

Customer P.O. 01520		Ship VIA FEDEX GROUND	3rd Party Freight			Terms 2% 10, Net 30 Days	
Ordered	Item Code	Item Description	UOM	Shipped	B/O	Price	Amount
1	PP10555Z Lot Number:	Stiztn Pouch, SS 12"x15", 200 180505	BX	1	0	31.18	31.18
2	PP10520Z Lot Number:	Stiztn Pouch, SS 3.5"x9", 200 170915	BX	2	0	9.37	18.74
2	PP10525Z Lot Number:	Stiztn Pouch, SS 5.25"x10", 20 180319	BX	2	0	11.29	22.58
		SG: Shipped on: 07/16/2018 Service: FedEx Ground Number of Packages: 1 Billing Option: Sender		2			

Net Invoice: 72.50

Freight: 7.88

Sales Tax: 0.00

Invoice Total: 80.38

If paid by 7/26/2018 then deduct a 2% timely pay discount of 1.45

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

Creditor: (7151747)
Vital Care Industries, Inc
7650 West 185th Street, Suite C
Tinley Park, IL 60477

Claim No: 284
Original Filed
Date: 05/15/2020
Original Entered
Date: 05/15/2020

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

Chapter: 11

Last Date to file claims:

Last Date to file (Govt):

Amount claimed: \$320.07

History:

[Details](#) [284-1](#) 05/15/2020 Claim #284 filed by Vital Care Industries, Inc, Amount claimed: \$320.07 (admin)

Description:

Remarks: (284-1) Account Number (last 4 digits):2388

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*	\$320.07
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		