

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
 12/16/2020
 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?	Devicor Medical Products <hr/> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Mammotome</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" 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>Devicor Medical Products</u></td> <td><u>33075 Collection Centre Drive</u></td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td></td> </tr> <tr> <td>Name <u>300 E-Business Way Suite 270 Cincinnati, OH 45241</u></td> <td>Name <u>Chicago, IL 60693-0330</u></td> </tr> <tr> <td>Contact phone <u>15138649583</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>sharon.harris@leicabiosystems.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>Devicor Medical Products</u>	<u>33075 Collection Centre Drive</u>	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		Name <u>300 E-Business Way Suite 270 Cincinnati, OH 45241</u>	Name <u>Chicago, IL 60693-0330</u>	Contact phone <u>15138649583</u>	Contact phone _____	Contact email <u>sharon.harris@leicabiosystems.com</u>	Contact email _____	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>Devicor Medical Products</u>	<u>33075 Collection Centre Drive</u>														
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)															
Name <u>300 E-Business Way Suite 270 Cincinnati, OH 45241</u>	Name <u>Chicago, IL 60693-0330</u>														
Contact phone <u>15138649583</u>	Contact phone _____														
Contact email <u>sharon.harris@leicabiosystems.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 <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>6152</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>894.52</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 style="text-align: center;"><u>Good 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. 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 12/16/2020
MM / DD / YYYY

/s/ Sharon Marie Harris

Signature

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

Name Sharon Marie Harris
First name Middle name Last name

Title Credit Analyst III

Company Devicor Medical Products

Address 300 E-Business Way Suite 270
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street
Cincinnati, OH 45241
City State ZIP Code

Contact phone 15138649583 Email sharon.harris@leicabiosystems.com

Mammotome

Devicor Medical Products, Inc.
300 E-Business Way
Cincinnati, OH 45241

Invoice

No: **97165985**

Invoice Date: 05/02/2018

Page: 1 Of 1

Bill-to: 1396152
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville MS 38606-6412

Ship-to: 1396152
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville MS 38606-6412

Your ref. no: 00140
Sales Order no: 2554356
PO date:
Customer no: 1396152-3353
Tracking Number: UPS 1Z63167F0391837177
Ship date: 05/02/2018

Sales person: David Whitehead
Co-ordinator: Ishuneika Herron
Freight Terms: FOB Origin
Payment terms: 30 days net
Currency: USD

Note: The lot number etched on the device will only match the first 10 characters of the lot number printed in the invoice due to a system conversion. The 11th character of the lot number etched does not carry a unique value and will no longer be used.

Item Number	Quantity	Price	Extended Price
MAM3014 14 GAUGE BREAST MARKER Item: MAM3014 Batch No.: F11816494D Use By Date 10/23/2019	1 BOX	836.00	836.00

Total: 836.00
Tax: 58.52
Grand total: 894.52

Remittance Information
Devicor Medical Products, Inc.
33075 Collection Centre Drive
Chicago, IL 60693-0330
United States.

Wire Instructions
Bank: Bank of America
Swift Code: BOFAUS3N
Routing Number: 026009593
Account: 8765331063

For billing inquiries, please contact Justin Thapar at +1 513 864 9586.

Other remarks:

Mammotome Master Sales Terms and Conditions, available at:

<https://www.mammotome.com/wp-content/uploads/2020/10/Mammotome-Master-Sales-Terms-and-Conditions.pdf>

Mammotome **revolve** Mammotome **elite** Mammotome **markers** Neoprobe

Global Headquarters 300 E-Business Way Fifth Floor Cincinnati Ohio 45241 | Phone: 877.926.2666 | Fax: 888.260.6362 | www.mammotome.com

The terms and conditions that are pursuant to this invoice are set forth on the last page hereof. The prices set forth herein shall be and remain confidential.

Mammotome

Page: 1

Devicor Medical Products, Inc.
300 E-Business Way
Cincinnati, OH 45241

Account statement

Customer Nr.: 1396152
MERIT HEALTH BATESVILLE
303 Medical Center Dr
Batesville MS 38606-6412

Date: Dec 16,2020

Contact: Justin Thapar
Tel: +1 513 864 9586
Email: justin.thapar@leicabiosystems.com

Open items as of: Dec 16,2020

Type	Date	Number	Reference	Due date	Currency	Amount
Invoice	05/02/2018	97165985	00140	06/01/2018	USD	894.52
Total: USD						894.52
	Current	Past Due 1	Past Due 30	Past Due 60	Past Due 90+	
	0.00	0.00	0.00	0.00	894.52	

Mammotome **revolve** Mammotome **elite** Mammotome **markers** **Neoprobe**

Global Headquarters 300 E-Business Way Fifth Floor Cincinnati Ohio 45241 | Phone:877.926.2666 | Fax:888.260.6362 | www.mammotome.com

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> (7242584)	Claim No: 286	<i>Status:</i>
Devicor Medical Products	<i>Original Filed</i>	<i>Filed by:</i> CR
300 E-Business Way Suite 270	<i>Date:</i> 12/16/2020	<i>Entered by:</i> admin
Cincinnati, OH 45241	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 12/16/2020	

Chapter: 11

Last Date to file claims:

Last Date to file (Govt):

Amount claimed: \$894.52

History:

[Details](#) [286](#) 12/16/2020 Claim #286 filed by Devicor Medical Products, Amount claimed: \$894.52 (admin)
[1](#)

Description:

Remarks: (286-1) Account Number (last 4 digits):6152

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*	\$894.52
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		