

Fill in this information to identify the case:

Debtor 1 Curae Health Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bkr-05665

FILED

OCT 22 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

12/15

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>CDW Direct, 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 _____	
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? <u>CDW / Attn: Vida Krug</u> Name <u>200 N. Milwaukee Ave</u> Number Street <u>Vernon Hills IL 60061</u> City State ZIP Code Contact phone <u>847-419-6322</u> Contact email <u>Vida.krug@cdw.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
		Filed on <u>09/11/2018</u> 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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

Customer # 1261010 & 11692276-02 Please reference on all correspondence mailed to CDW

7. How much is the claim? \$ 59,825.99 Does this amount include interest or other charges?
☒ No
☐ 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 health care information.

Goods Sold

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ 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) _____ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ 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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,475*) 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).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/16 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.

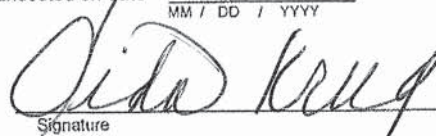
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10-18-2018
MM / DD / YYYY


Signature

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

Name Vida Krug
First name Middle name Last name

Title Sr Recovery Analyst

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street
Vernon Hills,

City State ZIP Code

Contact phone 847-411-6322 Email Vida.Krug@CDW.COM



Contact:

Vida Krug
Sr. Recovery Analyst
1-847-419-6322

Date: 10/18/2018

Customer# 1261010-02 11692276-02 Curae Health Inc Amended Proof of Claim

Balance: \$ 59,825.99

Filed: 8/24/2018 Case: 3:18-bkr-05665

Invoice	Date	Amount	Owes	PO#
ZR00065095	06-28-18	\$ 7,714.31	\$ 7,714.31	Mimecast Implementation, Support & SO
EN00061930	07-06-18	\$ 4,140.00	\$ 4,140.00	Exchange Online Kiosk Basic
EN00062003	07-06-18	\$ 6,935.00	\$ 6,935.00	Enterprise E3 Basic Mo Seat
ZR00067265	07-30-18	\$ 2,914.31	\$ 2,914.31	Mimecast Support Gold & SO
EN00067771	08-06-18	\$ 4,140.00	\$ 4,140.00	Exchange Online Kiosk Basic
EN00067837	08-06-18	\$ 6,935.00	\$ 6,935.00	Enterprise E3 Basic Mo Seat
LZJ2033	3/08/2018	\$ 9,970.81	\$ 9,574.51	701-C6686654
MBC7789	3/13/2018	\$ 175.74	\$ 175.74	701-6688728
MBR4113	3/15/2018	\$ 56.71	\$ 56.71	NOVEMBER TIGER TEXT
MBT2388	3/15/2018	\$ 434.45	\$ 434.45	701-C6678666
MCW0049	3/20/2018	\$ 775.86	\$ 775.86	701-C6691995
MGK1503	3/30/2018	\$ 16,030.10	\$ 16,030.10	701-C6691995
			\$ 59,825.99	

REMIT PAYMENT TO:

INVOICE



CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

RETURN SERVICE REQUESTED



ACH INFORMATION:
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
EN00061930	07/06/2018	12610101
PAYMENT TERMS		
Net 60 Days		
DUE DATE	AMOUNT DUE	
09/04/2018	\$4,140.00	

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC
ACCTS PAYABLE
121 LEINART ST
CLINTON TN 37716-3682

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Exchange Online Kiosk Basic Monthly Seat	06/01/2018 - 06/30/2018	Exchange Online Kiosk Basic Monthly	2.25	Each	1,840.00	4,140.00
<div><p>GO GREEN!</p><p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p><p>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</p><p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.</p></div>							

ACCOUNT MANAGER	SUBTOTAL	\$4,140.00
Matt Major (877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$4,140.00

Cage Code Number 1KH72
DUNS Number 02-615-7235

ISO 9001 and ISO 14001 Certified

CDW GOVERNMENT FEIN 36-4230110

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
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VISIT US ON THE INTERNET AT www.cdwg.com



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Chicago, IL 60675-1515

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ACH INFORMATION:
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60676

E-mail Remittance To: gachremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
EN00062003	07/06/2018	12610101
PAYMENT TERMS		
Net 60 Days		
DUE DATE	AMOUNT DUE	
09/04/2018	\$6,935.00	

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC
ACCTS PAYABLE
121 LEINART ST
CLINTON TN 37716-3682

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

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LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Enterprise E3 Basic Monthly Seat	06/01/2018 - 06/20/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	4623.33 Prorated
2	Enterprise E3 Basic Monthly Seat	06/21/2018 - 06/21/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	231.17 Prorated
3	Enterprise E3 Basic Monthly Seat	06/22/2018 - 06/30/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	2080.50 Prorated
<p align="center">GO GREEN!</p> <p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p align="center">REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</p> <p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.</p>							

ACCOUNT MANAGER	SUBTOTAL	\$6,935.00
Matt Major (877) 569-4110 mattmaj@cdw.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$6,935.00

Cage Code Number 1KH72
DUNS Number 02-615-7235

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50 SOUTH LASALLE STREET
CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
EN00067771	08/06/2018	12610101
PAYMENT TERMS		
Net 60 Days		
DUE DATE	AMOUNT DUE	
10/05/2018	\$4,140.00	

Attention to: sandy.bumbalough@curahealth.org

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ACCTS PAYABLE
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Chicago, IL 60675-1515

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LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Exchange Online Kiosk Basic Monthly Seat	07/01/2018 - 07/08/2018	Exchange Online Kiosk Basic Monthly	2.25	Each	1,840.00	1068.39 Prorated
2	Exchange Online Kiosk Basic Monthly Seat	07/09/2018 - 07/31/2018	Exchange Online Kiosk Basic Monthly	2.25	Each	1,840.00	3071.61 Prorated
<div><p>GO GREEN!</p><p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p><p>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</p><p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.</p></div>							

ACCOUNT MANAGER	SUBTOTAL	\$4,140.00
Matt Major (877) 569-4110 mattmaj@cdwg.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$4,140.00



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CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91067

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
EN00067837	08/06/2018	12610101
PAYMENT TERMS		
Net 60 Days		
DUE DATE	AMOUNT DUE	
10/05/2018	\$6,935.00	

Attention to: sandy.bumbalough@curaehealth.org

CURAE HEALTH INC
ACCTS PAYABLE
121 LEINART ST
CLINTON TN 37716-3682

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Enterprise E3 Basic Monthly Seat	07/01/2018 - 07/31/2018	Enterprise E3 Basic Monthly Seat -	19.00	Each	365.00	6,935.00
<p style="text-align: center;">GO GREEN!</p> <p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p style="text-align: center;">REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</p> <p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.</p>							

ACCOUNT MANAGER Matt Major (877) 569-4110 mattmaj@cdw.com	SUBTOTAL	\$6,935.00
	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$6,935.00



Cage Code Number 1KH72
DUNS Number 02-615-7235

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Terms 20/Net 60

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ACH INFORMATION:
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00065095	06/28/2018	12610101
PAYMENT TERMS		
Net 60 Days		
DUE DATE	AMOUNT DUE	
08/27/2018	\$7,714.31	

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC
NICK OGLE
121 LEINART ST
CLINTON TN 37716

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Mimecast Setup Managed Implementation	06/21/2018 - 06/21/2018	M_IMP_MGD_OO (40) - OneTime	4,800.00	Each	1.00	4,800.00
2	Mimecast Support LCS-Gold	06/21/2018 - 07/20/2018	M_LCS_GD_12_M(40) - Recurring	164.31	Each	1.00	164.31
3	Mimecast Mimecast S0	06/21/2018 - 07/20/2018	M_S0_1000_M(45) - Recurring	1.25	User	2,200.00	2,750.00
<div><p>GO GREEN!</p><p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p><p>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</p><p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.</p></div>							

ACCOUNT MANAGER	SUBTOTAL	\$7,714.31
Matt Major (877) 569-4110 mattmaj@cdw.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$7,714.31



Cage Code Number 1KH72
DUNS Number 02-615-7235

ISO 9001 and ISO 14001 Certified

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
PLEASE EMAIL US AT billingquestions@cdw.com
VISIT US ON THE INTERNET AT www.cdw.com

INVOICE TO: [REDACTED]

REMIT PAYMENT TO: [REDACTED]

INVOICE



CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

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ACH INFORMATION:
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60675

E-mail Remittance To: gachremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00067265	07/30/2018	12610101
PAYMENT TERMS		
Net 60 Days		
DUE DATE	AMOUNT DUE	
09/28/2018	\$2,914.31	

Attention to: sandy.bumbalough@curahealth.org

CURAE HEALTH INC
NICK OGLE
121 LEINART ST
CLINTON TN 37716

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	Mimecast Support LCS-Gold	07/21/2018 - 08/20/2018	M_LCS_GD_12_M(40) - Recurring	164.31	Each	1.00	164.31
2	Mimecast Mimecast S0	07/21/2018 - 08/20/2018	M_S0_1000_M(45) - Recurring	1.25	User	2,200.00	2,750.00
<p align="center">GO GREEN!</p> <p>CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!</p> <p>Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email billingquestions@cdw.com with any questions.</p>							

ACCOUNT MANAGER		SUBTOTAL	\$2,914.31
Matt Major (877) 569-4110 mattmaj@cdwg.com		SALES TAX	\$0.00
PURCHASE ORDER		AMOUNT DUE	\$2,914.31



Cage Code Number 1KH72
DUNS Number 02-615-7235

ISO 9001 and ISO 14001 Certified

CDW GOVERNMENT FEIN 36-4230110

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ORIGINAL COPY

Tax Identification
36-4230110

CDWG.com | 800.808.4239

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MGK1503	11692276	3-30-18

S CURAE HEALTH INC
O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
O

S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
I RYAN OVERALL
P BATESVILLE, MS 38606-8608
T
O YOUR P.O. # 701-C6691995

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-20-18	3-30-18		FEDEX Ground	Net 60 Days-Healt

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
21	21	4569659	ZEBRA DS8178-HC FIPS CRADLE USB CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG #: DS8178-HCBU210MP5W	713.40	14981.40
				Subtotal:	14981.40
				Freight:	.00
				Sales Tax:	1048.70

PLEASE REMIT TO:
CDW GOVERNMENT
75 REMITTANCE DR., SUITE 1515, CHICAGO IL 60675-1515

INVOICE TOTAL US Currency
16030.10

EXPLANATION OF OUR RETURN AND FREIGHT POLICIES ARE ON BACK OF THIS INVOICE. IF YOU HAVE ANY QUESTIONS ABOUT THE ORDER OR INVOICE, PLEASE WRITE OR CALL.

EVERYTHING WE DO REVOLVES AROUND MEETING YOUR NEEDS.

Our team of technology experts and dedicated account managers can tailor a piece of equipment, individual software or an entire network that delivers the most effective and sustainable results.



WE'VE GOT THE **PEOPLE**.
WE'VE GOT THE **PARTNERS**.
WE'VE GOT THE **PLAN**.

- ✓ That's what you expect from a trusted partner
- ✓ And that's what you get from CDW-G

WE'RE PEOPLE WHO GET IT. CDWG.com | 800.808.4239



ACCESSIBLE FROM ANYWHERE

Our mobile-friendly website and iPhone app makes CDWG.com accessible from anywhere.

GET IT AT **M.CDWG.COM**



YOUR BUSINESS IS APPRECIATED.



**PEOPLE
WHO
GET IT**

ORIGINAL COPY

Tax Identification
36-4230110

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MCW0049	11692276	3-20-18

S CURAE HEALTH INC
O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
O

S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
I RYAN OVERALL
P BATESVILLE, MS 38606-8608
T
O YOUR P.O. # 701-C6691995

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-20-18	3-20-18		FEDEX Ground	Net 60 Days-Healt

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	4769606	HP SB 440 G5 I5-8250U 256/8 W10 CONTRACT: CHS SIP - HEALTHTRUST PRICING- CONTRACT #: HPG-2500 MFG#: 2SS98UT#ABA SERIAL#: 5CD8100KYB	705.38	705.38
				Subtotal:	705.38
				Freight:	19.72
				Sales Tax:	50.76

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INVOICE TOTAL → US Currency
775.86

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MBR4113	11692276	3-15-18

S CURAE HEALTH INC
O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
O

S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
I ATTN: TIGER TEXT
P BATESVILLE, MS 38606-8608
T YOUR P.O. # NOVEMBER TIGER TEXT
O

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
JEREMY KAHN	12-28-17	3-15-18		ELECTRONIC DISTRI	CPG Net 60

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
33	33	3696933	TIGERTEXT CHS UC USER CONTRACT: HEALTHTRUST PRICING-SOFTWARE CONTRACT #: HPG-2500 MFG#: TTCHSUCUSER Electronic distribution - NO MEDIA	1.00	33.00
4	4	3696930	TIGERTEXT CHS ACTIVE USER CONTRACT: HEALTHTRUST PRICING-SOFTWARE CONTRACT #: HPG-2500 MFG#: TTCHSAUSER Electronic distribution - NO MEDIA	5.00	20.00
				Subtotal:	53.00
				Freight:	.00
				Sales Tax:	3.71

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INVOICE TOTAL	US Currency 56.71
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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MBT2388	11692276	3-15-18

S CURAE HEALTH INC
O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
O

S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
I RYAN OVERALL
P BATESVILLE, MS 38606-8608
T
O YOUR P.O. # 701-C6678666

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-02-18	3-15-18		FEDEX Ground	CPG Net 60

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	4594721	LG 43IN 1920X1080 HOSPITALITY CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG #: 43LV340H SERIAL #: 801MXWEST753	406.03	406.03
				Subtotal:	406.03
				Freight:	.00
				Sales Tax:	28.42

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INVOICE TOTAL	US Currency 434.45
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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MBC7789	11692276	3-13-18

S CURAE HEALTH INC
O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
O

S 701 BATESVILLE CURAE STORES
H 303 MEDICAL CENTER DR
I BATESVILLE REGIONAL MEDICAL CENTER
P BATESVILLE, MS 38606-8608
T YOUR P.O. # 701-6688728
O

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-12-18	3-13-18		FEDEX Ground	CPG Net 60

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
2	2	4564456	3M PRIVACY FILTER 21.5IN WS MON CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG #: PF215W9B Original Order Price: 92.99 Original Order Quantity: 2 Shipping Account Number: 11692276-000 3rd Party Assigned Order Nbr: 500138473049	82.12	164.24
				Subtotal:	164.24
				Freight:	.00
				Sales Tax:	11.50

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INVOICE TOTAL US Currency
175.74

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LZJ2033	11692276	3-08-18

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O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
O

S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
I JEFF WIDEMAN
P BATESVILLE, MS 38606-8608
T YOUR P.O. # 701-C6686654
O

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-08-18	3-08-18		FEDEX Ground	Net 60 Days-Healt

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
14	14	4351994	LVO TC M715Q A12-9800E 128GB 8G CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG #: 10M30009US SERIAL#: 1S10M30009USMJ06EHTA SERIAL#: 1S10M30009USMJ06EHTB SERIAL#: 1S10M30009USMJ06EHTE SERIAL#: 1S10M30009USMJ06EHU7 SERIAL#: 1S10M30009USMJ06EHVS SERIAL#: 1S10M30009USMJ06EHV0 SERIAL#: 1S10M30009USMJ06EHW1 SERIAL#: 1S10M30009USMJ06EJ37 SERIAL#: 1S10M30009USMJ06EJ3H SERIAL#: 1S10M30009USMJ06EJ3J SERIAL#: 1S10M30009USMJ06EJ3W SERIAL#: 1S10M30009USMJ06EJ4C SERIAL#: 1S10M30009USMJ06EJ54 SERIAL#: 1S10M30009USMJ06EJ57	534.83	7487.62

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INVOICE TOTAL US Currency Continued

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LZJ2033	11692276	3-08-18

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O 303 MEDICAL CENTER DR
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D BATESVILLE, MS 38606-8608
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S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
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P BATESVILLE, MS 38606-8608
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O YOUR P.O. # 701-C6686654

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-08-18	3-08-18		FEDEX Ground	Net 60 Days-Healt

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
14	14	3726395	PLANAR 24" PLL2470W LED LCD MON CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG #: 997-8058-00 SERIAL#: PL729NSS02316 SERIAL#: PL729NSS02790 SERIAL#: PL729NSS03121 SERIAL#: PL729NSS03124 SERIAL#: PL729NSS03127 SERIAL#: PL729NSS03129 SERIAL#: PL729NSS03130 SERIAL#: PL729NSS03133 SERIAL#: PL729NSS03137 SERIAL#: PL729NSS03138 SERIAL#: PL729NSS03141 SERIAL#: PL729NSS03150 SERIAL#: PL729NSS03152 SERIAL#: PL729NSS03153	86.59	1212.26

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INVOICE
TOTAL

US Currency
Continued

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LZJ2033	11692276	3-08-18

S CURAE HEALTH INC
O 303 MEDICAL CENTER DR
L BATESVILLE RMC ACCOUNTING
D BATESVILLE, MS 38606-8608
T 6627122276
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S TRI LAKES MEDICAL CENTER
H 303 MEDICAL CENTER DR
I JEFF WIDEMAN
P BATESVILLE, MS 38606-8608
T
O YOUR P.O. # 701-C6686654

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
MATT MAJOR	3-08-18	3-08-18		FEDEX Ground	Net 60 Days-Healt

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	4769608	HP SB 450 G5 I5-8250U 500GB 4GB CONTRACT: CHS SIP - HEALTHTRUST PRICING- CONTRACT #: HPG-2500 MFG#: 2ST02UT#ABA SERIAL#: 5CD8034WQ2	618.64	618.64
				Subtotal:	9318.52
				Freight:	.00
				Sales Tax:	652.29

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INVOICE TOTAL US Currency
9970.81

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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:

Trustee:

Last Date to file (Govt):

Creditor: (6768226)

Claim No: 34

Status:

CDW DIRECT LLC

Original Filed

Filed by: CR

CDW

Date: 09/14/2018

Entered by: Intake1

200 N MILWAUKEE AVE

Original Entered

Modified:

VERNON HILLS IL

Date: 09/14/2018

60061

[Claimant History](#)

Last Amendment

Filed: 10/22/2018

Last Amendment

Entered: 10/22/2018

Amount claimed: \$59825.99

History:

[Details](#) [34-1](#) 09/14/2018 Claim #34 filed by CDW LLC, Amount claimed: \$32778.62 (Intake2)

[Details](#) [34-2](#) 10/22/2018 Amended Claim #34 filed by CDW DIRECT LLC, Amount claimed: \$59825.99 (Intake1)

Description: (34-1) GOODS SOLD

(34-2) GOODS SOLD

Remarks:

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*	\$59825.99
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		