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	18-05665			

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.S. Bank, N.A. d/b/a U.S. Bank Equipment Finance Name of the current creditor (the person or entity to be paid for this claim)					
		Other names the creditor	used with the debtor	VAR Technolo	ogy Finance		
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?					
3.	and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		
	creditor be sent?	U.S. Bank Equipr	nent Finance		U.S. Bank I	Equipment Finance	
	Federal Rule of	Name			Name		
	Bankruptcy Procedure (FRBP) 2002(g)	1310 Madrid Stre	et		P.O. Box 9	54238	
	() == (3)	Number Street			Number S	Street	
		Marshall	MN	56258	St. Louis	MO	63195
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 507-5	32-8389		Contact phone	507-532-8389	
		Contact email jeffrey.lothert@usbank.com		Contact email jeffrey.lothert@usbank.com			
		Uniform claim identifier fo	r electronic payment	s in chapter 13 (if you u: 	se one): 		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) $\frac{70}{MM / DD / YYYY}$					
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No❑ Yes. Who made t	he earlier filing?				

6.	Do you have any number you use to identify the debtor?	No \checkmark Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1</u> <u>1</u> <u>5</u>
7.	How much is the claim?	\$67,852.60 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).
3.	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.
		Lease
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 <i>Mortgage Proof of Claim</i> <i>Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. 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	2 No
	lease?	□ 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:
	0	05665 Claim 70-2 Filed 02/16/21 Desc Main Document Page 2 of 3

12. Is all or part of the claim	Mo No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority	
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	□ 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).	\$	
	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).	\$	
	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 4/01/22 and every 3 years after that for cases begun on or aft	er the date of adjustment.	
Part 3: Sign Below			
The person completing	Check the appropriate box:		
this proof of claim must sign and date it.	I am the creditor.		
FRBP 9011(b).	1(b). I am the creditor's attorney or authorized agent.		
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.		

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the 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.

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

I declare under penalty of perjury that the foregoing is true and correct.

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

02/02/2021 Executed on date MM / DD / YYYY 6

Signature

and correct.

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

Name	Jeffrey	John		Lothert
	First name	Middle name		Last name
Title	Bankruptcy Spec	cialist		
Company	U.S. Bank, N.A.	d/b/a U.S. Bank Equipme	ent Fina	nce
		wieger og the gemenenvilf the guther	izod agont	is a sorvigor
	Identity the corporate se	ervicer as the company if the author	izeu ayeni	is a servicer.
			izeu agent	
Address	1310 Madrid Street	eet		
Address	1310 Madrid Stre	eet	MN	56258
Address	1310 Madrid Street	eet		

Case 3:18-bk-05665 Claim 70-2 Official Form 410

Filed 02/16/21 Desc Main Document **Proof of Claim**

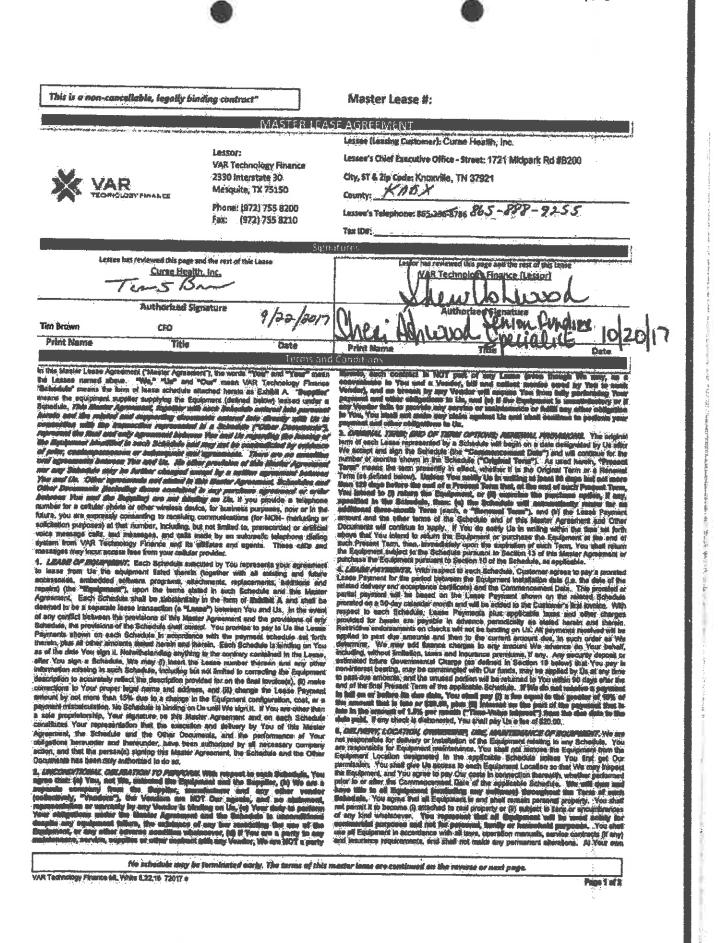
ITEMIZED STATEMENT

Last 4 Digits of Account No.	1115
Schedule No.	-000
Receivable Balance	\$ 94,841.01
Less Post Petition Payments Received	\$ (24,588.41)
Less Net Liquidation Proceeds	\$ (2,400.00)
Total	\$ 67,852.60

Total Claim

67,852.60

\$



1115

Case 3:18-bk-05665 Claim 70-2 Part 2 Filed 02/16/21 Desc Supporting Docs Page 2 of 11

cost, You shall have the Epulpment in good woning order and verysteble contition, stillnery wear and lear accepted ("Good Coodition");

<text><text><text><list-item><list-item><list-item><list-item>

the Bable for such disclonely, Any delay an failure is enforced. Due fights surder the Lasses third frace control fundaments and the superior that the control fundaments and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for any location of the failure and the subscreet for the subscreet for the failure and the subscreet for the subscreet for the failure and the subscreet for the subscreet for the data is an explored to failure and the failure and the location of the failure of the failure for the subscreet for the failure and the subscreet for the subscreet for the data is an explored to fail the subscreet for the data is an explored to fail the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the subscreet for the data is an explored to the data is an explored to the data is an explored to the subscreet for the data is an explored to the data is an explored

to an in the description of the spectra spectra spectra of the spectra spectra spectra of the spectra spectra

Lessee has reviewed the page.

Page 2 of 2

VAR Technology Finance ML White 3.22.19

Case 3:18-bk-05665 Claim 70-2 Part 2 Filed 02/16/21 Desc Supporting Docs Page 3 of 11





VAR Technology Finance 2330 Interstate 30 Mosquite, TX 75150

Phone (972) 755 8200 Fax (972) 755 8210 www.vartechnologyfinance.com



Exhibit A Equipment Lexue Schedule No.

Equiprents Lease terms to be and in the Schedule and the second wheels without in the Master Agreement, constitutes a sit of the Schedule or disperied in the Schedule as a manual to be institute to be second to be the Schedule as a started and any set of the Schedule as a started and subject to the feel and only and the Schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule and the schedule as a started and subject to the schedule as a started and subject to the Schedule and the schedule as a started and subject to the Schedule as a started and subject to the Schedule and the schedule as a started and subject to the schedule as a started as a started as the schedule as a started as a started as the schedule as a started as a started as the schedule as a started aschedule as the schedule as a started as the schedule as a

We hereby agree to lease to You, and You hereby agree to lease from Us, the following-described Equipment upon the terms and conditions set forth in this Schedule and in the Master Agreement:

Description of Equipment INCLUDE MAR	, MODEL AND REPEAL MUNELERS (ATTACH ADDITIONAL PAGE & RECEIBING)
	See attached Scheckle A

Abinettratemating anything to the contrary contenteed hereds, We areay (9 knew) the Lease member and any other intensity in the Schedule; techniky text instand to converting the Epidement description is accurately related the description provided for on the livet Analog(), (8) make convertione to Your proper legal name and actions, and (8) change the Lease Peyment encount by not more then 10% due to a change in the Epidement configuration, cost, or a payment miscalingted.

Equipment Supplier: YAR Technology Finance

Equipment Location Address: 1721 Michaelt Rol 5200 . Know/Ser. TN 57921-5077 Original Term; 35 Months

Commencement Date of this Lease; __

Lesse Payment Option: \$3.512.03 per:	🔀 Month	D Question
	Year	C Other;

Check here [] Y Lasse Payment amount includes spise/use fax

\$0.00 Lease: Payment(s) in(an) due at the time this Schedule is signed, which shall be applied to the Constitutes Designed

in arrears	LJ Frei and Last Losse Payments	I Other: Zero advance payments, payments due
Security Deposit \$		
Purchase Option at end of Original Terric	🖾 None	E Fair Market Value as of and of Original Term

🖾 One Doller (\$1.00)

The above equipment purchase options may be assisting by You only at the end of the Original Tarin. If you are in detaut under the Master Agreeament or this Schedule at the time you desire to enserble a purchase option, You must care such default to Our antistection before leaving the right to exercise such option. If the One Ontile" purchase option is chedule above, the time two advances of Section 3 of the Master Agreement during the Lasse (in the Lasse (in the work), the "Maintado removed" pervisions in Saction 2 of apply to its Lease). If the "Feir Merket Value" option is checked above, then the purchase price will be the text restait value of the Equipment, as determined by Us its our sale but restanted judgment, as of the end of the Original Tarry.

This Schedule is not binding upon Us unless and until We accept this Schedule by signing balow. A facebrille copy of this Schedule ghat have the same force and effect as the original. This Bollevidule is non-companying and unar not be terminated darfy.

ما اد Shei 10001 1020117

You: Came Hasili, inc. TLSB~ DY X Name (Print): Tim Brown

epted and eigned in Mesoulie, TX.

The CFO 12017 Dida Glanad

Other:





VAR TECHNOLOGY FINANCE

VAR Technology Finance 2330 Interstate 30 Mesquite, TX 75150

ŝ

Phone (972) 755 8200 Fax (972) 755 8210 www.vartechnologyfinance.com

Schedule A

Curas Health, Inc.

Quantity	Manufacturer	Description
3		Intel Xeon E5-2640V4 / 2.4 GHz processor
24		NUTANIX 16GB DDR4 MEM MODULE
}		Nutanix - hard drive - 4 TB
)		Nutanix - solid state drive - 960 GB
		Nutanix - expansion module
		Nutanix Production - Service- on-site
		NUTANIX SPARE CABLE
j	Nutanix	NUTANIX PRISM PRO 1 NODE LIC 3Y
	Nutanix	Nutanix NX-1065-G5 Ultimate Entitlement - subscriptionlicense (3 years)
		Nutanix Xtreme Computing Platform NX-1365-G5 - applicationaccelerator

Lessee:	Curse Health, Inc.
Signature:	-TLSB-
Title:	CFO





VAR Technology Finance 2330 Interstate 30 Mesquite, TX 75150

Phone (972) 755 8200 Fax (972) 755 8210 www.vartechnologyfinance.com



Equipment Acceptance

Certificate of Acknowledgment and Acceptance Agreement Number 12981

This Certificate is delivered to and for the benefit of Lessor/Secured Party and pertains to the belowdescribed Equipment and/or financed Items which are the subject of the above-referenced Agreement between VAR Technology Finance as Lessor/Secured Party and the undersigned as Customer. The words you and your refer to Customer. The words we, us and our refer to Lessor/Secured Party.

SEE ATTACHED EQUIPMENT LIST

October 05, 2017 Delivery Date of the Goods

Curae Health, Inc. Customer

9/18/17 **Date of Agreement**

Network Systems Administrator

nichoge

Signature

Title

Nick Ogle Print Name of Signer

BILLING CONTACT INFORMATION

(Person in Charge of your Payables, Ex. A/P Clerk, Controller, etc.)

Sandy Bumbalough; Staff Accountant (Contact Name and Title)

(865) 888 - 9255

(Contact Direct Phone Number and Ext.)

Sandy.Bumbalough@curaehealth.org (Contact E-Mail Address)

1721 Midpark Rd. Suite B200 Knoxville, TN 37821 (Billing Address) X

116400 V1 DBA 05-17

Case 3:18-bk-05665 Claim 70-2 Part 2 Filed 02/16/21 Desc Supporting Docs Page 6 of 11





VAR Technology Finance 2330 Interstate 30 Mesquite, TX 75150

Phone (972) 755 8200 Fax (972) 755 8210 www.vartechnologyfinance.com



Software Addendum to Master Lease Agreement Mester Lease

The following is only an addendum and shall only after the terms and conditions of the Master Lease Agreement (the "Master Lease") as provided herein. All other terms and conditions remain in full force and effect.

With respect to Equipment that is identified as "Software" on any Schedule the following provisions shall be applicable to such Software. Software shall be defined to include any financed software, software licenses, software support, software maintenance, and/or implementation, integration, training, technical consulting, and/or professional services in connection with a software product. ("Software," which is included in the word "Equipment" unless separately stated.)

Notwithstanding any other terms and conditions of the Master Lease, in the event that any Schedule under the Master Lease includes Software, the Lessee agrees that as to such Software only: a) Lessor has not had, does not have, nor shall have, any title to such Software, but instead is only providing financing for the same; b) Lessee. has executed or will execute a separate Software agreement which the Lessor is not a party to, nor has any responsibilities whatsoever in regards to such Software agreements, e.g. tees or other payments; c) Lessee has selected such Software; LESSOR MAKES ABSOLUTELY NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING SUCH SOFTWARE AND HAS NO RESPONSIBILITY FOR THE FUNCTION OF SUCH SOFTWARE OR ANY DEFECTS; d) Lessee shall hidemnify, defand and hold harmless Lassor from and against any loss, cost, expanse (including, without limitation, legal fees and costs) or liability incurred by the Lessor under the Mester Lesse or any Schedule or otherwise in any way related to or connected with the above said Software agreement(s) and in the event Lessor incurs or is threatened by such liability, then upon request of Lesson; Lessee shall promptly accelerate and pay all lesse payments due under the Master Lease and LESSEE'S LEASE PAYMENTS AND OTHER OBLIGATIONS UNDER THIS MASTER LEASE SHALL IN NO WAY BE DIMINISHED ON ACCOUNT OF OR IN ANY WAY BE RELATED TO THE ABOVE SAID SOFTWARE AGREEMENT. None of the foregoing terms of this paragraph are intended to diminish the Lesser's obligation under the other terms and conditions of this Master Lease.

Lessee grants Lessor a security interest in the Software, the Software agreement, including without limitation, Lessee's rights in the Software granted thereunder, all rights to payment under the Software agreement and all proceeds of the foregoing to secure all amounts Lessee owes Lessor under any agreement with Lessor.

The following shall be additional events of default under the Master Lease: (i) Lessee fails to perform in accordance with the covenants, terms and conditions of the Software agreement, or (ii) the Software agreement is terminated, suspended, materially restricted or limited.

Lessee:	Curse Health, Inc.
By:	TL SB-
Name:	Tim Brown
	CFO
Date:	9/18/17

Case 3:18-bk-05665 Claim 70-2 Part 2 Filed 02/16/21 Desc Supporting Docs Page 7 of 11



Assignment and Bill of Sale

From: VAR Technology Finance. ("Seller")

To: US Bank ("Buyer")

Underlying Program Agreement between Seller and Buyer: Private Label Dealer Agreement (title) May 20, 2008 (date)

Lease Information

Title of Lease:	MASTER EQUIPMENT LEASE	Lesses Name:	Curae Health, Inc.
Date of Lease:	09/18/17	Lease #:	2981
Aggregate Amount of Unpaid Rentals: \$126,454.88			Amount of Residual: \$0.00

1. Assignment and Sale. This Assignment and Bill of Sale (this "Assignment") is effective as of October 20, 2017 and is entered into in connection with the subject to the terms of the shove described Underlying Program Agreement (the "Agreement"). In consideration of the sum of \$117,535.61, the receipt of which is hereby acknowledged by Seller, Seller hereby sells, assigns, transfers and sets over unto Buyer, its successors and assigns, free and clear of all liene and other encumbrances, all of Seller's rights, the end interest in and to (but none of its obligations under or with respect to):

(A) the above-described lease (including, without limitation, all purchase options, renewal rights and montes due or to become due thereunder), together with all invoices, certicates of Equipment delivery and acceptance, and all other doucments relative thereto, and all of the proceeds thereof, (collectively referred to herein as the "Lease"); and

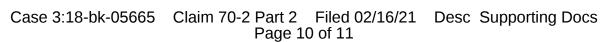
(B) all of the personal property leased, tenied or otherwise provided under the Lease (together with all accessories, attachments, parts and repairs that have been or are, at any line, incorporated in or affixed to or used in connection therewith), and any personal property added thereto or substituted therefor.

2. Miscellaneous. Setter hereby warrants to Buyer, its successors and assigns, that all information set forth on this Assignment is true and correct. If any additional documents or actions are necessary or desirable to conclude this transaction, Setter will provide or assist Buyer in acquiring such documents and/or actions as Buyer may reasonably may request. Setter may not assign the Assignment (nor its obligations hereunder) without Buyer's written consent. This Assignment together with the provisions of the Agreement, respresents the antire agreement between the parties as to the subject matter hereof, and supersedes all prior oral and written negotiations, agreements and understandings. No modification or addition to this Assignment shall be effective unless it is in a writing signed by Buyer and Setler. A facisimile or other copy of this Assignment shall have the full force and effect of the original.

the second s						
the second se						
the second state of the se						
UCC FINANCING STATEMENT						
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141			1			
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	rskluwer.com		1			
C. SEND ACKNOWLEDGMENT TO: (Nama and Address)	5602 - US B	ANK	1			
Lien Solutions		089				
P.O. Box 29071 Glendale, CA 91209-9071	TNTN		e			
Signadic, on Stepsoort						
11						
File with: Secretary of State,	6			1000	R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a ar to name will not fit in line 1b, based all of Lam 1 blank, check here						
18. ORGANIZATION'S NAME						
CURAE HEALTH, INC.						
OR IN INDIVIDUAL'S SURNAME		FIRST PERSONA	MAKE	ADDITION	AL NAME (SYNITICLES)	SUFFIX
						1
			Contraction of the local division of the loc	(//········		
16. WALLING ADDRESS		aty		STATE	POSTAL CODE	COUNTRY
121 LEINART ST		CLINTON		TN	37716	USA
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debtor name (26 or 20		CLINTON		TN The Debtor	37716 's name); if any part of the In	USA dividual Debior's
121 LEINART ST		CLINTON		TN The Debtor	37716 's name); if any part of the In	USA dividual Debior's
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debtor name (28 or 20 name will not fit in time 2b, leave all of leam 2 blank, check here (CLINTON		TN The Debtor	37716 's name); if any part of the In	USA dividual Debior's
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debtor name (28 or 20 name will not fit in time 2b, leave all of leam 2 blank, check here (CLINTON	er Internation in Hern 10 of the Fin	TN the Debtor anding Sta	37716 's name); if any part of the In	USA dividual Debior's
121 LEINART ST 2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (26 or 2b name will not fit in time 2b, leave all of kern 2 blank, check here 20. ORGANIZATION'S NAME		CLINTON name; do not omit the Individual Dobt	er Internation in Hern 10 of the Fin	TN the Debtor anding Sta	37716 's name); it any part of the In ternent Addenduan (Form UC	USA dividual Debtar's C(1Ad)
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debtor name (28 or 2b name will not fit in Sno 2b, leave all of leam 2 blank, check here (20. ORGANIZATION'S NAME OR 2b. eeDMOUAL'S SURMAINE 2b. MAUNG ADDRESS	and provide \$	CLINTON hame; do not omit he Individuel Dibbi PRST PERSONA CITY	er Internation in Rem 10 of the Fin	TN the Debtor andrag Sta ADDIMOR STATE	37716 's name); if any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE	USA dividual Debtor's (C1Ad) SUFFIX
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debter name (28 or 20 name will not fit in time 2b, leave all of learn 2 blank, check here (2a. ORGANIZATION'S NAME 2b. eeDivioual's SURMANE 2b. eeDivioual's SURMANE 2b. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3b. ORGANIZATION'S NAME	and provide \$	CLINTON hame; do not omit he Individuel Dibbi PRST PERSONA CITY	er Internation in Rem 10 of the Fin	TN the Debtor andrag Sta ADDIMOR STATE	37716 's name); if any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE	USA dividual Debtor's (C1Ad) SUFFIX
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debtor name (28 or 2b name will not fit in Sno 2b, leave all of lean 2 blank, check here (20. ORGANIZATION'S NAME 20. ORGANIZATION'S NAME 21. MAUNG ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 31. CREAMZATION'S NAME VAR RESOURCES, LLC	and provide \$	CLINTON hame; do not omit, he Individual Debt PRST PERSONA CITY RED PARTY): Pro	or Information in Name 10 of the Fin L NAME	TN the Debtor andrag Sta ADDIMOR STATE a (3a or 3	37716 's name); if any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE D)	USA dividuat Debtor's (C1Ad) SUFFIX COUNTRY
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debter name (28 or 20 name will not fit in time 2b, leave all of learn 2 blank, check here (2a. ORGANIZATION'S NAME 2b. eeDivioual's SURMANE 2b. eeDivioual's SURMANE 2b. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3b. ORGANIZATION'S NAME	and provide \$	CLINTON hame; do not omit he Individuel Dibbi PRST PERSONA CITY	or Information in Name 10 of the Fin L NAME	TN the Debtor andrag Sta ADDIMOR STATE a (3a or 3	37716 's name); if any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE	USA dividual Debtor's (C1Ad) SUFFIX
121 LEINART ST 2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (20 or 2b name will not fit in time 2b, leave all of learn 2 blank, check here [20. ORGANIZATION'S NAME 20. expression of the second	and provide \$	CLINTON hame; do rok omit, he Individual Debb PRST PERSONA CITY RED PARTYY: Pro	or Information in Name 10 of the Fin L NAME	TN the Debtor andrag Sta ADDIMOR STATE a (3a or 3	37716 's name); if any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE D)	USA dividuat Debtor's (C1Ad) SUFFIX COUNTRY
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debter name (28 or 20 name will not fit in time 2b, leave all of leam 2 blank, check here [20. ORGANIZATION'S NAME 20. DEDTVIOUAL'S SURMAME 21. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 32. ORGANIZATION'S NAME VAR RESOURCES, LLC OR 32. NIDMIDUAL'S SURMAME 33. MAILING ADDRESS	and provide \$	CLINTON hame; do not omit he Individual Dibbi PRST PERSONA CITY RED PARTY): Pro	or Information in Name 10 of the Fin L NAME	TN the Debtor andrag Sta ADDIMDS BTATE a (3a or 3 ADDIMDS BTATE	37716 's name); il any part of the In tement Addendum (Form UC IAL NAME(S)/WITTAL(S) POSTAL CODE POSTAL CODE	USA dividual Debtor's (C1Ad) SUFFIX COUNTRY SUFFIX COUNTRY
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debter name (28 or 20 name will not fit in time 2b, leave all of learn 2 blank, check here (28 ORGANIZATION'S NAME) 2a. ORGANIZATION'S NAME 2b. ord/moutle's surmanife 2b. moundle's surmanife 3c. ORGANIZATION'S NAME (or NAME of ASSIGNEE of A 3b. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3c. ORGANIZATION'S NAME 3c. ORGANIZATION'S NAME 3c. MAILING ADDRESS 3c. MAILING ADDRESS 2330 Interstate 30] and provide the second secon	CLINTON hame; do rok omit, he Individual Debb PRST PERSONA CITY RED PARTYY: Pro	or Information in Name 10 of the Fin L NAME	TN the Debtor andrag Sta ADDITION BTATE a (3a or 3 ADDITION	37716 's name); if any part of the In tement Addendum (Form UC IAL NAME(S)/WITTAL(S) POSTAL CODE b) MAL NAME(S)/WITTAL(S)	USA dividual Debtor's (C1Ad) SUFFIX COUNTRY
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debter name (28 or 20 name will not fit in time 2b, leave all of leam 2 blank, check here [20. ORGANIZATION'S NAME 20. DEDTVIOUAL'S SURMAME 21. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 32. ORGANIZATION'S NAME VAR RESOURCES, LLC OR 32. NIDMIDUAL'S SURMAME 33. MAILING ADDRESS	and provide the solution of atternst:	CLINTON hame; do not omit he Individual Dibbi PRST PERSONA CITY RED PARTY): Pro	or Information in Name 10 of the Fin L NAME	TN the Debtor andrag Sta ADDIMDS BTATE a (3a or 3 ADDIMDS BTATE	37716 's name); il any part of the In tement Addendum (Form UC IAL NAME(S)/WITTAL(S) POSTAL CODE POSTAL CODE	USA dividual Debtor's (C1Ad) SUFFIX COUNTRY SUFFIX COUNTRY
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debter name (28 or 2b name will not fit in time 2b, leave all of leam 2 blank, check here [20. ORGANIZATION'S NAME 21. MAUNG ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 31. ORGANIZATION'S NAME VAR RESOURCES, LLC 0R 32. IND/NDUAL'S SURMAME 32. ORGANIZATION'S NAME VAR RESOURCES, LLC 0R 23.0 Interstate 30 4. COULATERAL: This finanching statement covers the following o Equipment as more fully described on the attached S TOGETHER WITH ALL REPLACEMENTS, PARTS, 1	ssignor secu ssignor secu ottorat chedule A REPAIRS, AD	CLINTON hame; do rok omit he Individual Debt PRST PERSONA CITY RED PARTYY: Pro FIRST PERSONA CITY Mesquite	er Internation in New 10 of the Fin L NAME wide only <u>one</u> Secured Party nam & NAME	TN The Debtase andrag SE andrag SE STATE a (3a or 3 ADDITED STATE TX ORIES 1	37716 's name); it any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE p) MAL NAME(S)/WITTAL(S) POSTAL CODE 75150 NCORPORATED THE	USA dividual Debtor's (C1Ad) SUFFDX COUNTRY SUFFAX COUNTRY USA
121 LEINART ST 2. DEBTOR'S NAME: Provide only one Debtor name (20 or 2b name will not fit in time 2b, leave all of lean 2 blank, check here [20. ORGANIZATION'S NAME 20. ORGANIZATION'S NAME 20. ord/noual's SURMANE 31. ORGANIZATION'S MALE VAR RESOURCES, LLC 0R 32. MAILING ADORESS 32. MAILING ADORESS 33. ORGANIZATION'S MALE VAR RESOURCES, LLC 0R 34. COLLATERAL: This financing statement covers the following of Equipment as more fully described on the attached S	ssignor secu ssignor secu ottorat chedule A REPAIRS, AD	CLINTON hame; do rok omit he Individual Debt PRST PERSONA CITY RED PARTYY: Pro FIRST PERSONA CITY Mesquite	er Internation in New 10 of the Fin L NAME wide only <u>one</u> Secured Party nam & NAME	TN The Debtase andrag SE andrag SE STATE a (3a or 3 ADDITED STATE TX ORIES 1	37716 's name); it any part of the In tement Addendum (Form UC UAL NAME(S)/WITTAL(S) POSTAL CODE p) MAL NAME(S)/WITTAL(S) POSTAL CODE 75150 NCORPORATED THE	USA dividual Debtor's (C1Ad) SUFFDX COUNTRY SUFFAX COUNTRY USA

Maximum Principal Indebtedness for Tennessee recording tax purposes is \$0.00.

5. Check only if applicable and check	only one box: Collateral is held	In a Trust (see UCC1Ad, item 17 and	Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check only if applicable and check	t only one box			6b. Check only & applicable	and check only one box:
Public-Finance Transaction	Manufactured-Home Trans	A Deblor is a Transmi	tling Utility	Agriculturet Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (#	applicable): Leasertlessor	Cansignere/Consigner	SelenBuye	Bailee/Ballor	Licensee/Licensor
A OPTIONAL FILER REFERENCE					
2089	4184			2981	
,000					
FILING OFFICE COPY - UCC		0-2 Part 2 Filed 0	2/16/21		1111 200 100 P.C. Ber 29071.



Phone (615) 741-3276 Website: http://tnbear.tn.gov/

Page 1 of 1

\$0.00

427702987 Financing Statement Doc #: 10/24/2017 12:42 PM Filing Date: 10/24/2022 11:59 PM Lapse Date: 2981 ~4184 **Optional Filer Ref Data** 2089 **Document Receipt** \$15.00 Fees Paid: Receipt #: 3630569 Taxes Paid: \$0.00 \$15.00 Payment-Check/MO - LIEN SOLUTIONS, GLENDALE, CA

Financing Statement Doc #: 427702987

Maximum principal indebtedness for Tennessee recording tax purposes is:

UCC Financing Statement Acknowledgment This acknowledges the filing of the attached UCC1 document. Please review the data to ensure database

information corresponds with information on the submitted UCC form. In the event a discrepancy is found, please note the error and return the entire package to our office. If we may be of any further service to you, please contact us at the number noted below.

DLN

121 LEINHART ST

CLINTON, TN 37716

2330 INTERSTATE 30 MESQUITE, TX 75150

Tre Hargett

Secretary of State

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

October 24, 2017 1:44 PM

4772



Tre Hargett Secretary of State

LIEN SOLUTIONS PO BOX 29071 GLENDALE, CA 91209-9071

Enclosures: Original Documents

SECURED PARTY INFORMATION

DEBTOR INFORMATION

CURAE HEALTH, INC.

VAR RESOURCES, LLC

FILING INFORMATION

RECORDING TAX

Schedule A

Ç

Ş

Curae Health, Inc.

€.

Quantity	Manufacturer		
6		Intel Xeon E5-2640V4 / 2.4 GHz processor	
24		NUTANIX 16GB DDR4 MEM MODULE	
6		Nutanix - hard drive - 4 TB	
3		Nutanix - solid state drive - 960 GB	
3		Nutanix - expansion module	
1		Nutanix Production - Service- on-site	
1		NUTANIX SPARE CABLE	
3	Nutanix	NUTANIX PRISM PRO 1 NODE LIC 3Y	
3	Nutanix	Nutantx NX-1065-G5 Ultimate Entitlement - subscriptionlicense (3 years)	
1		Nutanix Xtreme Computing Platform NX-1365-G5 - applicationaccelerator	

1

444 C 1944

۰.

AND AND ADDRESS AND ADDRESS

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

Chapter: 11 Last Date to file claims: Last Date to file (Govt):

<i>Creditor:</i> (6755182)	Claim No: 70	Status:		
U.S. Bank, N.A. d/b/a U.S.	Bank Original Filed	Filed by: CR		
Equipment Finance	Date: 10/03/2018	Entered by: JEFFREY JOHN		
1310 Madrid Street	Original Entered	LOTHERT		
Marshall, MN 56258	Date: 10/03/2018	Modified:		
	Last Amendment			
	Filed: 02/16/2021			
	Last Amendment			
	Entered: 02/16/2021			
Amount claimed: \$67852.0	50			
History:				
Details 70-1 10/03/2018	Claim #70 filed by U.S. Bar	nk, N.A. d/b/a U.S. Bank Equipment Finance, Amount		
claimed: \$191225.55 (LOTHERT, JEFFREY)				

Details 70-2 02/16/2021 Amended Claim #70 filed by U.S. Bank, N.A. d/b/a U.S. Bank Equipment Finance, Amount claimed: \$67852.60 (LOTHERT, JEFFREY)

Description:

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*	\$67852.60
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		