Debtor 1 CURAE HEALTH, INC.. AMORY REGIONAL MEDICAL GEORGE Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Middle District of Tennessee Case number 18-05665 18-05675 18-05680

FILED

OCT 19 2018

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

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.

	art 1: Identify the Cl	aim					
1.	Who is the current creditor?	MONROE COUNTY Name of the current creditor Other names the creditor us	r (the person or e	entity to be paid for this cla			
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?	or a summer of the second				
3.	Where should notices and payments to the creditor be sent?	Where should notices MONROE COUNT	14			ments to the creditor	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name PO BOX 684	T TAX COL	LEGION	Name		
	(1101)2002(9)	Number Street ABERDEEN	MS	39730	Number Street		
		City Contact phone 662-369	State -6484	ZIP Code	City Contact phone	State	ZIP Code
		Contact email sclark@	monroems.c	com	Contact email	· · · · · · · · · · · · · · · · · · ·	Million Display
		Uniform claim identifier for	electronic payme	nts in chapter 13 (if you u	use one):		
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim number	on court claim	ns registry (if known) _		Filed on	DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the	e earlier filing?				

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:
7.	How much is the claim?	\$ 168,520.66. 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. PERSONAL PROPERTY TAXES
).	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property:
1(. Is this claim based on a lease?	✓ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
1	. Is this claim subject to a right of setoff?	✓ No ☐ Yes. Identify the property:

	MATOR BRIDGE STATE OF THE STATE	Annua annua annua			
12. Is all or part of the claim	□ No				I - Personal anni Marine anni 1980
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	Domesti 11 U.S.	c support obligations (includin C. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child support)	under	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2 persona	2,850* of deposits toward purc I, family, or household use. 11	hase, lease, or rental of prop U.S.C. § 507(a)(7).	erty or services for	\$
entitled to phonty.	bankrup	salaries, or commissions (up to toy petition is filed or the debto C. § 507(a)(4).	o \$12,850*) earned within 18 or's business ends, whicheve	0 days before the r is earlier.	\$
	LEFT DO	r penalties owed to governme	ntal units. 11 U.S.C. § 507(a)	(8).	\$168,520.66
	☐ Contribu	itions to an employee benefit p	olan. 11 U.S.C. § 507(a)(5).		\$
		Specify subsection of 11 U.S.C			\$
		re subject to adjustment on 4/01/1		cases begun on or a	fter the date of adjustment.
	Amounts	ne subject to adjustment on 4/07/1	o und every o your and make		
Part 3: Sign Below			The state of the s		
The person completing this proof of claim must	Check the appro	priate box:			
sign and date it.	am the cre	editor.			
FRBP 9011(b).	☑ I am the cre	editor's attorney or authorized	agent.		
If you file this claim	☐ I am the tru	stee, or the debtor, or their au	thorized agent. Bankruptcy F	tule 3004.	
electronically, FRBP		antor, surety, endorser, or oth			
5005(a)(2) authorizes courts to establish local rules		and the state of the control of the state of			
specifying what a signature	Lundorstand tha	t an authorized signature on the	nis Proof of Claim serves as	an acknowledgmen	t that when calculating the
is,	amount of the cl	aim, the creditor gave the deb	tor credit for any payments re	eceived toward the	debt.
A person who files a					***************************************
fraudulent claim could be fined up to \$500,000,	I have examined and correct.	the information in this Proof of	of Claim and have a reasonal	ole belief that the in	formation is true
imprisoned for up to 5 years, or both.	I declare under I	penalty of perjury that the fore	going is true and correct.		
18 U.S.C. §§ 152, 157, and 3571.					
	Executed on date	e 10/09/2018			
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	Signatule		-)		
	Print the name	of the person who is compl	eting and signing this clair	n:	
			eranda karista karista Karista karista karist		
	Name	PAT BIRKHOLZ			
F)		First name	Middle name	Last name	
	Title	TAX COLLECTOR			
	Company	MONROE COUNTY			V
		Identify the corporate servicer	as the company if the authorized	agent is a servicer.	
		PO BOX 684			
	Address			W25-7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		(F88023075)2 (12.90008)2	М	s 39730	
		ABERDEEN	Sta		
		City			
	Contact phone	662-369-6484	Em	aii pbirkholz@n	ionroems.com

PPMCOL1 Drawer Jser ID Mail Flag Posting Interest	COLLECTOR 7 SMC N 10 8 2018 8 1 2018	COLLECT Taxes Interest Postage Sheriff	PERSONAL PROPERTY Total Due 3949.18	- PAYOFF Prior Paid	PPWCOL11/M6 Balance Due 3949.18 276.45
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(-RAY/LAB #6454-781, 14400 METCALF AVENUE, OVERLAND	PARK, KS 66223-	NUMBER	USINESS PHONE:	
EARL FRYE BOULEVARD, AMORY OLD PAR	2220 OFFICE	MAP/PARCEL NUMBER:	4645	ndRcv: 3/
COUNTY: MONTOE BUSINESS TYPE: 0000 TAX DISTRICT: 2220 OFFICIAL: BUSINESS: 00/00/2014 BUSINESS OPEN/CLOSED: 00/00/0000 BUSINESS: 00/00/2014 BUSINESS OPEN/CLOSED: 00/00/0000 TRANSACTION - COST BOOK - MANUFACTURER - MODEL - DESCRIPTION YEAR QUANTITY A Total	TAX DISTRICT: 2220 OFFICIAL: BUSINESS OPEN/CLOSED: 00/00/0000	AP	PR DATE: / /	RendRcv: 3/31/2017 / / / VALUE O LEASED L CO. ID
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6) 0146286,ASSET,2007-HOSPITAL EQUIPMENT	EA			
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9) 0146290,ASSET,Z010-F&F	EA			
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13) 0146294, ASSET, ZOIS-COMPUTER EQUIPMENT	EA	4		
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DRA: MERIT HEALTH GILMORE MEMORIAL- #1454, 14400 METCALF, OVERLAND	AND PARK, KS 66223-	223-		B0	SINESS	SINESS PHONE:	H H H H H H	11 11 11 11 11 11
TION: 1105 EARL FRYE BOULEVARD, AMORY		M2	MAP/PARCEL NUMBER:	MBER:	2958		1	1
DUSINESS TYPE: 0742 TAREA: 000000 OLD/NEW BUSINESS: 00/00/0000	TAX DISTRICT: 2220 OFFICIAL: MR BUSINESS OPEN/CLOSED: 00/00/0000	0 1	ICIAL: MRS UPTON	APP	PR DATE:	5/2	MH	1/2017
TRANSACTION - COST BOOK - MANUFACTURER - MODEL - DESCRIPTION YEAR QUANTITY PURCH. # T	N YEAR QUANTITY PURCH. # T	ΥP	Processor Company	DEP	INDUSTRY	TRY -	1400	LEASED CO. ID
1	2009 3	EA A I	MEDEL	100 A INC	ESOURC		1187395 4	3271 4031
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0123637, ASSET, CISCO SWITCH SF3	2011 1	EA A	Leased:CAREVIEW		COMMUNI	COMMUNICATIONS	INC	4054
9) 0123639,ASSET,IBM SERVER 7945AC1		ø	Leased: CAREVIEW		COMMUNI		DNI	4054
10) 0123640,ASSET,IBM UPS 1500VA	2011 1	EA A	Leased: CAREVIEW		COMMUNI		INC	4054
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0127110, ASSET	2012 1	EA A	44696 5 58		220	220 1.054	27323 1	
16) 0128251,ASSET,2010-F/F	2010 1			9 0	220	1.088	71794 1	
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	2007 1	EA A	166432 10	20	220	1.269	77389 1	
20) 0128255,ASSET,2006-F/F	2005			20	220	1.329		
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28) 0128263,ASSET,2008-COMPUTERS 29) 0128264,ASSET,2004-COMPUTERS	2004 1	EA A	11063 13	20	301	1.350		
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YEAR FURNITURE MACHINERY LEASED INVENTORIES DEPARTMENT OF THE PROPERTY OF THE	II/LITHOTRIP 1 EA A LEASED:SIEMENS FINANCIAL SERVICE	0138083,ASSET, (1105 EARL FRYE
Values 5805672 1187395 2 2017 5805672 1187395 6 7	LEASED INVENTORIE	YEAR FURNITURE
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MERIT HEALTH GILMORE MEMORIAL. #1454, 14400 METCALF, OVER ATTON: 1105 EARL FRYE BOULEVARD, AWORY OLD PARCEL: NTY: MONTCO 0139261, ASSET, 2D WIRELESS SCAN KIT (X9) 0139261, ASSET, NARCSTATION VAULT 0139263, ASSET, NARCSTATION VAULT 0141419, ASSET, MARCSTATION VAULT 0141419, ASSET, MARCSTATION VAULT 0141419, ASSET, MARCSTATION VAULT 0141420, ASSET, MARCSTATION VAULT 0141421, ASSET, MARCSTATION VAULT 0141423, ASSET, MARCSTATION VAULT 01414240, ASSET, MARCSTATION VAULT 0141426, ASSET, MARCSTATION VAULT 0141426, ASSET, MARCSTATION VAULT 0141427, ASSET, MARCSTATION VAULT 0141428, ASSET, MARCSTATION VAULT 0141429, ASSET, MARCSTATION VAULT 0141429, ASSET, CI105 EARL FRYE BLVD) ERWER 0142404, ASSET, KI50 KEURIG K-CUP BREWER 0142405, ASSET, BRWR BUNN CWTF15 TC 0142406, ASSET, BRWR BUNN CWTF15 TC 0142406, ASSET, BRWR BUNN CWTF15 TC 0142407, ASSET, BRWR BUNN CWTF15 TC 0142408, ASSET, SERVER BUNN 1.5 GAL TF 0142410, ASSET, SERVER BUNN 1.5 GAL TF 0142410, ASSET, SERVER BUNN 1.5 GAL TF 0142413, ASSET, SERVER BUNN 1.5 GAL TF 0142414, ASSET, SERVER BUNN 1.5 GAL TF 0142414, ASSET, SERVER BUNN 1.5 GAL TF 0142414, ASSET, SERVER BUNN 1.5 GAL TF 0142415, ASSET, SERVER BUNN 1.5 GAL TF 0142416, ASSET, SERVER BUNN 1.5 GAL TF 0142416, ASSET, SERVER BUNN 1.5 GAL TF 0142417, ASSET, SERVER B	6993067 6993067	Ñ.	1187395 1187395	5 5805672 2017 5805672
INTION: 1105 SARL FRYE BOULEVARD, ANORY OLD PARCEL: MAPPRACEL NUMBER: 2555 MAPPRACEL NUMBER: 2555	1 1	MONEY/DEBT MISC.	-118	FURNITURE MACHINERY LEASED
MERIT HEALTH GILMORE MEMORIAL- #1454, 14400 METCALF, OVERLAND PARK, KS 66223- BUSINESS PHONE: MAP/PARCEL NUMBER: 2958 Rendrov: 4/ 1/2 TY: Monroe BUSINESS TYPE: 0742 TAX DISTRICT: 2220 OFFICIAL: MRS UPTON Rendrov: 4/ 1/2 DING AREA: 000000 OLD/NEW BUSINESS: 00/00/0000 BUSINESS OPEN/CLOSED: 00/00/0000 APPR DATE: 5/25/2016 MH DING AREA: 000000 OLD/NEW BUSINESS: 00/00/0000 BUSINESS OPEN/CLOSED: 00/00/0000 APPR DATE: 5/25/2016 MH C C C C C C C C C C C C C C C C C C C	n a a a a a a a a a a a a a a a a a a a	PSC LEASING INC PSC LEASING INC PSC LEASING INC L-ROM COMPANY INC MER HATOTHERS CO. EFILEX MEDICAL MINITY COFFEE COMPANY MUNITY COFFEE COMPANY STAL SPRINGS WATTER OF HFS LLC	1 EA 11 EA 11 EA 11 EA 11 EA 11 EA 11 EA 11 EA 11 EA 11 EA 2 EA 2 EA 2 EA 2 EA 2 EA 2 EA 11 EA 1	0139261, ASSET, DA WIRELESS SCAN KIT(X9) 0139262, ASSET, NARCSTATION VAULT 0139263, ASSET, NARCSTATION VAULT 0141418, ASSET, BLOWER ASSEMBLY, SAE 0141419, ASSET, BLOWER ASSEMBLY, SAE 0141420, ASSET, BLOWER ASSEMBLY, SAE 0141420, ASSET, P500 THERRAPY SULFRACE 0141423, ASSET, P500 THERRAPY SULFRACE 0141425, ASSET, P500 THERRAPY SULFRACE 0141426, ASSET, K150 KEURIG K-CUP BREWER 0142403, ASSET, K150 KEURIG K-CUP BREWER 0142404, ASSET, BRWR BUNN CWTC POUROVER 0142404, ASSET, BRWR BUNN LTCB - HV DUAL 0142406, ASSET, BRWR BUNN LTCB - HV DUAL 0142407, ASSET, BRWR BUNN LTCB - HV DUAL 0142407, ASSET, SERVER BUNN 1.5 GAL TF 0142408, ASSET, SERVER BUNN 1.5 GAL TF 0142410, ASSET, SERVER BUNN 1.5 GAL TF 0142413, ASSET, SERVER BUNN 1.5 GAL TF 0142414, ASSET, SERVER BUNN 1.5 GAL TF 0142414, ASSET, SERVER BUNN 1.5 GAL TF 0142415, ASSET, SERVER BUNN 1.5 GAL TF 0142414, ASSET, SERVER BUNN 1.5 GAL TF 0142415, ASSET, SERVER BUNN 1.5 GAL TF
MERIT HEALTH GILMORE MEMORIAL- #1454, 14400 METCALF, OVERLAND PARK, KS 66223- TION: 1105 EARL FRYE BOULEVARD, AMORY OLD PARCEL: MAP/PARCEL NUMBER: 2958	V: 4/ 1/2 MH C C UE O LEA	S UPTON APPR DATE: 5/2 APPR DATE: 5/2 A A A A INDUSTRY - LS E ID MULT.	CT: 2220 OFFICI OPEN/CLOSED: 00/0 EAR QUANTITY A URCH. # TYP G	BUSINESS TYPE: 0742 TO 000000 OLD/NEW BUSINESS: 00/00/0000 OLD/NEW BUSINESS: 00/00/00000 OLD/NEW BUSINESS: 00/00/00000 OLD/NEW BUSINESS: 00/00/00000
MERIT HEALTH GILMORE MEMORIAL- #1454, 14400 METCALF, OVERLAND PARK, KS 66223-	1	2958		EARL FRYE BOULEVARD, AMORY OLD
		BUSINESS PHONE:	KS 66223-	MERIT HEALTH GILMORE MEMORIAL- #1454, 14400 METCALF,

			YEAR 3 YEAR 4 YEAR 5 YEAR 6 YEAR 8 YEAR 9
6993067 6993067		1187395 1187395	Appraised Values 5805672 YEAR 1 2017 5805672 YEAR 2
TOTAL	BANKS MONEY/DEBT MISC.	MACHINERY LEASED INVENTORIES	FURNITURE
	Leased:DIVERSIE Leased:DIVERSIE Leased:DIVERSIE	MBER/ MERIT HEALTH2007 1 MBER/ MERIT HEALTH2007 1 CHAIR W/S FOOT CO2011 1	26) 0146245,ASSET,HC DUCKING DRAWER (AC) (DAI 27) 0146470,ASSET, (1105 EARL FRYE BLVD)HBO CHAI 28) 0146471,ASSET, (1105 EARL FRYE BLVD)HBO CHAI 29) 0146472,ASSET, (1105 EARL FRYE BLVD)527 MTI
4600 4600 4600	A Leased:CHS PSC LEASING INC A Leased:CHS PSC LEASING INC A Leased:CHS PSC LEASING INC	NIC 1 EA	0146242,ASSET,HC LOCKING DRAWER 0146243,ASSET,HC LOCKING DRAWER 0146244,ASSET,HC LOCKING DRAWER
4600 4600 4600	Leased: CHS PSC LEASING Leased: CHS PSC LEASING Leased: CHS PSC LEASING	US 2	20) 0146239,ASSET,HC LOCKING DRAWER (X6) 21) 0146240,ASSET,HC LOCKING DRAWER (X6) 22) 0146241,ASSET,HC LOCKING DRAWER (X6)
4600	A Leased: CHS PSC LEASING INC A Leased: CHS PSC LEASING INC	CENT 1 EA (X1) HC LOCKING DRAWER 1 EA ED 1 EA	0146236, ASSET, HC LOCKING DRAWER (X8) 0146237, ASSET, 12 LOCK LIDDED DRAWER
4608	STAL SPRINGS L-ROM COMPANY	цц	0146109, ASSET, WATER
1131	Leased: CRYSTAL SPRINGS WATER OF MS		12) 0146099,ASSET,ROOM CONTROL PLATFORM REV 2.5 13) 0146107,ASSET,WATTER COOLER-INTERNAL MEDICINE-GILMORE 14) 0146108,ASSET,WATTER COOLER-LAB & X-RAY GILMORE
4039	Leased: COMMUNITY COFFEE COMPANY LLC Leased: COMMUNITY COFFEE COMPANY LCC Leased: COMMUNITY COMPANY LCC	ARMERS 1	~~
4839 4839 4839	COFFEE COMPANY	2 WARMERS 1	8) 0145829,ASSET,BRWN BUNN 1.5 GAL TF 9) 0145830,ASSET,BRWN BUNN VP17-2 POUROVER
4839	Leased: COMMUNITY COFFEE COMPANY LLC	BLVD) COCLERS/MERIT HEALTH GILM2014 1 EA A GAL TF 1 EA A GAL TF 1 EA A) 0143777, ASSET, (1105 EARL FRYE) 0145827, ASSET, SERVER BUNN 1.5
13 1 74 1	220	1 EA 1 EA	,2015-F/F ,2015-MEDICAL EQ ,2015-COMPUTERS
- 1	PITNEY BOWES GLO	SYSTEM-AMORY HMA 2015 1 EA	1) 0143016 AGGET (1105 EART, FRYE BLUD) MAILING
C E O LEASED L CO. ID	Total G DEP - INDUSTRY - VALUE Costs E ID MULT.	- MODEL - DESCRIPTION YEAR QUANTITY A	N - COST BOOK - MANUE
RendRcv: 4/ 1/2017 /25/2016 MH	S UPTON APPR DATE: 5	TAX DISTRICT: 2220 BUSINESS OPEN/CLOSEL	COUNTY: MORIOE BUSINESS TYPE: 0742 BUILDING AREA: 000000 OLD/NEW BUSINESS: 00/00/0000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAP/PARCEL NUMBER: 2958	OLD PARCEL:	
	BUSINESS PHONE:	14400 METCALF, OVERLAND PARK, KS 66223-	DBA: MERIT HEALTH GILMORE MEMORIAL- #1454,
4 OF 5	OPERTY CARD: 4 OF 5	BUSINESS PERSONAL PR	PPIN - 2958 10/8/2018

b .	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	!	COI BU	LO!	DBJ	NIGG
Appraised YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR		TRAI	COUNTY: MONTOE BUSINESS TYPE: 0742 TAX DISTRICT: 2220 O BUILDING AREA: 000000 OLD/NEW BUSINESS: 00/00/0000 BUSINESS OPEN/CLOSED:	LOCATION:	-3575 W	2
	0146473, ASSET, (1105 EARL FRYE BLVD) 0146475, ASSET, (1105 EARL FRYE BLVD) 0146475, ASSET, (1105 EARL FRYE BLVD) 0146477, ASSET, (1105 EARL FRYE BLVD) 0146542, ASSET, DRINK DISPENSER-MERIT 0146543, ASSET, DRINK DISPENSER-MERIT 0146547, ASSET, 2016-F/F 0146548, ASSET, 2016-COMPUTERS	TRANSACTION	Monroe 3 AREA:	1: 1105	MERIT HEAL	2958
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FURNITURE 5805672 5805672	EARL E EARL E EARL E EARL E EARL DISPENDISPENDICAL COMPUTE COM	- M2	OLD/	BOULEVARD,	EMORI	10/ 8/2018
RNITURE 		COST BOOK - MANUFACTURER -	BUSINESS TYPE: 0742 OLD/NEW BUSINESS: 00/00/0000	RD, J		18
11 Mg	BLVD) 527 MTI CHAIR W/S FOOT CO2011 BLVD) 527W MTI CHAIR W/S FOOT C2011 BLVD) 527W MTI CHAIR W/S FOOT C2011 BLVD) ELITEBOOK 840 G1:T, MAZUL2015 BLVD) HP ELITEBOOK 840 G3 DCG612016 MERIT HEALTH GILMORE 2016 MERIT HEALTH GILMORE 2016 2016 2016	CTURE	BUSINESS TYPE:	AMORY	#1454,	
MACHINERY	527W 527W 527W 527W HEALITE HEAL HEAL HEAL	Π - -	ESS:	1	14	B
!!-	527W MTI CHAIR W 527W MTI CHAIR 527W MTI CHAIR ELITEBOOK 840 G HP ELITEBOOK 84 HEALTH GILMORE HEALTH GILMORE	MODEL - DESCRIPTION	PE: 0	0		ts H
F 1 1	CHAIR W/S CHAIR W/S CHAIR W/S CHAIR W/S S 840 G1:T BOOK 840 G:T GILMORE	- DES	0742	LD PA	METCALF,	S
LEASED	/S F W/S 1:T, 0 G3	CRIP	TAX	OLD PARCEL:	, OVI	S
47	FOOT C02011 FOOT C2011 FOOT C2011 MAZUL2015 3 DCG612016 2016 2016 2016 2016 2016	LION	TAX DISTRICT: BUSINESS OPE		RLAN	P E
INVENTORIES 1187395 1187395	2016 2016 2016 2016 2016 2016 2016 2016	YEAR O	FAX DISTRICT: 2220 OFFICIAL: MR BUSINESS OPEN/CLOSED: 00/00/0000		P)	8 0
NTORIES 1187395 1187395		YEAR QUANTITY PURCH. # T	2220 N/CLO		20	NA
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	ED CLINICAL ED CLINICAL ED CLINICAL ED CLINICAL ED CLINICAL COLA COMPANY 220 .994 220 .994 301 .999	INDUSTRY -	DATE:	2958	SINESS	
MISC.	CAL CCAL CCAL CCAL CCAL CCAL CCAL CCAL	MULT.	5/2		BUSINESS PHONE:	
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TOTAL 6993067 6993067		100 17 0 0 10	RendRcv: 4/ 1/2017 5/2016 MH	1		5 OF
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MIDDLE DISTRICT OF TENNESSEE Claims Register

3:18-bk-05675 Amory Regional Medical Center, Inc.

Judge: Charles M Walker Chapter: 11

Office: Nashville Last Date to file claims: Trustee: Last Date to file (Govt):

Creditor: (6742318) Claim No: 7 Status:

MONROE COUNTY TAX Original Filed Filed by: CR

COLLECTOR Date: 10/19/2018 Entered by: Intake1

PO BOX 684 Original Entered Modified:

ABERDEEN MS 39730 Date: 10/19/2018

Amount claimed: \$168520.66 Priority claimed: \$168520.66

History:

<u>Details</u> 7-1 10/19/2018 Claim #7 filed by MONROE COUNTY TAX COLLECTOR, Amount claimed:

\$168520.66 (Intake1)

Description: (7-1) PERSONAL PROPERTY TAXES

Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.

Case Number: 3:18-bk-05675

Chapter: 11

Date Filed: 08/24/2018 **Total Number Of Claims:** 1

Total Amount Claimed*	\$168520.66
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	\$168520.66	
Administrative		