

Fill in this information to identify the case:

Debtor 1 Curae Health Inc/dba Armory Medical Center Inc
 Debtor 2 (Spouse, if filing) _____
 United States Bankruptcy Court for the: Middle District of Tennessee
 Case number 18-05675

FILED

DEC 28 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Arthrex Inc</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?	Where should payments to the creditor be sent? (if different)
	<u>Arthrex Inc</u> Name <u>14550 Plantation Rd</u> Number Street <u>Fort Myers</u> <u>FL</u> <u>33912</u> City State ZIP Code Contact phone <u>800-595-4165 ext. 72273</u> Contact email <u>megan.keicher@arthrex.com</u>	<u>Arthrex Inc</u> Name <u>PO Box 403511</u> Number Street <u>Atlanta</u> <u>GA</u> <u>30384-3511</u> City State ZIP Code Contact phone <u>800-595-4165 ext. 72273</u> Contact email <u>megan.keicher@arthrex.com</u>
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

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: 8 9 8 9

7. How much is the claim? \$2,972.06 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

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

Up to \$2,850* 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 \$12,850*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 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 12/21/2018
MM / DD / YYYY

Signature _____

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

Name Megan Keicher
First name Middle name Last name

Title Credit Risk Analyst

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

Address 14550 Plantation Rd
Number Street

Fort Myers FL 33912
City State ZIP Code

Contact phone 800-595-4165 ext. 72273 Email megan.keicher@arthrex.com



Arthrex Inc.
 P.O. Box 403511
 ATLANTA GA 30384-3511
 USA

CURAE HEALTH INC
 PO BOX 459
 AMORY MS 38821-0459
 USA

ACCOUNT STATEMENT

Date:
 08/29/2018
CONTACT TEAM
 TEAM SYM
TELEPHONE:
 800-595-4165
FAX NO:
 866-843-2904
E-MAIL:
 arthrexcredit@arthrex.com
Your Account with us :
 1000008989

Document Date	Document Number	Original Document Number	Purchase Order No	Due Date	Arrears (Days)	Currency	Amount
07/18/2018	93963015	3347644	01539	08/17/2018	12	USD	910.29
07/20/2018	93975961	3360032	01575	08/19/2018	10	USD	289.76
08/14/2018	94066827	3440101	01851	09/13/2018	-15	USD	1,772.01
TOTAL AMOUNT OPEN:						USD	2,972.06
Payments Unapplied:						USD	0.00
Total Amount:						USD	2,972.06

All statements reflect cash postings through July 31st, 2018. Payments received after this date will be applied and reflected on your next statement. In the interim, you may see these pending postings listed on your statement as a 10 digit credit memo number starting with 25.

Please email any questions to arthrexcredit@arthrex.com.

Curr.	Current	1 up to 30 Days	31 up to 60 Days	61 up to 90 Days	Over 90 Days
USD	1,772.01	1,200.05	0.00	0.00	0.00

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: (6731513)
ARTHREX INC
14550 PLANTATION ROAD
FORT MYERS, FL 33912

Claim No: 15
Original Filed
Date: 12/28/2018
Original Entered
Date: 12/28/2018

Status:
Filed by: CR
Entered by: Intake3
Modified:

Amount claimed: \$2972.06

History:

[Details](#) [15-1](#) 12/28/2018 Claim #15 filed by ARTHREX INC, Amount claimed: \$2972.06 (Intake3)

Description: (15-1) Goods sold

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*	\$2972.06
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		