Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc.

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05675

FILED

JAN 10 2019

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?

Cathy Mitchell
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?

☑ No
☐ 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?

Cathy Mitchell
Name
942 Co Hwy 52
Number Street
Guin AL 35563
City State ZIP Code

Contact phone 205-412-3744
Contact email Cmitchell@nmhs.net

Where should payments to the creditor be sent? (if different)

Cathy Mitchell
Name
942 Co Hwy 52
Number Street
Guin AL 35563
City State ZIP Code

Contact phone 205-412-3744
Contact email cmitchell@nmhs.net

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

__ __

4. Does this claim amend one already filed?

☑ No
☐ 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?

☑ No
☐ 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: ___ ___ ___ ___

7. How much is the claim?

$ 1008.48

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.

Earned Wages / Paid Time Off

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:*

	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 $2,850* 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).	$ 12,850.00
☐ 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 4/01/19 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 01/04/2019 (MM / DD / YYYY)

Cathy Mitchell
Signature

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

Name: Cathy (First name) Alana (Middle name) Mitchell (Last name)

Title: Chief Nursing Officer

Company: Curae Health Gilmore Memorial Hospital

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

Address: 1105 (Number) Earl Frye Blvd (Street)

Amory (City) Ms (State) 38821 (ZIP Code)

Contact phone: 662-256-6266 Email: cmitchell@nmhs.net

1721 Midpark Road Suite B-200
Knoxville, TN 37921 865-269-4074

Cathy Mitchell

Curae Health Inc.

Company	Period Begin	Division
1964	12/16/2018	9454
Number	Period End	Branch
000578030	12/29/2018	1454
Social Security #	Check Number	Department
XXX-XX-0347	-99375643	7381
Hire Date	Check Date	Team
1/26/2015	1/4/2019	

Sick 242.950000 Accr= 242.950000 Bal HOURS
Vacation 71.280000 Accr= 55.280000 Bal HOUR

Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
01-Regular		66.00	56.00	3696.00	3696.00
07-PTO/Vacation		66.00	16.00	1056.00	1056.00
Holiday		66.00	8.00	528.00	528.00
Group Term Life		0.00	0.00	6.04	6.04
Memos					
ER Dental Ins Premium			0.00	12.21	12.21
Total Earnings			80.00	5286.04	5286.04
NET PAY	3620.21	Total Direct Deposits			3620.21

Deductions

Description	Current	Year To Date
Fed (S/0) (5276.66)	1007.26	1007.26
OASDI (5276.66)	327.15	327.15
Medicare (5276.66)	76.51	76.51
MS (M/0) (5276.66)	247.00	247.00
Pre-Tax Vision	9.38	9.38
Post-Tax Vol Critical Illness	5.26	5.26
Post-Tax Vol Child Life/AD&D	0.78	0.78
Post-Tax Vol EE Life/AD&D	29.11	29.11
Post-Tax Hospital A/R 1	-42.66	-42.66
Net Pay 00118XXXX	3620.21	3620.21
Total Deductions	5280.00	5280.00
Check Amount	0.00	0.00

Curae Health Inc.
1721 Midpark Road
Suite B-200
Knoxville, TN 37921

Regions Bank
Nashville, TN

87-1
640

Check Date 1/4/2019 **Check Number Memo**

Pay *No Dollars and No Cents* $************

To the Order of:
9454 1454 7381
Cathy Mitchell
942 County Hwy 52
Guin, AL 35563

PAY ONLY 0 00 CTS CTS
000578030-99375643
NON NEGOTIABLE

Authorized Signature

Curae Health Inc.
1721 Midpark Road
Suite B-200
Knoxville, TN 37921

9454 1454 7381 000578030-99375643
Cathy Mitchell
942 County Hwy 52
Guin, AL 35563

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: (6818950) CATHY MITCHELL 942 CO HWY 52 GUIN AL 35563	**Claim No: 23** *Original Filed Date*: 01/10/2019 *Original Entered Date*: 01/10/2019	*Status:* *Filed by:* CR *Entered by:* Intake2 *Modified:*

Amount claimed: $1008.48
Priority claimed: $12850.00

History:
Details 23-1 01/10/2019 Claim #23 filed by CATHY MITCHELL, Amount claimed: $1008.48 (Intake2)

Description: (23-1) EARNED WAGES/PAID TIME OFF
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*	$1008.48
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	$12850.00	
Administrative		