

**Fill in this information to identify the case:**

Debtor 1 <u>Amory Regional Medical Center, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number: <b>18-05675</b>

FILED  
 U.S. Bankruptcy Court  
 MIDDLE DISTRICT OF TENNESSEE  
 1/14/2019  
 MATTHEW T. LOUGHNEY, Clerk

**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.

<b>Part 1: Identify the Claim</b>			
1. Who is the current creditor?	USOC MEDICAL 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?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Where should notices to the creditor be sent?</b>                      USOC MEDICAL                       Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)                       Name                      20 MORGAN                      IRVINE, CA 92618                       Contact phone <u>949-243-9109</u>                      Contact email <u>accounting@usocmedical.com</u>                       Uniform claim identifier for electronic payments in chapter 13 (if you use one):                      _____                 </td> <td style="width: 50%; vertical-align: top;"> <b>Where should payments to the creditor be sent? (if different)</b>                        Name                        Contact phone _____                      Contact email _____                 </td> </tr> </table>	<b>Where should notices to the creditor be sent?</b> USOC MEDICAL  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Name 20 MORGAN IRVINE, CA 92618  Contact phone <u>949-243-9109</u> Contact email <u>accounting@usocmedical.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>   Name   Contact phone _____ Contact email _____
<b>Where should notices to the creditor be sent?</b> USOC MEDICAL  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Name 20 MORGAN IRVINE, CA 92618  Contact phone <u>949-243-9109</u> Contact email <u>accounting@usocmedical.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>   Name   Contact phone _____ Contact email _____		
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 _____ <span style="float: right;">MM / DD / YYYY</span>		
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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2046</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>783.00</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>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 healthcare information.</p> <p><u>Repair of Medical Equipment, Services Performed</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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 1/14/2019  
MM / DD / YYYY

/s/ Kimberly Gray

Signature

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

Name Kimberly Gray

First name Middle name Last name

Title Accounting

Company USOC Medical

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

Address 20 Morgan

Number Street

Irvine, CA 92618

City State ZIP Code

Contact phone 949-243-9109 Email accounting@usocmedical.com



**20 Morgan**  
**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

## Invoice

**Invoice#: INV18 9689**  
**Date : 06-07-2018**  
**Account # : ACC2046**

### Ship To:

Amory Medical Center  
1105 Earl Frye Blvd.  
Armory, MS, 38821  
Attention: Biomed

### Bill To:

Amory Medical Center  
1105 Earl Frye Blvd.  
Armory MS, 38821  
Attention:

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Josue	Warranty/Repair	00949	15	Shipped	06-07-2018	--	08-06-2018	436541303687

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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**"Simple Solutions for Complex Devices"**

All parts sold by USOC are either Refurbished or Aftermarket.

\*\*\*\* **Late Fees: 0-30 days (5%), 30-60 days (10%), >60 days (15%). All credit card charges are subject to a 3% fee of the total cost** \*\*\*\*  
USOC Medical warrants to the original purchaser that this product is free from defects in materials and workmanship for (12) month period. This warranty does not apply if this product (1) was not purchased from USOC Medical, (2) has been altered in any way, or (3) has not been used in accordance with OEM and product manufacturer's guidelines. This Limited Warranty does not cover damage due to accidents, water damage, neglect, improper installation, or substitution of parts not approved by USOC Medical. For more complete details on usoc medical warranty policy refer to [www.usocmedical.com](http://www.usocmedical.com).\*\* A 20% restocking fee will be added for any return items\*\*



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**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_9689**  
**Date : 06-07-2018**  
**Account # : ACC2046**

1	USOCGE2264HAX 2264HAX Corometrics Toco Transducer (Wing) Refurbished  Toco Wing  Came with 45-031418  Issue: Staff said toco does not pick up.  Tech notes:  -Giving out inaccurate readings  Service notes:  -Refurbished Toco Board  -Recalibrated Unit  -Tested Unit  -Passed Department Q.C  -Passed all parameters  -Cleaned and sanitized	1.00	\$0.00	\$0.00
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[www.usocmedical.com](http://www.usocmedical.com)

## Invoice

**Invoice#: INV18\_9689**  
**Date : 06-07-2018**  
**Account # : ACC2046**

2	USOCGE2264HAX 2264HAX Corometrics Toco Transducer (Wing) Refurbished  Toco Wing  Issue: Not picking.  Tech notes:  -Worn out cable  Service notes:  -Replaced Cable  -Refurbished Toco Board  -Calibrated Unit  -Tested Unit  -Passed Department Q.C  -Passed all parameters  -Cleaned and sanitized	1.00	\$95.00	\$95.00
			<b>Sub Total</b>	<b>\$95.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$95.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 11152**  
**Date : 07-19-2018**  
**Account # : ACC2046**

### Ship To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory, MS, 38821  
 Attention: Biomed Mike

### Bill To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory MS, 38821  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Josue	Repair	01249	15	Shipped	07-19-2018	3-Day	09-17-2018	448782848321

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 11152**  
**Date : 07-19-2018**  
**Account # : ACC2046**

1	USOCM2736A M2736A Philips Ultrasound Complete Unit  SN: DE52602758  ISSUE: Philips US Transducer (M2736A) erratic  Tech notes: Cable damaged  Service notes:  -Replaced Cable  -Refurbished Main Board  -Refurbished U/S Board  -Tested Unit  -Passed Department Q.C  -Passed all parameters	1.00	\$140.00	\$140.00
			<b>Sub Total</b>	<b>\$140.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$140.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 13493**  
**Date : 08-09-2018**  
**Account # : ACC2046**

### Ship To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory, MS, 38821  
 Attention: Biomed Mike

### Bill To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory MS, 38821  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Hana	Repair	01706	15	Shipped	08-09-2018	--	10-08-2018	448782855297

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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## Invoice

**20 Morgan**  
**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_13493**  
**Date: 08-09-2018**  
**Account #: ACC2046**

1	USOCBXAS50 Baxter AS50 Infusion Pump  SN: 704211AB  HOSP ID: 0117  ISSUE: PM Needed  Tech notes:  Repairs needed:  Calibrate unit  Perform PM  Repairs done:  Calibrated unit  Performed PM  Passed all functional tests  Passed all department QC  *PM only No Warranty*	1.00	\$195.00	\$195.00
			<b>Sub Total</b>	<b>\$195.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$195.00</b>

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**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 13882**  
**Date : 08-17-2018**  
**Account # : ACC2046**

### Ship To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory, MS, 38821  
 Attention:

### Bill To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory MS, 38821  
 Attention:

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Josue	Repair	01832	15	Shipped	08-17-2018	3-Day	10-16-2018	448782857841

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_13882**  
**Date : 08-17-2018**  
**Account # : ACC2046**

1	USOCM2735A Philips M2735A Toco+ Complete Unit Refurbished  SN: DE52518985  Issue: Staff complains it is not picking up with attachment to display on monitor.  Tech notes: No reading  Service notes:  -Replaced Eprom  -Replaced Cable  -Refurbished Main Board  -Checked Pressure Gauge  -Tested Unit  -Passed Department Q.C  -Passed all parameters	1.00	\$79.00	\$79.00
			<b>Sub Total</b>	<b>\$79.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$79.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_20065**  
**Date: 11-23-2018**  
**Account #: ACC2046**

### Ship To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory, MS, 38821  
 Attention: Biomed Mike

### Bill To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory MS, 38821  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Hana	Repair	02625	Pre-Pay	Shipped	11-23-2018	--	01-22-2019	

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
1	USOCBXAS50 Baxter AS50 Infusion Pump  SN: 12080285AB  Hosp ID: 0682  Issue: N/A  Tech notes:  Calibration and PM  Passed all functional tests  Passed all department QC	1.00	\$195.00	\$195.00
			<b>Sub Total</b>	<b>\$195.00</b>
			<b>Discount</b>	<b>0.00</b>

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**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_20065**  
**Date : 11-23-2018**  
**Account # : ACC2046**

			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$195.00</b>

**"Simple Solutions for Complex Devices"**

All parts sold by USOC are either Refurbished or Aftermarket.

**\*\*\*\* Late Fees: 0-30 days (5%), 30-60 days (10%), >60 days (15%). All credit card charges are subject to a 3% fee of the total cost \*\*\*\***  
 USOC Medical warrants to the original purchaser that this product is free from defects in materials and workmanship for (12) month period. This warranty does not apply if this product (1) was not purchased from USOC Medical, (2) has been altered in any way, or (3) has not been used in accordance with OEM and product manufacturer's guidelines. This Limited Warranty does not cover damage due to accidents, water damage, neglect, improper installation, or substitution of parts not approved by USOC Medical. For more complete details on usoc medical warranty policy refer to [www.usocmedical.com](http://www.usocmedical.com). \*\* A 20% restocking fee will be added for any return items \*\*



## Invoice

**20 Morgan**  
**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18 21984**  
**Date : 12-26-2018**  
**Account # : ACC2046**

### Ship To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory, MS, 38821  
 Attention: Biomed Mike

### Bill To:

Amory Medical Center  
 1105 Earl Frye Blvd.  
 Armory MS, 38821  
 Attention: Accounts Payable

Tech Name	Order Type	PO #	Terms	Payment Status	Ship Date	Ship Via	Due Date	Tracking No.
Josue	Repair	03044	30	Shipped	12-26-2018	3-Day	02-24-2019	473280381505

Item No	Comments/ Descriptions	Quantity	Unit Price	Totals
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## Invoice

**20 Morgan**  
**Irvine, CA, 92618**  
**Phone: 1-855-888-USOC (8762)**  
**Fax: 949-243-9113**  
[www.usocmedical.com](http://www.usocmedical.com)

**Invoice#: INV18\_21984**  
**Date: 12-26-2018**  
**Account #: ACC2046**

1	USOCGE5700 5700LAX GE Ultrasound  Cormetrics US transducer  US Wing  Issue: N/A  Tech notes: Torn cable w/ no sound  Service notes: -Replaced Wing -Replaced Cable -Refurbished U/S Board -Tested Unit -Passed Department Q.C -Passed all parameters	1.00	\$79.00	\$79.00
			<b>Sub Total</b>	<b>\$79.00</b>
			<b>Discount</b>	<b>0.00</b>
			<b>Shipping &amp; Handling</b>	<b>0.00</b>
			<b>Total Taxes</b>	<b>0.00</b>
			<b>Grand Total (USD)</b>	<b>\$79.00</b>

**"Simple Solutions for Complex Devices"**

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# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:18-bk-05675 Amory Regional Medical Center, Inc.](#)

<b>Judge:</b> Charles M Walker	<b>Chapter:</b> 11
<b>Office:</b> Nashville	<b>Last Date to file claims:</b>
<b>Trustee:</b>	<b>Last Date to file (Govt):</b>
<i>Creditor:</i> (6732482)	<b>Claim No:</b> 32
USOC MEDICAL	<i>Original Filed</i>
20 MORGAN	<i>Date:</i> 01/14/2019
IRVINE, CA 92618	<i>Original Entered</i>
	<i>Date:</i> 01/14/2019
	<i>Status:</i>
	<i>Filed by:</i> CR
	<i>Entered by:</i> admin
	<i>Modified:</i>

Amount claimed: \$783.00

*History:*

[Details](#) [32-1](#) 01/14/2019 Claim #32 filed by USOC MEDICAL, Amount claimed: \$783.00 (admin)

*Description:*

*Remarks:* (32-1) Account Number (last 4 digits):2046

### 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

<b>Total Amount Claimed*</b>	\$783.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		