

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: Northwest Mississippi Med Ctr. PO Box 1218 1970 Hospital Dr., Clarksdale, MS 38614	Case Number: 18-05678	<div style="font-size: 24pt; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 18pt; font-weight: bold; margin: 5px 0;">NOV 05 2018</div> <div style="font-weight: bold; margin: 0;">U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">COURT USE ONLY</div> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Curbell Plastics, Inc. Attn: Gail Thomson 7 Cobham Dr., Orchard Park, NY 14127 Telephone number: (716) 667-3377 email: gthomson@curbell.com		
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>881.50</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) — <u>503(b) 9</u> <u>INV# 90300884</u> </div> </div> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ <u>881.50</u> </div>		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Lisa Flowers
Title: Credit and Collections Supervisor
Company: Curbell Plastics, Inc.
Address and telephone number (if different from notice address above):

Lisa B. Flowers 10/26/18
(Signature) (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



www.curbellmedical.com

PLEASE REMIT IN U.S. FUNDS TO:
CURBELL MEDICAL PRODUCTS, INC.
62882 Collection Center Dr.
Chicago, IL 60693-0628

Page 1 of 1

Please Direct All Inquiries & Correspondence To: 7 Cobham Drive, Orchard Park, NY 14127
(716)667-2520 FAX (716)667-7775

Invoice

Reprint

Bill-To 425011

Northwest Mississippi Med Ctr
749 902 Curae Accounting
PO Box 1218
Clarksdale MS 38614

Information

Invoice # 90300884
Invoice Date 08/23/2018
Delivery # 8000296334
Sales Order # 5286344
Customer PO # 749-6790434
Bill To # 425011
Currency USD
Term of Payment Net due in 30 days
Shipping Method FedEx Ground

Ship-To-Party 405717

Northwest Mississippi Med Ctr
1970 Hospital Dr
Clarksdale MS 38614
ATTN: Tasha Muskin

Item	Material/Description	Quantity	Unit Price	Value
10	4691 CABLE,3800,8FT,GRAY,GEN III Curbell Material # CA3800-010	20 EA	34.95	699.00
20	13622 SPEAKER,40 OHM,2 1/4",MYLAR,QD,GEN III Curbell Material # SP-075	20 EA	8.50	170.00
Subtotal				869.00
Shipping & Handling				12.50
Total Amount (USD)				881.50

Thank you for doing business with Curbell Medical
We appreciate the opportunity to repair your product.

See: www.curbellmedical.com for Curbell Terms & Conditions of Sale.

How to Return Merchandise: All returns must be processed within 60 days of delivery date and are subject to a 25% restocking fee. Product must be new, resalable condition and in original packaging. Custom-made items are non-returnable. First Article Approval is required prior to initial shipment. Contact customer Service at 800-235-7500 and ask for a return authorization (RA#). Enclose this RA# with the item, print the RA# on the outside of the package, and mail to Curbell at 20 Centre Drive, Orchard Park, NY 14127. ORDER MAY BE SUBJECT TO A MINIMUM ORDER FEE
Seller represents that with respect to the production of the articles and/or performance of the service covered by this invoice, it has fully complied with Section 12(a) of the Fair Labor Standards Act of 1938, as amended. A finance charge of 1-1/2 per month (annual rate 18%) may be applied if payment is not made within 30 days of date of invoice.

IMPORTANT: SEE CURBELL CUSTOMER TERMS AGREEMENT FOR GENERAL TERMS AND CONDITIONS OF SALE AND WARRANTY TERMS, EXCLUSIONS, DISCLAIMER, AND REMEDIES.

CURBELL IS AN INDEPENDENT SELLER/SERVICER/REPAIRER OF EQUIPMENT AND PARTS.

CURBELL IS NOT AFFILIATED WITH ANY OTHER COMPANY.

Origin Notice to Subsequent Purchaser or Repackager: The items covered by this invoice may include imported articles of foreign origin. An imported article and/or its packing or container has a label stating the foreign country of origin of the article. The requirements of 19 USC1304 and 19 CFR Part 134 provide that imported articles and/or their packaging or containers must be marked in a conspicuous place as legibly, indelibly, and permanently as the nature of the article or its packaging/container will permit, in such a manner as to indicate to an ultimate purchaser in the United States, the English name of the foreign country of origin of the article.

REV I.

7.5.1.12.1.M



www.curbellmedical.com

Ship-to party 405717

Northwest Mississippi Med Ctr
1970 Hospital Dr
Clarksdale MS 38614

Carrier Type: FedEx Ground

Please Direct All Inquiries & Correspondence To: 7 Cobham Drive, Orchard Park,
NY 14127 (716)667-2520 FAX (716)667-7775

Curbell Medical Products, Inc
20 Centre Dr
Orchard Park NY 14127

Repeat printout Packing list

Delivery # - Date
8000296334 - 08/23/2018
Customer PO 749-6790434
Sales Order # 0005286344
Customer # 0000405717
Incoterms 3PB FOB ORIGIN

Identification	Material / Description Contents	Quantity	Weight	Backorder
1000363700	4691 / CABLE,3800,8FT,GRAY,GEN III Curbell Material # CA3800-010 Curbell Batch No 0000206317	20.000 EA	8.000 LB	
1000363700	13622 / SPEAKER,40 OHM,2 1/4",MYLAR,QD,GEN III Curbell Material # SP-075 Curbell Batch No 0000201309	20.000 EA	1.200 LB	

Statement of Compliance

Curbell Medical Products Inc. certifies that the information contained in this form, pertaining to the accompanying shipment is true and correct. Curbell Medical Products inc. certifies that the part described on this form meets all product requirements and specifications to which it was manufactured.

See: www.curbellmedical.com for Curbell Terms & Conditions of Sale.

How to Return Merchandise: All returns must be processed within 60 days of delivery date and are subject to a 25% restocking fee. Product must be new, resalable condition and in original packaging. Custom-made items are non-returnable. First Article Approval is required prior to initial shipment. Contact customer Service at 800-235-7500 and ask for a return authorization (RA#). Enclose this RA# with the item, print the RA# on the outside of the package, and mail to Curbell at 20 Centre Drive, Orchard Park, NY 14127.

Warning: Failure to use Curbell Authorized replacement components in the repair of Curbell products may result in malfunction of the product. If you have any questions concerning repair of Curbell products, including the list of authorized replacement components, call Curbell at 1-800-235-7500

Rev. A

7.7.1.1.4.M



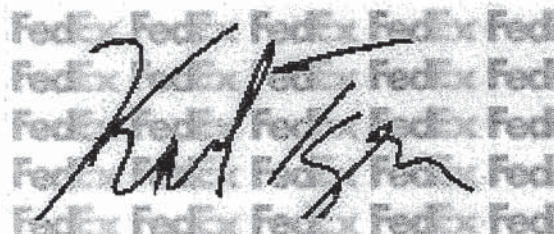
September 12, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **395768417819213**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	Aug 28, 2018 13:54
Service type:	FedEx Ground		
Special Handling:			



K. TAYLOR
#45, 13:49, 24 Del, 0 NonDel

Shipping Information:

Tracking number:	395768417819213	Ship date:	Aug 23, 2018
		Weight:	12.0 lbs/5.4 kg

Recipient:
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE, MS 38614 US

Reference
Purchase order number:
Invoice number

Shipper:
Chris Stabler
Curbell Medical Products, Inc
20 Centre Dr
Orchard Park, NY 14127 US
8000296334
749-6790434
NONE

Thank you for choosing FedEx.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05678 Clarksdale Regional Medical Center Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6778585)
CURBELL PLASTICS INC
7 COBHAMD
ORCHARD PARK NY
14127

Claim No: 11
Original Filed
Date: 11/05/2018
Original Entered
Date: 11/05/2018

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

Amount claimed: \$881.50

History:

[Details](#) [11-1](#) 11/05/2018 Claim #11 filed by CURBELL PLASTICS INC, Amount claimed: \$881.50 (Intake3)

Description:

Remarks: (11-1) Form B10 Question 2 - Basis of Claim - left blank

Claims Register Summary

Case Name: Clarksdale Regional Medical Center Inc.

Case Number: 3:18-bk-05678

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$881.50
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		