

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

Debtor 1 Clarksdale Regional Medical Center, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05678

**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>Owens &amp; Minor, Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>Other names the creditor used with the debtor</small> <u>O&amp;M</u>	
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?	<b>Where should notices to the creditor be sent?</b>  <u>Owens &amp; Minor / ATT: Credit Team</u> <small>Name</small> <u>9120 Lockwood Blvd</u> <small>Number Street</small> <u>Mechanicsville VA 23116</u> <small>City State ZIP Code</small> <small>Contact phone</small> <u>804-723-7532</u> <small>Contact email</small> <u>bill.ray@owens-minor.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> _____ <small>Contact phone</small> _____ <small>Contact email</small> _____  <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>13-1</u>	
	<small>Filed on</small> <u>12/12/2018</u> <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>O&amp;M</u>	

**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: 0 0 2 9

7. How much is the claim? \$ 148,182.99. 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)(2) that applies.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 131,011.99

\* 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 01/21/2019  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Bill Ray  
First name Middle name Last name

Title Credit Manager

Company Owens & Minor  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 9120 Lockwood Blvd  
Number Street  
Mechanicsville VA 23116  
City State ZIP Code

Contact phone 804-723-7532 Email bill.ray@owens-minor.com

# Exhibit A



9120 Lockwood Boulevard, Mechanicsville, VA 23116

Statement of Accounts - As of 8/24/2018

Account # 67000029  
 Customer: Clarksdale Regional Medical Center  
 dba Northwest Mississippi Medical Center  
 1970 Hospital Drive  
 Clarksdale, MS 38614

						503(B)(9)	Reclamation	Unsecured	
						Totals	\$ 40,235.08	\$ 90,776.91	\$ 17,171.00
Type	Invoice #	PO #	Inv Date	Total Sale	Balance Due	503(B)(9)	Reclamation	Unsecured	
Invoice	2040443588	749-6790883	08/23/18	1,045.92	1,045.92	1,045.92			
Invoice	2040439976	749-6787383	08/23/18	18.95	18.95	18.95			
Invoice	2040439938	749-6787247	08/23/18	138.98	138.98	138.98			
Invoice	2040439519	749-6783323	08/23/18	9.12	9.12	9.12			
Invoice	2040439495	749-6783323	08/23/18	125.06	125.06	125.06			
Invoice	2040367413	749-6789343	08/21/18	2,412.06	2,412.06	2,412.06			
Invoice	2040364418	749-6787247	08/21/18	918.58	918.58	918.58			
Invoice	2040364372	749-6787247	08/21/18	502.43	502.43	502.43			
Invoice	2040363504	749-6783323	08/21/18	1,262.69	1,262.69	1,262.69			
Credit	2040286042	749-6783323	08/17/18	(871.52)	(871.52)	(871.52)			
Invoice	2040261436	749-6783323	08/16/18	871.52	871.52	871.52			
Invoice	2040261344	749-6787247	08/16/18	15,263.88	15,263.88	15,263.88			
Invoice	2040260102	749-6783323	08/16/18	148.84	148.84	148.84			
Invoice	2040259951	749-6779170	08/16/18	355.17	355.17	355.17			
Invoice	2040259876	749-6777433	08/16/18	4.56	4.56	4.56			
Invoice	2040259849	749-6775175	08/16/18	43.60	43.60	43.60			
Invoice	2040206312	749-6784016	08/14/18	53.23	53.23	53.23			
Invoice	2040206229	749-6783323	08/14/18	178.24	178.24	178.24			
Invoice	2040206187	749-6783323	08/14/18	10,686.74	10,686.74	10,686.74			
Invoice	2040205899	749-6779170	08/14/18	3,700.73	3,700.73	3,700.73			
Invoice	2040205851	749-6777433	08/14/18	8.08	8.08	8.08			
Invoice	2040205839	749-6777433	08/14/18	911.77	911.77	911.77			
Invoice	2040205749	749-6775175	08/14/18	47.55	47.55	47.55			
Invoice	2040205743	749-6775175	08/14/18	24.78	24.78	24.78			
Invoice	2040205666	749-6742424	08/14/18	163.12	163.12	163.12			
Invoice	2040066081	749-6779554	08/09/18	594.46	594.46	594.46			
Invoice	2040066050	749-6779170	08/09/18	200.07	200.07	200.07			
Invoice	2040065942	749-6777433	08/09/18	622.53	622.53	622.53			
Invoice	2040065835	749-6773652	08/09/18	123.68	123.68	123.68			
Invoice	2040065771	749-6770036	08/09/18	109.17	109.17	109.17			
Credit	2040065654	749-6754395	08/09/18	(147.68)	(147.68)	(147.68)			
Invoice	2040011606	749-6779170	08/07/18	419.86	419.86	419.86			
Invoice	2040011545	749-6777433	08/07/18	104.78	104.78	104.78			
Invoice	2040011530	749-6777433	08/07/18	59.05	59.05	59.05			
Invoice	2040011411	749-6775175	08/07/18	125.08	125.08	125.08			
Invoice	2039886281	749-6779170	08/02/18	3,325.58	3,325.58		3,325.58		
Invoice	2039886110	749-6779170	08/02/18	3,886.73	3,886.73		3,886.73		
Invoice	2039885226	749-6777752	08/02/18	49.58	49.58		49.58		
Invoice	2039885173	749-6777433	08/02/18	1,824.26	1,824.26		1,824.26		
Invoice	2039885152	749-6777433	08/02/18	32.55	32.55		32.55		
Invoice	2039884995	749-6775175	08/02/18	34.19	34.19		34.19		
Invoice	2039884934	749-6773652	08/02/18	617.11	617.11		617.11		
Invoice	2039884766	749-6770023	08/02/18	17.49	17.49		17.49		
Invoice	2039884762	749-6770023	08/02/18	266.82	266.82		266.82		
Invoice	2039884685	749-6747701	08/02/18	88.96	88.96		88.96		
Invoice	2039884680	749-6720329	08/02/18	246.81	246.81		246.81		
Invoice	2039807329	749-6777433	07/31/18	26,540.66	26,540.66		26,540.66		
Invoice	2039805833	749-6775175	07/31/18	5.45	5.45		5.45		
Invoice	2039805571	749-6773652	07/31/18	44.92	44.92		44.92		
Invoice	2039805559	749-6773652	07/31/18	196.47	196.47		196.47		
Invoice	2039805541	749-6773515	07/31/18	11.20	11.20		11.20		
Invoice	2039805189	749-6770023	07/31/18	44.92	44.92		44.92		
Invoice	2039805187	749-6770036	07/31/18	53.40	53.40		53.40		
Invoice	2039805181	749-6770023	07/31/18	307.35	307.35		307.35		
Invoice	2039805098	749-6765582	07/31/18	44.92	44.92		44.92		

Type	Invoice #	PO #	Inv Date	Total Sale	Balance Due	503(B)(9)	Reclamation	Unsecured
Invoice	2039806008	749-6762434	07/31/18	143.17	143.17		143.17	
Invoice	2039673477	749-6775175	07/26/18	122.40	122.40		122.40	
Invoice	2039673395	749-6775175	07/26/18	1,397.54	1,397.54		1,397.54	
Invoice	2039670820	749-6773515	07/26/18	90.46	90.46		90.46	
Invoice	2039670761	749-6773652	07/26/18	1,187.70	1,187.70		1,187.70	
Invoice	2039670712	749-6773515	07/26/18	4,196.10	4,196.10		4,196.10	
Invoice	2039670427	749-6771071	07/26/18	51.04	51.04		51.04	
Invoice	2039670304	749-6770023	07/26/18	287.51	287.51		287.51	
Invoice	2039669795	749-6751851	07/26/18	102.08	102.08		102.08	
Invoice	2039669741	749-6703140	07/26/18	78.16	78.16		78.16	
Invoice	2039606549	749-6763708	07/24/18	893.92	893.92		893.92	
Invoice	2039606512	749-6765748	07/24/18	20.92	20.92		20.92	
Invoice	2039606486	749-6765582	07/24/18	602.51	602.51		602.51	
Invoice	2039606396	749-6762434	07/24/18	5.23	5.23		5.23	
Invoice	2039606351	749-6754395	07/24/18	11.30	11.30		11.30	
Invoice	2039606316	749-6732376	07/24/18	13.00	13.00		13.00	
Invoice	2039510228	749-6771071	07/19/18	673.00	673.00		673.00	
Invoice	2039510029	749-6770036	07/19/18	301.59	301.59		301.59	
Invoice	2039510027	749-6770023	07/19/18	503.82	503.82		503.82	
Invoice	2039510026	749-6770023	07/19/18	32.55	32.55		32.55	
Invoice	2039509952	749-6765582	07/19/18	106.63	106.63		106.63	
Invoice	2039399737	749-6770036	07/17/18	2,249.54	2,249.54		2,249.54	
Invoice	2039399537	749-6770023	07/17/18	8,822.08	8,822.08		8,822.08	
Invoice	2039396384	749-6762434	07/17/18	15.06	15.06		15.06	
Invoice	2039396253	749-6765748	07/17/18	63.69	63.69		63.69	
Invoice	2039396185	749-6765582	07/17/18	164.83	164.83		164.83	
Invoice	2039395949	749-6763708	07/17/18	226.12	226.12		226.12	
Invoice	2039395810	749-6762434	07/17/18	278.46	278.46		278.46	
Invoice	2039395555	749-6758447	07/17/18	114.44	114.44		114.44	
Invoice	2039395544	749-6758347	07/17/18	69.73	69.73		69.73	
Invoice	2039395502	749-6754395	07/17/18	27.87	27.87		27.87	
Invoice	2039288274	749-6765582	07/12/18	776.85	776.85		776.85	
Invoice	2039287854	749-6765748	07/12/18	5,335.77	5,335.77		5,335.77	
Invoice	2039287788	749-6765582	07/12/18	9,002.72	9,002.72		9,002.72	
Invoice	2039287570	749-6763749	07/12/18	1,014.32	1,014.32		1,014.32	
Invoice	2039287551	749-6763708	07/12/18	838.64	838.64		838.64	
Invoice	2039287509	749-6762999	07/12/18	3.09	3.09		3.09	
Invoice	2039287494	749-6762787	07/12/18	260.53	260.53		260.53	
Invoice	2039287438	749-6762434	07/12/18	11,094.06	11,094.06		11,094.06	
Invoice	2039287241	749-6758447	07/12/18	159.74	159.74		159.74	
Invoice	2039258398	749-6759671	07/11/18	53.40	53.40		53.40	
Invoice	2039258246	749-6758447	07/11/18	112.91	112.91		112.91	
Invoice	2039258239	749-6758347	07/11/18	1,415.14	1,415.14		1,415.14	
Invoice	2039258109	749-6754395	07/11/18	217.92	217.92		217.92	
Credit	2039073028	749-6739025	07/05/18	(36.39)	(36.39)			(36.39)
Invoice	2039053228	749-6758347	07/03/18	55.14	55.14			55.14
Invoice	2039053219	749-6758347	07/03/18	141.61	141.61			141.61
Invoice	2039053070	749-6756028	07/03/18	885.84	885.84			885.84
Invoice	2039052920	749-6754395	07/03/18	69.73	69.73			69.73
Invoice	2039023570	749-6754395	07/02/18	210.13	210.13			210.13
Invoice	2038910169	749-6759804	06/28/18	84.76	84.76			84.76
Invoice	2038909387	749-6759671	06/28/18	3,372.43	3,372.43			3,372.43
Invoice	2038909363	749-6759671	06/28/18	1,454.30	1,454.30			1,454.30
Invoice	2038908170	749-6758447	06/28/18	44.92	44.92			44.92
Invoice	2038908157	749-6758347	06/28/18	142.92	142.92			142.92
Invoice	2038908140	749-6758447	06/28/18	176.12	176.12			176.12
Invoice	2038908096	749-6758347	06/28/18	117.34	117.34			117.34
Invoice	2038907803	749-6756028	06/28/18	391.60	391.60			391.60
Invoice	2038907789	749-6756028	06/28/18	270.56	270.56			270.56
Invoice	2038907556	749-6754395	06/28/18	177.03	177.03			177.03
Invoice	2038858428	749-6754395	06/26/18	11.13	11.13			11.13
Invoice	2038858186	749-6750257	06/26/18	266.82	266.82			266.82
Invoice	2038723556	749-6739025	06/21/18	36.39	36.39			36.39
Invoice	2038654262	749-6754395	06/19/18	13,355.32	13,355.32			13,355.32
Invoice	2038652586	749-6751851	06/19/18	43.79	43.79			43.79
Invoice	2038652209	749-6713620	06/19/18	28.57	28.57			28.57
Credit	2038006617	749-6720329	05/25/18	(3,846.36)	(3,846.36)			(3,846.36)

Type	Invoice #	PO #	Inv Date	Total Sale	Balance Due	503(B)(9)	Reclamation	Unsecured
Credit	2037902227	749-6710503	05/22/18	(287.26)	(287.26)			(287.26)
Invoice	2036651119	749-6705550	04/10/18	4.56	4.56			4.56

# 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:* (6802675)  
Owens & Minor, Inc.  
ATT: Credit Team  
9120 Lockwood Blvd  
Mechanicsville, VA 23116

**Claim No:** 13  
*Original Filed*  
*Date:* 12/12/2018  
*Original Entered*  
*Date:* 12/12/2018  
*Last Amendment*  
*Filed:* 01/21/2019  
*Last Amendment*  
*Entered:* 01/21/2019

*Status:*  
*Filed by:* CR  
*Entered by:* RONALD G  
STEEN, JR  
*Modified:*

Amount claimed: \$148182.99

Priority claimed: \$131011.99

*History:*

[Details](#) [13-1](#) 12/12/2018 Claim #13 filed by Owens & Minor, Inc., Amount claimed: \$149271.64 (STEEN, RONALD )

[Details](#) [13-2](#) 01/21/2019 Amended Claim #13 filed by Owens & Minor, Inc., Amount claimed: \$148182.99 (STEEN, RONALD )

*Description:*

*Remarks:*

## 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

<b>Total Amount Claimed*</b>	\$148182.99
<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>	\$131011.99	
<b>Administrative</b>		