

Fill in this information to identify the case:

Debtor 1 <u>Clarksdale Regional Medical Center Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05678

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 1/16/2019
 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Aesynt Incorporated, a subsidiary of Omnicell, 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>Aesynt Incorporated, a subsidiary of Omnicell, Inc</u>	<u>Lynn Pape, Senior Credit & Collection Analyst</u>
	Name	Name
	<u>Helen Sara Ward, Esq., Cohen & Grigsby, P.C. 625 Liberty Avenue Pittsburgh, PA 15222-3152</u>	<u>500 Cranberry Woods Drive</u>
	Contact phone <u>412-297-4900</u>	Contact phone <u>724-741-6719</u>
	Contact email <u>hward@cohenlaw.com</u>	Contact email <u>Lynn.Pape@omnicell.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ 0.00 Does this amount include interest or other charges? <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).
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 healthcare information. Damages resulting from rejection of contract (See Attachment). _____
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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:	Amount entitled to priority
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 1/16/2019
MM / DD / YYYY

/s/ John Brottem

Signature

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

Name John Brottem
First name Middle name Last name

Title VP, Legal & Associate Gen Counsel of Omnicell, Inc

Company Omnicell, Inc., on behalf of itself and Aesynt Inc

Address 590 E. Middlefield Road
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street
Mountain View, CA 94043
City State ZIP Code

Contact phone 650-251-6430 Email john.brottem@omnicell.com

United States Bankruptcy Court
Middle District of Tennessee
Clarksdale Regional Medical Center, Inc. (d/b/a Northwest Mississippi Medical Center)
Case No. 18-05678

ATTACHMENT TO PROOF OF CLAIM

Aesynt Incorporated, a wholly owned subsidiary of Omnicell, Inc. (“Claimant”) files this Proof of Claim for any and all damages resulting or arising from, or relating to, the rejection or other postpetition breach of any and all executory contracts between Claimant and Clarksdale Regional Medical Center, Inc. (d/b/a Northwest Mississippi Medical Center) (“Debtor”) or any of its Debtor subsidiaries or affiliates, including, without limitation, that certain *Master Agreement* between Claimant and Debtor dated as of December 15, 2017, and as further evidenced by that certain *Customer Agreement for HealthTrust Purchasing Group Members* dated March 28, 2014 between Claimant and CHSPSC, LLC (“CHS”), as amended on April 15, 2014, and January 30, 2015, that certain *Standardization Incentive Program Terms and Conditions for Technology Program* dated February 11, 2015 between Claimant and CHS, and certain relevant pricing supplements and customer order forms, and all of the aforementioned as otherwise amended from time to time. Due to certain confidentiality requirements, copies of the aforementioned documents are not attached hereto, however copies will be provided upon request.

As of the filing of this Proof of Claim, Debtor has not yet rejected any executory contract between Claimant and Debtor. Claimant is filing contemporaneously with this Proof of Claim a separate claim for Debtor’s prepetition defaults. Thus, Claimant is unable to determine whether and to what extent Claimant may suffer contract rejection damages in the event Debtor rejects one or more of such contracts in the future. Accordingly this claim is filed in a presently unliquidated amount.

This Proof of Claim is in addition to, and is without prejudice to, any and all other claims filed by Claimant and all other rights or remedies now or in the future available to Claimant, including, without limitation, the right to request payment of any administrative expense claim for any postpetition breach of any contract by Debtor. Claimant reserves the right to amend, supplement or modify this Proof of Claim at any time, and reserves all other rights or remedies now or in the future available to it.

2925036.v1

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: (6823594) **Claim No:** 28 *Status:*
Aesynt Incorporated, a subsidiary of Omnicell, Inc *Original Filed* *Filed by:* CR
Helen Sara Ward, Esq., Cohen & Grigsby, P.C. *Date:* 01/16/2019 *Entered by:* admin
625 Liberty Avenue *Original Entered* *Modified:*
Pittsburgh, PA 15222-3152 *Date:* 01/16/2019

Amount claimed: \$0.00

History:

[Details](#) [28-1](#) 01/16/2019 Claim #28 filed by Aesynt Incorporated, a subsidiary of Omnicell, Inc, Amount claimed: \$0.00 (admin)

Description:

Remarks: (28-1) Filer Comment: Unliquidated Amount

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*	\$0.00
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		