I	Fill in this in	formation to identify the case:
ĺ	Debtor 1	Clarksdale Regional Medical Center, Inc.
-	Debtor 2 (Spouse, if filing)	
İ	United States I	Bankruptcy Court for the: Middle District of Tennessee
	Case number	18-5678

### 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.

1000									
1.	Who is the current creditor?	Coahoma County, Name of the current credi	Mississippi for (the person or e	entity to be paid for this cl	laim)		and the second s	NAME OF THE OWNER O	
		Other names the creditor							
2,	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	?						
3.	Where should notices and payments to the creditor be sent?	Where should notice Thomas T. Ross,		r be sent?	Where should payments to the creditor be sent? (if different) Hattie Shivers Coahoma County Tax Assessor/Collector Name 115 First Street				
	Federal Rule of	Name	JI.						
	Bankruptcy Procedure	PO Box 1196							
	(FRBP) 2002(g)	Number Street			Number	Street			
		Clarksdale	MS	38614	Clarksda	ale	MS	38614	
		City	State	ZIP Code	Cily		State	ZIP C	ode
		Contact phone 662-62	7-5251		Conlact pho	ne 662-624-30	20		
		Contact email lomros		com	Contact ema	nil	<u></u>		
		Uniform claim identifier fo	r electronic paymer	nts in chapter 13 (if you u	se one):				
	MMM JAMMAN TANDARD THE TRANSPORTED THE THE TANDARD THE TRANSPORT OF THE TANDARD THE TRANSPORT OF THE TANDARD THE T	**************************************		and the second second					
١.	Does this claim amend one already filed?	M No				F1	1		
	one already medi	Yes. Claim number				Filed		/ DD / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made th							· · · · ·

Official Form 410

Proof of Claim

page 1

P	art 2: Give Information	n 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?	\$
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.  Personal Property Ad Valorem Taxes for 2018 Tax Constitute a Lien
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:  Lien pursuant to State Law  Miss. Code Ann. § 27-35-1  Basis for perfection:  Automatic  Altach 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:  \$
		☐ Fixed ☐ Variable
_	•	paid by February 1, 2019.
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:

Official Form 410

**Proof of Claim** 

page 2

entitled to priority under 1U.S.C. § 597(a)?  A claim may be party priority and party priority. For example, it is a state of the priority.  I U.S.C. § 507(a)(7)(A) or (a)(7)(B).    Up to \$2,260° of depocits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)(A).    Wages, salaries, or commissions (up to \$12,850°) amend within 160 days before the bankuplcy petition is filled or the debtor's business ends, whichever is earlier.    US.C. § 507(a)(A).   Taxes or penalities owed to governmental units. 11 U.S.C. § 507(a)(B).   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(B).   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(B).   Amounts are subject to adjustment on 401/19 and every 3 years after that for cases begun on or effor the date of adjustment.    I am the creditor.				and the second s								
A claim may be partly priority and partly priority priority and partly priority and partly priority     Up to 82,850 of 40ps priority priority priority priority priority priority.	12. Is all or part of the claim	Ø No		`								
priority and partly nonpriority. For example, In some categories, the In which is the amount entitled to priority.    Up to \$2,850" of deposits toward purchase, lease, or rental of property or services for \$		☐ Yes. Check		-	Amount entitled to priority							
in aome categories, the winds the amount entitled to priority.    Up to \$2,850* of deposits toward purchase, lease, or rendal of property or services for personal, family, or household use. 1 U.S.C. § 507(a)(5).   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.   1 U.S.C. § 507(a)(5).   Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(5).   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).   Amounts are subject to adjustment an 401/19 and every 3 years after that for cases begun on or after the date of adjustment.    Port 31   Sign Below   Check the appropriate box:   In am the creditor of the person completing this proof of claim must sign and date it. FRBP 901(b).   In am the creditor's attorney or authorized agent.   In am the creditor's attorney or authorized agent.   In am the trustee, or the debtor, or their authorized egent. Bankruptcy Rule 3004.   In am a guarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In am a guarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor is a surely and the information in this Proof of Claim serves as an acknowledgment that when calculating the and correct.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, andorser, or other codebior. Bankruptcy Rule 3005.   In an aguarantor, surely, and aguarantor, surely, and aguarantor, surely, and aguarantor, surel	priority and partly			pport) under	\$							
Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptory petition is filled or the debtor's business ands, whichever is sarlier.	in some categories, the law limits the amount	Up to \$2 persona	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).									
Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).    Other. Specify subsection of 11 U.S.C. § 507(a)(5) 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.    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.    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.    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.    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.    Amount are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.    Amount are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases begun on or after the date of adjustment.    I am the creditor and every 3 years after that for cases and exclosed agent.   I am the cre	chance to promy.	bankrup	itcy petition is filed or the debtor's business ends, which	hin 180 days before the chever is earlier.	\$							
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* 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.  * 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.  * Check the expropriate box:    I am the creditor.   I am the cred		☐ Contribu	utions to an employee benefit plan, 11 U.S.C. § 507(a)	)(5).	\$							
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(s)(2) authorizes courts to establish too is electronically, FRBP 5005(s)(2) authorizes courts to establish too is electronically, FRBP 5005(s)(2) authorizes courts to establish too in less specifying what a signature is 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.  A person who files a fraudulent claim could be finated up to \$500,000, the finated up to \$500,000, the finated up to \$500,000, the finated up to \$500,000.  By the 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  Executed on date  Print the name of the person who is completing and signing this claim:  Name  Paul  Pearson  Title  Company  Title  Company  Identify the corporate servicer as the company if the authorized sgent is a servicer.  Address  115 First Street  Number  Storet  Clarksdale  Name  Address  115 First Street  Number  Storet  Clarksdale  City  State  217 Code		Other, S	pecify subsection of 11 U.S.C. § 507(a)() that appli	les.	\$							
The person completing this proof of claim must sign and date it. PRBP 9011(b).  If you file this claim electronically, RRBP 5005(s)(2) authorizes courts to establish local rules specifying what a signature is.  Aperson 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 attomey or authorized agent.  I am the rustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am a guarantor, surely, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surely, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surely, endorser, or other codebtor. Bankruptcy Rule 3005.  I am the creditor agent the sport 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 am the rustee, or the debtor, or their authorized agent.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the creditor.		Amounts a	re subject to adjustment on 4/01/19 and every 3 years after t	hat for cases begun on or afte	er the date of adjustment.							
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If you file this claim electronically, FRBP 5005(a)(Z) authorizes courts to establish local rules specifying what a signature is.  A person who file a fraudulent claim could be fined up to \$500,000, mprison effor up to 5 years, or both.  It u.s.c. § 152, 157, and 3571.  If you file this claim electronically, FRBP 5005(a)(Z) authorizes courts to establish local rules specifying what a signature is.  I understand that an authorized signature on this <i>Proof of Claim</i> 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 <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.  Ideclare under penalty of perjury that the foregoing is true and correct.  Executed on date    Paul		M Lam the cre	ditor									
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Substagle; adultion scalar counts 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.  10 U.S.C. § 152, 157, and 3571.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  Print the name of the person who is completing and signing this claim:  Name  Paul  Pearson  Title  President Board of Supervisors Coahoma County  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  115 First Street  Number  Street  Clarksdale  MS  38614  City  Signature  I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the debtor credit for any payments received toward the debt.  A person who files a fraudulent claim could be fined up to Supervisor of Claim and have a reasonable belief that the information is true and correct.  Executed on date  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.  A person who files a fraudulent claim could be included in the claim, the creditor gave the debtor credit for any payments received toward the debt.  I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the payment for any payments received toward the debt.  I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the payment for any payments received toward the debt.  A person who files a fraudulent claim could be filed that the information is true and correct.  Executed on date in the claim, the claim, the claim and correct.  Executed on date in the claim, the claim and correct.  Executed on date in the claim, the claim and correct.  Executed on date in the claim	electronically, FRBP											
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Jeans, or both.  18 U.S.C. §§ 152, 157, and 3571.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  Print the name of the person who is completing and signing this claim:  Name  Paul  Pearson  First name  Middle name  Last name  President Board of Supervisors Coahoma County  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  115 First Street  Number  Street  Clarksdale  City  State  ZIP Code  (CCO) COAL 2009	fined up to \$500,000,		the information in this <i>Proof of Claim</i> and have a reas	sonable belief that the info	mation is true							
Print the name of the person who is completing and signing this claim:  Name  Paul Pearson  First name Middle name Last name  President Board of Supervisors Coahoma County  Company  Identity the corporate servicer as the company if the suthorized agent is a servicer.  Address  115 First Street  Number Street  Clarksdale MS 38614  City State Zip Code	years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjury that the foregoing is true and correct	•								
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Paul Pearson First name Middle name Last name  President Board of Supervisors Coahoma County    Identify the corporate servicer as the company if the authorized agent is a servicer.    Address   115 First Street		Signature										
Title President Board of Supervisors Coahoma County  Company Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  115 First Street Number Street Clarksdale MS 38614 City State ZiP Code		Print the name of	of the person who is completing and signing this o	claim:								
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President Board of Supervisors Coahoma County    Company   Identify the corporate servicer as the company if the authorized agent is a servicer.		Name										
Address  Address  To First Street  Number Street  Clarksdale MS 38614  City State ZIP Code		Title		a County								
Address  Address  115 First Street  Number Street  Clarksdale  City  State  CICAN STA 2009												
Number Street  Clarksdale MS 38614  City State ZIP Code		Company	Identify the corporate servicer as the company if the author	ized agent is a servicer.								
Clarksdale MS 38614  City State ZIP Code		Address	115 First Street									
City State ZIP Code			Number Street									
(ccc) co.4 co.co			Clarksdale									
Control phase (662) 624-3028 Email dm525@cableone.net			City	State ZIP Code								
Contact priorie 1002/02/02/02/02		Contact phone	(662) 624-3028	Email dm52 <u>5@cabled</u>	one.net							

**Proof of Claim** 

page 3

TAXES PAYABLE NOW \*\*\* DELINQUENT FEBRUARY 1, 2019

CURAE HEALTH INC 14400 METCALF AVE **OVERLAND PARK KS 66223** 

THE HOLDER OF THIS STATEMENT IS REQUESTED TO EXAMINE IT THOROUGHLY AND SHOULD THERE BE A MISTAKE, RETURN IT IMMEDIATELY TO THIS OFFICE FOR CORRECTION OR THIS OFFICE IS NOT RESPONSIBLE

#### Account/PIN Number

Parcel Number: 003145000	Receip 239-		Cunor No	ne: HEALTH INC		
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS		True Value: 8343054	Assossed Value: 1251458	Milago Rate: .20874	Tax Amount: 261229.34
Tax Entities:	Mills :	Percent:	Tax:			Tax Amount:
COUNTY TAX: CITY TAX: SEPARATE SCHOOLS TAX:	.054010 .085730 .069000	25.88 41.07 33.05	67591.25 107287.49 86350.60	Special Taxes: Publication Cost: Filing Fees: Panalty:		
TOTAL :	. 208740	100.00	261229.34			

Amount Due based on date of: 12/12/2018

261229.34 Tax Amount ....:

Special Tax ....:

=========

Parcel Number: 003145000 Receipt Number: 2018 239-00 NET TAX AMOUNT .: Penalty & Fees..:

261229.34

2202222022

Account Number: 0

Total Due Amount:

261229.34

MAKE CHECKS PAYABLE TO: HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614 Please Return Statement with Payment

TAXES PAYABLE NOW

CURAE HEALTH INC 14400 METCALF AVE OVERLAND PARK KS 66223

THE HOLDER OF THIS STATEMENT IS REQUESTED TO EXAMINE IT THOROUGHLY AND SHOULD THERE BE A MISTAKE, RETURN IT IMMEDIATELY TO THIS OFFICE FOR CORRECTION OR THIS OFFICE IS NOT RESPONSIBLE

#### Account/PIN Number

OI ADVC		True Value:			
CLAKKS	DALE S	55376	Assessed Value: 8307	Milago Rato: .20874	Tax Amount: 1734.00
Hills :	Percent:	Tax:			Tax Amount:
.054010	25.88	448.66	Special Taxes:		
.085730	41.07	712.16	Publication Cost:		
.069000	33.05	573.18	Filing Fees: Penalty:		
. 208740	100.00	1734.00			
	.054010 .085730 .069000	.054010 25.88 .085730 41.07 .069000 33.05	.054010	.054010 25.88 448.66 Special Taxes: .085730 41.07 712.16 Publication Cost: .069000 33.05 573.18 Filing Fees: Penalty:	.054010 25.88 448.66 .085730 41.07 712.16 .069000 33.05 573.18  Special Taxes: Publication Cost: Filing Fees: Penalty:

Special Tax ....:

Parcel Number: 006029000

NET TAX AMOUNT .:

3355555565 1734.00

Receipt Number: 2018 240-00

Penalty & Fees..:

Account Number: 0

Total Due Amount:

202222220 1734.00

MAKE CHECKS PAYABLE TO:

HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614

Please Return Statement with Payment

TAXES PAYABLE NOW

Penalty & Faes..:

Total Due Amount:

1773.66

CURAE HEALTH INC 14400 METCALF AVE OVERLAND PARK KS 66223 THE HOLDER OF THIS STATEMENT IS
REQUESTED TO EXAMINE IT THOROUGHLY AND
SHOULD THERE BE A MISTAKE, RETURN IT
IMMEDIATELY TO THIS OFFICE FOR
CORRECTION OR THIS OFFICE IS NOT
RESPONSIBLE

#### Account/PIN Number

Parcel Number: 006059000	Receip 241-		Owner Na	me: HEALTH INC		
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS	DALE S	True Value: 56642	Assessed Value 8497		Tax Amount: 1773.66
Tax Entities:	Mills :	Percent:	Tax:			Tax Amount:
COUNTY TAX: CITY TAX: SEPARATE SCHOOLS TAX:	.054010 .085730 .069000	25.88 41.07 33.05	458.92 728.45 586.29	Special Taxes: Publication Cost: Filing Fees: Penalty:		
TOTAL .	.208740 unt Due ba	100.00 ased on c	1773.66 late of: 12	2/12/2018	Tax Amount: Special Tax:	1773.66
		<b>D</b>	N 00600	50000	NET TAX AMOUNT .:	1773.66

Parcel Number: 006059000

Account Number: 0

Receipt Number: 2018 241-00

MAKE CHECKS PAYABLE TO: HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614

Please Return Statement with Payment

ODate Systems Hanegement, Inc. 2015

TAXES PAYABLE NOW

CURAE HEALTH INC 14400 METCALF AVE OVERLAND PARK KS 66223 THE HOLDER OF THIS STATEMENT IS REQUESTED TO EXAMINE IT THOROUGHLY AND SHOULD THERE BE A MISTAKE, RETURN IT IMMEDIATELY TO THIS OFFICE FOR CORRECTION OR THIS OFFICE IS NOT RESPONSIBLE

907.81

Total Due Amount:

#### Account/PIN Number

Parcel Number: 006060000	Receip 242-		Owner Na	mo: HEALTH INC		
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS	DALE S	True Value: 28989	Assossed Value 4349		Tax Amount 907.81
Tax Entities:	Mills :	Percent:	Tax:			Tax Amount:
COUNTY TAX: CITY TAX: SEPARATE SCHOOLS TAX:	.054010 .085730 .069000	25.88 41.07 33.05	234.89 372.84 300.08	Special Taxes: Publication Cost: Filing Fees: Penalty:		
TOTAL :	. 208740 ount Due ba	100.00 used on 6	907.81 late of: 1	2/12/2018	Tax Amount: Special Tax:	907.81
			Number: 0060 Number: 201		NET TAX AMOUNT .: Penalty & Fees:	907.81

MAKE CHECKS PAYABLE TO:
HATTIE B. SHIVERS, Collector
P O BOX 219
CLARKSDALE MS 38614
Please Return Statement with Payment

eData Systems Hanagement, Inc. 2015

Account Number: 0

TAXES PAYABLE NOW

CURAE HEALTH INC 14400 METCALF AVE **OVERLAND PARK KS 66223**  THE HOLDER OF THIS STATEMENT IS REQUESTED TO EXAMINE IT THOROUGHLY AND SHOULD THERE BE A MISTAKE, RETURN IT IMMEDIATELY TO THIS OFFICE FOR CORRECTION OR THIS OFFICE IS NOT RESPONSIBLE

#### Account/PIN Number

Parcel Number: 006062000	Receip 243-		Owner Na	me: HEALTH INC		
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS	DALE S	True Value: 7680	Assessed Value: 1152	Milago Rate:	Tax Amount 240.47
Tax Entities:	Mills :	Percent:	Tax:			Tax Amount:
COUNTY TAX:	.054010	25,88	62.22	Special Taxos:		
CITY TAX:	. 085730	41.07	98.76	Publication Cost:		
SEPARATE SCHOOLS TAX:	. 069000	33.05	79.49	Filing Fees: Penalty:		
TOTAL :	. 208740	100.00	240.47			240 . 47

Amount Due based on date of: 12/12/2018

Tax Amount ....: Special Tax ....:

\*\*\*\*\*\*

NET TAX AMOUNT .:

240.47

Parcel Number: 006062000 Receipt Number: 2018 243-00

Penalty & Fees..:

Account Number: 0

Total Due Amount:

222222222 240.47

MAKE CHECKS PAYABLE TO: HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614

Please Return Statement with Payment

TAXES PAYABLE NOW

CURAE HEALTH INC 14400 METCALF AVE OVERLAND PARK KS 66223 THE HOLDER OF THIS STATEMENT IS
REQUESTED TO EXAMINE IT THOROUGHLY AND
SHOULD THERE BE A HISTAKE, RETURN IT
IMMEDIATELY TO THIS OFFICE FOR
CORRECTION OR THIS OFFICE IS NOT
RESPONSIBLE

#### Account/PIN Number

Parcel Number: 006277000	Receip 244-		Owner Na	HEALTH INC		
District: 4310 BEAT 4/CLARKSDAL	E/CLARKS	DALE S	True Value: 21004	Assossed Value: 3151	Milage Rate: .20874	Tax Amount 657.75
Tax Entities:	Mills :	Percent:	Tax:			Tax Amount:
COUNTY TAX:	.054010	25.88	170.19	Special Taxes:		
CITY TAX:	.085730	41.07	270.14	Publication Cost:		
SEPARATE SCHOOLS TAX:	.069000	33.05	217.42	Filing Fees: Penalty:		
TOTAL :	. 208740	100.00	657.75			
			late of: 12	2/12/2018 Tax	x Amount:	657.75

Amount due dased on date of: 12/12/2010

Tax Amount ....: t Special Tax ....:

\*\*\*\*\*\*\*\*\*

Parcel Number: 006277000

NET TAX AMOUNT .:

657.75

Receipt Number: 2018 244-00

Penalty & Foes..:

000000000

Account Number: 0

Total Due Amount:

657.75

MAKE CHECKS PAYABLE TO:

HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614

Please Return Statement with Payment

TAXES PAYABLE NOW

CURAE HEALTH INC 14400 METCALF AVENUE OVERLAND PARK KS 66223 THE HOLDER OF THIS STATEMENT IS
REQUESTED TO EXAMINE IT THOROUGHLY AND
SHOULD THERE BE A MISTAKE, RETURN IT
IMMEDIATELY TO THIS OFFICE FOR
CORRECTION OR THIS OFFICE IS NOT
RESPONSIBLE

2084.89

202222222

2084.89

NET TAX AMOUNT .:

Penalty & Fees..:

Total Due Amount:

#### Account/PIN Number

Parcel Number: 006278000	Receip 245-		Owner No	nme: HEALTH INC		
District: 4310 BEAT 4/CLARKSDAL	E/CLARKS	DALE S	True Value: 66586	Assessed Value: 9988	Milage Rate: .20874	Tax Amount: 2084.89
Tax Entities:	Mills :	Percent:	Tax:			Tax Anount:
COUNTY TAX: CITY TAX: SEPARATE SCHOOLS TAX:	.054010 .085730 .069000	25.88 41.07 33.05	539.45 856.27 689.17	Special Taxes: Publication Cost: Filing Fees: Penalty:		
TOTAL :	.208740 ount Due ba	100.00 used on c	2084.89 date of: 12		ax Amount: pecial Tax:	2084.89

Parcel Number: 006278000

Account Number: 0

Receipt Number: 2018 245-00

MAKE CHECKS PAYABLE TO: HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614

Please Return Statement with Payment

TAXES PAYABLE NON

**CURAE HEALTH INC** 14400 METCALF AVE OVERLAND PARK KS 66223 THE HOLDER OF THIS STATEMENT IS REQUESTED TO EXAMINE IT THOROUGHLY AND SHOULD THERE BE A HISTAKE, RETURN IT INNEDIATELY TO THIS OFFICE FOR CORRECTION OR THIS OFFICE IS NOT RESPONSIBLE

#### Account/PIN Number

Parcel Number: 006452000	Receip 246-		CURAE	me: HEALTH INC		
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS	DALE S	True Value: 59639	Assessed Value: 8946	Milage Rate: .20874	Tax Amount 1867.38
Tax Entities:	Mills :	Percent:	Tax:			Tax Amount:
COUNTY TAX: CITY TAX: SEPARATE SCHOOLS TAX:	.054010 .085730 .069000	25.88 41.07 33.05	483.17 766.94 617.27	Special Taxes: Publication Cost: Filing Fees: Penalty:		
TOTAL :	.208740 unt Due be	100.00 sed on c	1867.38 late of: 12		Tax Amount: Special Tex:	1867.38

Parcel Number: 006452000 Receipt Number: 2018 246-00

Account Number: 0

NET TAX AMOUNT .:

1867.38

Penalty & Fees..:

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Total Due Amount:

1867.38

MAKE CHECKS PAYABLE TO: HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614 Please Return Statement with Payment

TAXES PAYABLE NOW

Total Due Amount:

215.63

CURAE HEALTH INC 14400 METCALF AVENUE OVERLAND PARK KS 66223 THE HOLDER OF THIS STATEMENT IS
REQUESTED TO EXAMINE IT THOROUGHLY AND
SHOULD THERE BE A MISTAKE, RETURN IT
IMMEDIATELY TO THIS OFFICE FOR
CORRECTION OR THIS OFFICE IS NOT
RESPONSIBLE

#### Account/PIN Number

Parcel Number: 008035000	Receip 247-		Owner Na	me: HEALTH INC			
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS		True Value: 6887	Assossed V	aluo: 1033	Milage Rate: .20874	Tax Amount 215.63
Tax Entities:	<u> Mills</u> :	Percent:	Tax:				Tax Amount:
COUNTY TAX: CITY TAX: SEPARATE SCHOOLS TAX:	.054010 .085730 .069000	25.88 41.07 33.05	55.79 88.56 71.28	Special Taxes: Publication Cos- Filing Fees: Penalty:	<b>t:</b>		
TOTAL :	:208740 unt Due ba	100.00 used on d	215.63 late of: 1	2/12/2018	•	Amount:	215.63
		Receipt	Number: 0080 Number: 201 Number: 0			TAX AMOUNT .:	215.63

MAKE CHECKS PAYABLE TO:
HATTIE B. SHIVERS, Collector
P O BOX 219
CLARKSDALE MS 38614
Please Return Statement with Payment

TAXES PAYABLE NOW

**CUREA HEALTH INC** 14400 METCALF AVE **OVERLAND PARK KS 66223** 

THE HOLDER OF THIS STATEMENT IS REQUESTED TO EXAMINE IT THOROUGHLY AND SHOULD THERE BE A MISTAKE, RETURN IT IMMEDIATELY TO THIS OFFICE FOR CORRECTION OR THIS OFFICE IS NOT RESPONSIBLE

#### Account/PIN Number

Parcel Number: 006066000	Receip 248-		1	Owner Name: CUREA HEALTH INC					
District: 3310 BEAT 3/CLARKSDAL	E/CLARKS	DALE S	True Value: 15133	Assessed Value: 2270	Milago Rato: .20874	Tax Amount 473.84			
Tax Entities:	Mills :	Percent:	Tax:	Y		Tax Amount:			
COUNTY TAX:	.054010	25.88	122.60	Special Taxes:					
CITY TAX:	.085730	41.07	194.61	Publication Cost:					
SEPARATE SCHOOLS TAX:	.069000	33.05	156.63	Filing Fees:					
				Penalty:					
FOTAL :	. 208740	100.00	473.84						

Amount Due based on date of: 12/12/2018

Tax Amount ....:

Special Tax ....:

E020000223

Parcel Number: 006066000 Receipt Number: 2018 248-00 NET TAX AMOUNT .:

473.84

Account Number: 0

Penalty & Fees. .:

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Total Due Amount:

473.84

MAKE CHECKS PAYABLE TO: HATTIE B. SHIVERS, Collector P O BOX 219 CLARKSDALE MS 38614 Please Return Statement with Payment

\*Date Systems Namegement, Inc. 2015

## 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: (6824994) Claim No: 41 Status: Coahoma County, Mississippi Original Filed Filed by: CR

c/o Thomas T. Ross, Jr. Date: 01/18/2019 Entered by: ERIKA R. BARNES

PO Box 1196 Original Entered Modified:

Amount claimed: \$271184.11 Secured claimed: \$271184.11

History:

<u>Details</u> 41-1 01/18/2019 Claim #41 filed by Coahoma County, Mississippi, Amount claimed: \$271184.11

(BARNES, ERIKA)

Description: (41-1) 2018 Personal Property Ad Valorem Taxes, lien pursuant to Miss. Code

Ann. 27-35-1 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>	\$271184.11
<b>Total Amount Allowed*</b>	

<sup>\*</sup>Includes general unsecured claims

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

	Claimed	Allowed
Secured	\$271184.11	
Priority		
Administrative		