

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 18-05678

FILED

MAR 12 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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>Johnson & Johnson Health Care Systems 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> _____	
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? <u>Patterson Belknap Webb & Tyler LLP (c/o Brian P. Guiney)</u> <small>Name</small> <u>1133 Avenue of the Americas</u> <small>Number Street</small> <u>New York NY 10036</u> <small>City State ZIP Code</small> <small>Contact phone</small> <u>(212) 336-2305</u> <small>Contact email</small> <u>bguiney@pbwt.com</u>	Where should payments to the creditor be sent? (if different) <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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
		Filed on _____ <small>MM / DD / YYYY</small>
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? ☒ 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? \$ Not less than \$202,454.77. 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)?

☒ No

☐ Yes. Check one:

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.

☐ 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)() 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.

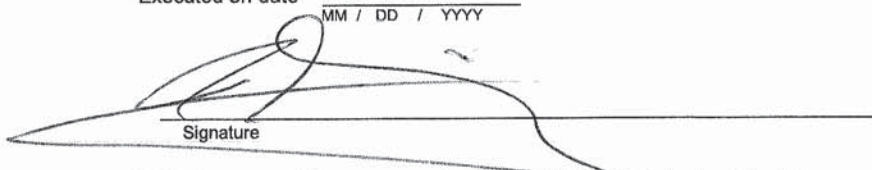
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 03/11/2019

MM / DD / YYYY


Signature

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

Name Brian P. Guiney
First name Middle name Last name

Title Counsel

Company Patterson Belknap Webb & Tyler LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1133 Avenue of the Americas
Number Street

New York NY 10036

City State ZIP Code

Contact phone (212) 336-2305 Email bguiney@pbwt.com

**Exhibit A to Proof of Claim of
Johnson & Johnson Health Care Systems Inc. (“JJHCS”)**

According to JJHCS’s records, as of the date of the Chapter 11 bankruptcy filing of Curae Health Inc. (“Curae”), Amory Regional Medical Center, Inc. (“Amory”), and Clarksdale Regional Medical Center, Inc. (“Clarksdale,” and, with Curae’s other affiliated debtors and debtors in possession, the “Debtors”), the following amounts were due and owing to JJHCS or one or more of its affiliates, including DePuy Synthes Sale, Inc. and Ethicon US, LLC.

Debtor	Case No.	Claim Amount
Amory Regional Medical Center, Inc.	3:18-bk-05675	\$193,518.77
Clarksdale Regional Medical Center Inc.	3:18-bk-05678	\$202,454.77
		<hr/> \$395,973.54¹

On or about September 12, 2018, in accordance with Section 546(c) of the Bankruptcy Code, JJHCS, by its counsel, served a reclamation demand on representatives of the Debtors in which JJHCS reclaimed goods having a value of no less than \$53,873 (“Reclamation Claim”). The Reclamation Claim requested that all notices pertaining to JJHCS’s claims against the Debtors be delivered to counsel for JJHCS. On September 19, 2018, representatives of the Debtors sent a notice to counsel for JJHCS confirming receipt of the Reclamation Claim but refusing to return any goods to JJHCS on account of a pre-existing security interest in the goods.

Notwithstanding the request for notice contained in the Reclamation Claim, notice of the bar date was not delivered to counsel for JJHCS. Counsel for JJHCS contacted counsel for the Debtor immediately upon discovery of the bar date to request additional time to file this Proof of Claim. Counsel for the Debtors responded that the Official Committee of Unsecured Creditors would not consent to the filing of a late claim. Accordingly, JJHCS is filing this claim after the bar date to preserve the right to recover all amounts due and owing from any of the Debtors. If this Proof of Claim is disallowed, then JJHCS reserves all rights with respect to the claims scheduled in favor of JJHCS and its affiliates by Amory and Clarksdale.

This Proof of Claim is a protective Proof of Claim and is filed to protect JJHCS from potential forfeiture of any rights or remedies against the Debtor. The filing of this Proof of Claim shall not constitute (a) a waiver or release of any rights or remedies of JJHCS against Debtor or any other person or property; (b) consent by JJHCS to the jurisdiction of this Court with respect to the subject matter of the claims set forth herein or the waiver of any objection thereto; or (c) an election of remedies, choice of law or submission to jurisdiction. JJHCS expressly reserves the right to modify, amend, supplement or withdraw this Proof of Claim.

¹ This total is referred to herein as the “Aggregate Claim Amount.” The Aggregate Claim Amount includes \$12,523 on account of goods received by the Debtor within 20 days of the Petition Date (the “503(b)(9) Claim”). At such time as the 503(b)(9) Claim is allowed or otherwise reconciled and paid, JJHCS may amend this Proof of Claim or consent to its reduction to the extent of such allowance or reconciliation and payment. The filing of this Proof of Claim is not an attempt by JJHCS to seek duplicate distributions. A detailed list of invoices that comprise the Aggregate Claim Amount is attached.

EXHIBIT B

Amory Regional Medical Center, Inc.

INVOICE	INVOICE DATE	DELIVERY DATE	DUE DATE	AMOUNT DUE	OPERATING COMPANY
918314849	8/1/2017	8/3/2017	8/31/2017	\$ 673.32	AS
918441589	9/1/2017	9/3/2017	10/1/2017	\$ 673.28	AS
918551053	9/29/2017	10/1/2017	10/29/2017	\$ 629.23	AS
19993004	10/16/2017			\$ 1,830.60	
918342075	10/23/2017	10/25/2017	11/22/2017	\$ 69.21	ES
918332459	10/23/2017	10/25/2017	11/22/2017	\$ 69.21	ES
918287175	10/23/2017	10/25/2017	11/22/2017	\$ 149.03	ES
918253891	10/23/2017	10/25/2017	11/22/2017	\$ 93.53	ES
918239476	10/23/2017	10/25/2017	11/22/2017	\$ 215.65	ES
918233698	10/23/2017	10/25/2017	11/22/2017	\$ 195.17	MULTI
918227990	10/23/2017	10/25/2017	11/22/2017	\$ 102.72	ES
918342076	10/27/2017	10/29/2017	11/26/2017	\$ 293.12	ES
918681176	11/1/2017	11/3/2017	12/1/2017	\$ 629.23	AS
918438131	11/7/2017	11/9/2017	12/7/2017	\$ 911.01	ES
918432598	11/7/2017	11/9/2017	12/7/2017	\$ 16.24	ES
918415587	11/7/2017	11/9/2017	12/7/2017	\$ 64.11	ES
918386525	11/7/2017	11/9/2017	12/7/2017	\$ 489.10	ES
918811308	12/1/2017	12/3/2017	12/31/2017	\$ 629.23	AS
918884261	12/16/2017	12/18/2017	1/15/2018	\$ 6,987.10	MULTI
918891192	12/19/2017	12/21/2017	1/18/2018	\$ 992.67	ES
20192515	12/19/2017			\$ 1,830.60	
20192519	12/19/2017			\$ 3,248.10	
918911457	12/21/2017	12/23/2017	1/20/2018	\$ 3,522.89	ES
918923059	12/26/2017	12/28/2017	1/25/2018	\$ 4,258.02	ES
918941607	1/1/2018	1/3/2018	1/31/2018	\$ 673.28	AS
918956825	1/4/2018	1/6/2018	2/3/2018	\$ 1,093.30	ES
918961758	1/5/2018	1/7/2018	2/4/2018	\$ 264.00	ES
918968631	1/8/2018	1/10/2018	2/7/2018	\$ 1,179.90	ES
918974551	1/9/2018	1/11/2018	2/8/2018	\$ 2,168.11	ES
20259824	1/10/2018			\$ 3,661.20	
919007135	1/17/2018	1/19/2018	2/16/2018	\$ 3,688.82	ES
919018916	1/19/2018	1/21/2018	2/18/2018	\$ 278.21	ES
20302347	1/24/2018			\$ 3,661.20	
919045309	1/25/2018	1/27/2018	2/24/2018	\$ 2,983.34	ES
919070803	1/31/2018	2/2/2018	3/2/2018	\$ 4,223.69	ES
919068463	2/1/2018	2/3/2018	3/3/2018	\$ 673.28	AS
919108657	2/8/2018	2/10/2018	3/10/2018	\$ 1,519.78	MULTI
919120774	2/12/2018	2/14/2018	3/14/2018	\$ 512.21	ES
919126804	2/13/2018	2/15/2018	3/15/2018	\$ 6,185.46	ES
919126803	2/13/2018	2/15/2018	3/15/2018	\$ 861.84	ES
919150124	2/19/2018	2/21/2018	3/21/2018	\$ 2,815.74	ES
919169262	2/22/2018	2/24/2018	3/24/2018	\$ 3,738.13	ES
919200386	3/1/2018	3/3/2018	3/31/2018	\$ 1,352.22	ES

INVOICE	INVOICE DATE	DELIVERY DATE	DUE DATE	AMOUNT DUE	OPERATING COMPANY
919191984	3/1/2018	3/3/2018	3/31/2018	\$ 673.28	AS
919223887	3/7/2018	3/9/2018	4/6/2018	\$ 7,897.15	MULTI
919229516	3/8/2018	3/10/2018	4/7/2018	\$ 1,179.90	ES
919233917	3/9/2018	3/11/2018	4/8/2018	\$ 2,320.50	ET
919232948	3/9/2018	3/11/2018	4/8/2018	\$ 505.46	ES
919240700	3/12/2018	3/14/2018	4/11/2018	\$ 475.46	ES
919244968	3/13/2018	3/15/2018	4/12/2018	\$ 4,968.15	ES
919258299	3/15/2018	3/17/2018	4/14/2018	\$ 264.00	ES
919307064	3/27/2018	3/29/2018	4/26/2018	\$ 3,675.70	ES
919320379	3/29/2018	3/31/2018	4/28/2018	\$ 540.94	ES
919317587	3/30/2018	4/1/2018	4/29/2018	\$ 673.28	AS
919331154	4/2/2018	4/4/2018	5/2/2018	\$ 2,202.55	ES
20530302	4/4/2018			\$ 1,830.60	
20530304	4/4/2018			\$ 2,235.60	
919350987	4/6/2018	4/8/2018	5/6/2018	\$ 408.18	ES
919364310	4/10/2018	4/12/2018	5/10/2018	\$ 2,531.93	ES
919369840	4/11/2018	4/13/2018	5/11/2018	\$ 253.94	ES
20549840	4/11/2018			\$ 1,019.16	
919375888	4/12/2018	4/14/2018	5/12/2018	\$ 4,322.57	ES
919380123	4/13/2018	4/15/2018	5/13/2018	\$ 3,117.04	ES
20555258	4/13/2018			\$ 203.64	
919390638	4/17/2018	4/19/2018	5/17/2018	\$ 2,278.04	ES
919390637	4/17/2018	4/19/2018	5/17/2018	\$ 496.42	ES
919391985	4/18/2018	4/20/2018	5/18/2018	\$ 352.65	ES
919397652	4/19/2018	4/21/2018	5/19/2018	\$ 224.11	ES
919428882	4/25/2018	4/27/2018	5/25/2018	\$ 1,885.20	ES
919445205	5/1/2018	5/3/2018	5/31/2018	\$ 673.28	AS
919464586	5/3/2018	5/5/2018	6/2/2018	\$ 3,414.62	ES
20616727	5/4/2018			\$ 635.60	
919475604	5/7/2018	5/9/2018	6/6/2018	\$ 1,179.90	ES
919492113	5/10/2018	5/12/2018	6/9/2018	\$ 249.72	ES
919496893	5/11/2018	5/13/2018	6/10/2018	\$ 2,360.87	ES
919502990	5/14/2018	5/16/2018	6/13/2018	\$ 705.30	ES
919524562	5/18/2018	5/20/2018	6/17/2018	\$ 8,434.34	ES
919546495	5/23/2018	5/25/2018	6/22/2018	\$ 1,179.90	ES
919565009	5/29/2018	5/31/2018	6/28/2018	\$ 705.30	ES
919570925	5/30/2018	6/1/2018	6/29/2018	\$ 3,364.96	ES
919574954	6/1/2018	6/3/2018	7/1/2018	\$ 673.28	AS
919609922	6/8/2018	6/10/2018	7/8/2018	\$ 705.30	ES
919634836	6/14/2018	6/16/2018	7/14/2018	\$ 78.32	ES
919634835	6/14/2018	6/16/2018	7/14/2018	\$ 4,128.64	MULTI
919645978	6/18/2018	6/20/2018	7/18/2018	\$ 705.30	ES
919645977	6/18/2018	6/20/2018	7/18/2018	\$ 2,360.87	ES
919659482	6/20/2018	6/22/2018	7/20/2018	\$ 2,320.50	ET
919665689	6/22/2018	6/24/2018	7/22/2018	\$ 39.16	ES
919670104	6/22/2018	6/24/2018	7/22/2018	\$ 3,576.26	MULTI
20751676	6/22/2018			\$ 3,887.20	

INVOICE	INVOICE DATE	DELIVERY DATE	DUE DATE	AMOUNT DUE	OPERATING COMPANY
919676433	6/25/2018	6/27/2018	7/25/2018	\$ 1,915.30	ES
919683145	6/26/2018	6/28/2018	7/26/2018	\$ 1,352.22	ES
919701236	6/29/2018	7/1/2018	7/29/2018	\$ 39.16	ES
919693525	6/29/2018	7/1/2018	7/29/2018	\$ 673.28	AS
919713692	7/3/2018	7/5/2018	8/2/2018	\$ 5,153.02	ES
919719078	7/6/2018	7/8/2018	8/5/2018	\$ 705.30	ES
919729373	7/10/2018	7/12/2018	8/9/2018	\$ 2,245.22	ES
919740791	7/11/2018	7/13/2018	8/10/2018	\$ 2,016.39	ES
919751572	7/13/2018	7/15/2018	8/12/2018	\$ 744.46	ES
919757444	7/16/2018	7/18/2018	8/15/2018	\$ 1,179.90	ES
919762935	7/17/2018	7/19/2018	8/16/2018	\$ 3,362.67	ES
919768518	7/18/2018	7/20/2018	8/17/2018	\$ 388.00	ES
919790148	7/24/2018	7/26/2018	8/23/2018	\$ 1,136.58	ES
919795873	7/25/2018	7/27/2018	8/24/2018	\$ 39.16	ES
919801710	7/26/2018	7/28/2018	8/25/2018	\$ 408.18	ES
919812656	7/30/2018	8/1/2018	8/29/2018	\$ 2,360.87	ES
919818445	7/31/2018	8/2/2018	8/30/2018	\$ 3,930.41	ES
919815974	8/1/2018	8/3/2018	8/31/2018	\$ 673.32	AS
919829094	8/2/2018	8/4/2018	9/1/2018	\$ 744.46	ES
919838866	8/6/2018	8/8/2018	9/5/2018	\$ 2,792.15	ES
919849537	8/8/2018	8/10/2018	9/7/2018	\$ 744.46	ES
919857742	8/10/2018	8/12/2018	9/9/2018	\$ 448.20	ES
919865190	8/13/2018	8/15/2018	9/12/2018	\$ 2,016.39	ES
919876208	8/15/2018	8/17/2018	9/14/2018	\$ 431.28	ES

Clarksdale Regional Medical Center Inc.

INVOICE	INVOICE DATE	DELIVERY DATE	DUE DATE	AMOUNT DUE	OPERATING COMPANY
918314849	8/1/2017	8/3/2017	8/31/2017	\$ 673.32	AS
918441589	9/1/2017	9/3/2017	10/1/2017	\$ 673.28	AS
918551053	9/29/2017	10/1/2017	10/29/2017	\$ 629.23	AS
19993004	10/16/2017			\$ 1,830.60	
918342075	10/23/2017	10/25/2017	11/22/2017	\$ 69.21	ES
918332459	10/23/2017	10/25/2017	11/22/2017	\$ 69.21	ES
918287175	10/23/2017	10/25/2017	11/22/2017	\$ 149.03	ES
918253891	10/23/2017	10/25/2017	11/22/2017	\$ 93.53	ES
918239476	10/23/2017	10/25/2017	11/22/2017	\$ 215.65	ES
918233698	10/23/2017	10/25/2017	11/22/2017	\$ 195.17	MULTI
918227990	10/23/2017	10/25/2017	11/22/2017	\$ 102.72	ES
918342076	10/27/2017	10/29/2017	11/26/2017	\$ 293.12	ES
918681176	11/1/2017	11/3/2017	12/1/2017	\$ 629.23	AS
918438131	11/7/2017	11/9/2017	12/7/2017	\$ 911.01	ES
918432598	11/7/2017	11/9/2017	12/7/2017	\$ 16.24	ES
918415587	11/7/2017	11/9/2017	12/7/2017	\$ 64.11	ES
918386525	11/7/2017	11/9/2017	12/7/2017	\$ 489.10	ES
918811308	12/1/2017	12/3/2017	12/31/2017	\$ 629.23	AS
918884261	12/16/2017	12/18/2017	1/15/2018	\$ 6,987.10	MULTI
918891192	12/19/2017	12/21/2017	1/18/2018	\$ 992.67	ES
20192515	12/19/2017			\$ 1,830.60	
20192519	12/19/2017			\$ 3,248.10	
918911457	12/21/2017	12/23/2017	1/20/2018	\$ 3,522.89	ES
918923059	12/26/2017	12/28/2017	1/25/2018	\$ 4,258.02	ES
918941607	1/1/2018	1/3/2018	1/31/2018	\$ 673.28	AS
918956825	1/4/2018	1/6/2018	2/3/2018	\$ 1,093.30	ES
918961758	1/5/2018	1/7/2018	2/4/2018	\$ 264.00	ES
918968631	1/8/2018	1/10/2018	2/7/2018	\$ 1,179.90	ES
918974551	1/9/2018	1/11/2018	2/8/2018	\$ 2,168.11	ES
20259824	1/10/2018			\$ 3,661.20	
919007135	1/17/2018	1/19/2018	2/16/2018	\$ 3,688.82	ES
919018916	1/19/2018	1/21/2018	2/18/2018	\$ 278.21	ES
20302347	1/24/2018			\$ 3,661.20	
919045309	1/25/2018	1/27/2018	2/24/2018	\$ 2,983.34	ES
919070803	1/31/2018	2/2/2018	3/2/2018	\$ 4,223.69	ES
919068463	2/1/2018	2/3/2018	3/3/2018	\$ 673.28	AS
919108657	2/8/2018	2/10/2018	3/10/2018	\$ 1,519.78	MULTI
919120774	2/12/2018	2/14/2018	3/14/2018	\$ 512.21	ES
919126804	2/13/2018	2/15/2018	3/15/2018	\$ 6,185.46	ES
919126803	2/13/2018	2/15/2018	3/15/2018	\$ 861.84	ES
919150124	2/19/2018	2/21/2018	3/21/2018	\$ 2,815.74	ES
919169262	2/22/2018	2/24/2018	3/24/2018	\$ 3,738.13	ES
919200386	3/1/2018	3/3/2018	3/31/2018	\$ 1,352.22	ES
919191984	3/1/2018	3/3/2018	3/31/2018	\$ 673.28	AS
919223887	3/7/2018	3/9/2018	4/6/2018	\$ 7,897.15	MULTI

INVOICE	INVOICE DATE	DELIVERY DATE	DUE DATE	AMOUNT DUE	OPERATING COMPANY
919229516	3/8/2018	3/10/2018	4/7/2018	\$ 1,179.90	ES
919233917	3/9/2018	3/11/2018	4/8/2018	\$ 2,320.50	ET
919232948	3/9/2018	3/11/2018	4/8/2018	\$ 505.46	ES
919240700	3/12/2018	3/14/2018	4/11/2018	\$ 475.46	ES
919244968	3/13/2018	3/15/2018	4/12/2018	\$ 4,968.15	ES
919258299	3/15/2018	3/17/2018	4/14/2018	\$ 264.00	ES
919307064	3/27/2018	3/29/2018	4/26/2018	\$ 3,675.70	ES
919320379	3/29/2018	3/31/2018	4/28/2018	\$ 540.94	ES
919317587	3/30/2018	4/1/2018	4/29/2018	\$ 673.28	AS
919331154	4/2/2018	4/4/2018	5/2/2018	\$ 2,202.55	ES
20530302	4/4/2018			\$ 1,830.60	
20530304	4/4/2018			\$ 2,235.60	
919350987	4/6/2018	4/8/2018	5/6/2018	\$ 408.18	ES
919364310	4/10/2018	4/12/2018	5/10/2018	\$ 2,531.93	ES
919369840	4/11/2018	4/13/2018	5/11/2018	\$ 253.94	ES
20549840	4/11/2018			\$ 1,019.16	
919375888	4/12/2018	4/14/2018	5/12/2018	\$ 4,322.57	ES
919380123	4/13/2018	4/15/2018	5/13/2018	\$ 3,117.04	ES
20555258	4/13/2018			\$ 203.64	
919390638	4/17/2018	4/19/2018	5/17/2018	\$ 2,278.04	ES
919390637	4/17/2018	4/19/2018	5/17/2018	\$ 496.42	ES
919391985	4/18/2018	4/20/2018	5/18/2018	\$ 352.65	ES
919397652	4/19/2018	4/21/2018	5/19/2018	\$ 224.11	ES
919428882	4/25/2018	4/27/2018	5/25/2018	\$ 1,885.20	ES
919445205	5/1/2018	5/3/2018	5/31/2018	\$ 673.28	AS
919464586	5/3/2018	5/5/2018	6/2/2018	\$ 3,414.62	ES
20616727	5/4/2018			\$ 635.60	
919475604	5/7/2018	5/9/2018	6/6/2018	\$ 1,179.90	ES
919492113	5/10/2018	5/12/2018	6/9/2018	\$ 249.72	ES
919496893	5/11/2018	5/13/2018	6/10/2018	\$ 2,360.87	ES
919502990	5/14/2018	5/16/2018	6/13/2018	\$ 705.30	ES
919524562	5/18/2018	5/20/2018	6/17/2018	\$ 8,434.34	ES
919546495	5/23/2018	5/25/2018	6/22/2018	\$ 1,179.90	ES
919565009	5/29/2018	5/31/2018	6/28/2018	\$ 705.30	ES
919570925	5/30/2018	6/1/2018	6/29/2018	\$ 3,364.96	ES
919574954	6/1/2018	6/3/2018	7/1/2018	\$ 673.28	AS
919609922	6/8/2018	6/10/2018	7/8/2018	\$ 705.30	ES
919634836	6/14/2018	6/16/2018	7/14/2018	\$ 78.32	ES
919634835	6/14/2018	6/16/2018	7/14/2018	\$ 4,128.64	MULTI
919645978	6/18/2018	6/20/2018	7/18/2018	\$ 705.30	ES
919645977	6/18/2018	6/20/2018	7/18/2018	\$ 2,360.87	ES
919659482	6/20/2018	6/22/2018	7/20/2018	\$ 2,320.50	ET
919665689	6/22/2018	6/24/2018	7/22/2018	\$ 39.16	ES
919670104	6/22/2018	6/24/2018	7/22/2018	\$ 3,576.26	MULTI
20751676	6/22/2018			\$ 3,887.20	
919676433	6/25/2018	6/27/2018	7/25/2018	\$ 1,915.30	ES
919683145	6/26/2018	6/28/2018	7/26/2018	\$ 1,352.22	ES

INVOICE	INVOICE DATE	DELIVERY DATE	DUE DATE	AMOUNT DUE	OPERATING COMPANY
919701236	6/29/2018	7/1/2018	7/29/2018	\$ 39.16	ES
919693525	6/29/2018	7/1/2018	7/29/2018	\$ 673.28	AS
919713692	7/3/2018	7/5/2018	8/2/2018	\$ 5,153.02	ES
919719078	7/6/2018	7/8/2018	8/5/2018	\$ 705.30	ES
919729373	7/10/2018	7/12/2018	8/9/2018	\$ 2,245.22	ES
919740791	7/11/2018	7/13/2018	8/10/2018	\$ 2,016.39	ES
919751572	7/13/2018	7/15/2018	8/12/2018	\$ 744.46	ES
919757444	7/16/2018	7/18/2018	8/15/2018	\$ 1,179.90	ES
919762935	7/17/2018	7/19/2018	8/16/2018	\$ 3,362.67	ES
919768518	7/18/2018	7/20/2018	8/17/2018	\$ 388.00	ES
919790148	7/24/2018	7/26/2018	8/23/2018	\$ 1,136.58	ES
919795873	7/25/2018	7/27/2018	8/24/2018	\$ 39.16	ES
919801710	7/26/2018	7/28/2018	8/25/2018	\$ 408.18	ES
919812656	7/30/2018	8/1/2018	8/29/2018	\$ 2,360.87	ES
919818445	7/31/2018	8/2/2018	8/30/2018	\$ 3,930.41	ES
919815974	8/1/2018	8/3/2018	8/31/2018	\$ 673.32	AS
919829094	8/2/2018	8/4/2018	9/1/2018	\$ 744.46	ES
919838866	8/6/2018	8/8/2018	9/5/2018	\$ 2,792.15	ES
919849537	8/8/2018	8/10/2018	9/7/2018	\$ 744.46	ES
919857742	8/10/2018	8/12/2018	9/9/2018	\$ 448.20	ES
919865190	8/13/2018	8/15/2018	9/12/2018	\$ 2,016.39	ES
919876208	8/15/2018	8/17/2018	9/14/2018	\$ 431.28	ES

Patterson Belknap Webb & Tyler LLP

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March 11, 2019

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Direct Fax: 212-336-1257
bguiney@pbwt.com

By FedEx

US Bankruptcy Court – Middle District of Tennessee
701 Broadway, 1st Floor
Nashville, TN 37203

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U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

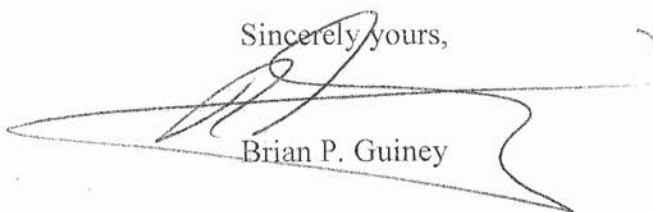
Re: *In re: Curae Health, Inc., et al., Case No. 18-05665*

Dear Sir or Madam:

I am enclosing two proofs of claim for filing against Amory Regional Medical Center, Inc. (Case No. 3:18-bk-05675) and Clarksdale Regional Medical Center Inc. (Case No. 3:18-bk-05678). I have also enclosed a duplicate copy of each claim. Kindly date-stamp the copies and return them to me in the self-addressed, prepaid envelope that is also enclosed.

Thank you for your assistance.

Sincerely yours,


Brian P. Guiney

Enclosures

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: (6861910)
JOHNSON & JOHNSON
HEALTH CARE SYSTEMS
INC
PATTERSON BELKNAP
WEBB & TYLER LLP
C O BRIAN P GUINEY
1133 AVENUE OF THE
AMERICAS
NEW YORK NY 10036

Claim No: 52
Original Filed
Date: 03/12/2019
Original Entered
Date: 03/12/2019

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

No amounts claimed

History:

[Details](#) [52-1](#) 03/12/2019 Claim #52 filed by JOHNSON & JOHNSON HEALTH CARE SYSTEMS INC,
Amount claimed: (Intake3)

Description: (52-1) Goods sold

Remarks: (52-1) Form 410 Question #7 - How much is the claim? - states "Not less than \$202,454.77".

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

No Amounts Claimed
