

Fill in this information to identify the case:

Debtor 1 Amory Regional Physicians, LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 3:18-bk-05680

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? CHS/Community Health Systems, Inc.
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? [X] No [ ] Yes. From whom?

3. Where should notices and payments to the creditor be sent?
Where should notices to the creditor be sent? Paul G. Jennings/Bass, Berry & Sims PLC
Where should payments to the creditor be sent? (if different)

4. Does this claim amend one already filed? [X] No [ ] 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? [X] No [ ] 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? \$ \_\_\_\_\_ unknown  
see attached. 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.  
  
guaranty obligations - see attached

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:

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.

**Amount entitled to priority**

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

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

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

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

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

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

\* 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 01/18/2019  
MM / DD / YYYY

/s/ Justin Pitt  
Signature

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

Name Justin Pitt  
First name Middle name Last name

Title Senior Vice President and Chief Litigation Counsel

Company CHS/Community Health Systems, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4000 Meridian Blvd.  
Number Street

Franklin, TN 37067  
City State ZIP Code

Contact phone 615-465-7370 Email Justin\_Pitt@chs.net

Claimant (and/or its affiliates or related entities) may remain obligated on various leases, contracts or agreements (or guaranties of the same) on which the debtor or its related entities are or were obligated. Certain of these underlying leases, contracts or agreements may have been assigned to third parties as part of 363/365 transactions or may be subject to assignment in the future. Certain of these leases, contracts or agreements may have uncured defaults now or in the future that claimant (and/or its affiliates or related entities) may be required to pay, etc. Claimant reserves its right to update, amend, modify and provide calculations of damages to this claim in the future.

# MIDDLE DISTRICT OF TENNESSEE Claims Register

[3:18-bk-05680 Amory Regional Physicians, LLC](#)

**Judge:** Charles M Walker      **Chapter:** 11  
**Office:** Nashville              **Last Date to file claims:**  
**Trustee:**                              **Last Date to file (Govt):**

<p><i>Creditor:</i>        (6824996)          CHS/Community Health          Systems, Inc.          c/o Paul G. Jennings          Bass, Berry &amp; Sims PLC          150 Third Ave. S., Ste. 2800          Nashville, TN 37201</p>	<p><b>Claim No: 12</b>  <i>Original Filed</i>          Date: 01/18/2019  <i>Original Entered</i>          Date: 01/18/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> PAUL G          JENNINGS  <i>Modified:</i></p>
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Amount claimed: \$1.00

*History:*

[Details](#)    [12-1](#) 01/18/2019 Claim #12 filed by CHS/Community Health Systems, Inc., Amount claimed: \$1.00 (JENNINGS, PAUL )

*Description:* (12-1) Unsecured claim amount is unknown

*Remarks:*

## Claims Register Summary

**Case Name:** Amory Regional Physicians, LLC  
**Case Number:** 3:18-bk-05680  
**Chapter:** 11  
**Date Filed:** 08/24/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$1.00
<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>		
<b>Administrative</b>		