

Fill in this information to identify the case and this filing:

Debtor Name Curae Health, Inc.  
United States Bankruptcy Court for the: Middle District of TN  
(State)  
Case number (if known): 18-05665

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

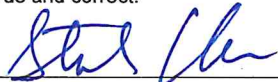
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule D
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/7/2018  
MM / DD / YYYY

x   
\_\_\_\_\_  
Signature of individual signing on behalf of debtor

Stephen Clapp  
Printed name

Chief Executive Officer  
Position or relationship to debtor

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

Debtor name \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 (State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name	Describe debtor's property that is subject to a lien		
_____	_____	\$ _____	\$ _____
<b>Creditor's mailing address</b>	_____		
_____	_____		
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>		
_____	_____		
<b>Date debt was incurred</b> _____	<b>Is the creditor an insider or related party?</b>		
<b>Last 4 digits of account number</b> _____	<input type="checkbox"/> No		
<b>Do multiple creditors have an interest in the same property?</b>	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<b>Is anyone else liable on this claim?</b>		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> No		
_____	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
_____	<b>As of the petition filing date, the claim is:</b>		
	Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		

2.2 Creditor's name	Describe debtor's property that is subject to a lien		
_____	_____	\$ _____	\$ _____
<b>Creditor's mailing address</b>	_____		
_____	_____		
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>		
_____	_____		
<b>Date debt was incurred</b> _____	<b>Is the creditor an insider or related party?</b>		
<b>Last 4 digits of account number</b> _____	<input type="checkbox"/> No		
<b>Do multiple creditors have an interest in the same property?</b>	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<b>Is anyone else liable on this claim?</b>		
<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> No		
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
_____	<b>As of the petition filing date, the claim is:</b>		
_____	Check all that apply.		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$72,960,416.66

Part 1: Additional Page

Column A  
**Amount of claim**  
Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.3** Creditor's name \_\_\_\_\_ Describe debtor's property that is subject to a lien \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address \_\_\_\_\_

Describe the lien \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

Date debt was incurred \_\_\_\_\_

Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**2.4** Creditor's name \_\_\_\_\_ Describe debtor's property that is subject to a lien \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address \_\_\_\_\_

Describe the lien \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

Date debt was incurred \_\_\_\_\_

Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes. The relative priority of creditors is specified on lines 2.3

Part 1: Additional Page

Column A  
**Amount of claim**  
Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.5** Creditor's name USDA Rural Development Describe debtor's property that is subject to a lien The Russellville Hospital and Curae Health, Inc.'s \$ 17,525,221 \$ \$3,206,306  
Income, revenue, and service charges, excluding  
accounts receivable, in connection with the operation  
of the Russellville hospital

Creditor's mailing address 3322 West End Avenue, Suite 300  
Nashville, TN 37203-1071

Creditor's email address, if known kirk.morris@tn.usda.gov

Date debt was incurred 12/15/2015

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Describe the lien Secured Promissory Note

Is the creditor an insider or related party?  
 No  
 Yes

Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**2.** Creditor's name \_\_\_\_\_ Describe debtor's property that is subject to a lien \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**Part 2:** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
150 Third Avenue South, Suite 2800 Nashville, TN 37201	Line 2. __ and 2.2	__ __ __ __
511 Union Street, Suite 2700 Nashville, TN 37219	Line 2. __	__ __ __ __
1201 Demonbreun Street, Suite 1000 Nashville, TN 37203	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __
_____ _____	Line 2. __	__ __ __ __