Fill in this information to identify the case:
Debtor 1 Curae Health Inc.
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court **MIDDLE DISTRICT OF TENNESSEE**
Case number: **18−05665**

FILED
U.S. Bankruptcy Court
MIDDLE DISTRICT OF TENNESSEE
9/18/2018
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?**

KCI

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?**

☑ No
☐ 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)
KCI	KCI
Name	Name
12930 Interstate 10 West San Antonio, TX 78249	12930 Interstate 10 West San Antonio, TX 78249
Contact phone 800−275−4524	Contact phone 800−275−4524
Contact email Martha.Geraths@acelity.com	Contact email Martha.Geraths@acelity.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?**

☑ 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?**

☑ 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?** $ 7081.37

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 healthcare information.

Medical equipment rental and purchase of supplies if applicable

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 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.	☐ 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 9/18/2018

MM / DD / YYYY

/s/ Martha G. Geraths

Signature

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

Name: Martha G. Geraths

First name Middle name Last name

Title: Resolution Specialist

Company: KCI

Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 12930 Interstate 10 West

Number Street

San Antonio, TX 78249

City State ZIP Code

Contact phone 800−275−4524 Email Martha.Geraths@acelity.com

Account_Status_Report - Northwest Mississippi #766194.xls

"KINETIC CONCEPTS, INC.
Report Date: 13-SEP-2018 12:13"

Account Status Report

Order By	: Customer	
Customer Name	:	To
Customer Number	: 766194	To 766194
Collector Name	:	To
Account Status	:	To

♀

"KINETIC CONCEPTS, INC. Account Status Report
Report Date: 13-SEP-2018 12:13"
Order By: Customer
Page: 1 of 1
Account Status: NORMAL

Date	Currency	Original Amount	Balance Due	Billing Number	Functional Number	Invoice Type	Date	Due
Collector: JVT		Customer Name: NORTHWEST MISSISSIPPI R				Customer Number: 766194		
		Customer Location: 01:CLARKSDALE						
20-APR-18	USD	463.60	463.60		27778556	INVOICE	21-MAR-18	
08-JUL-18	USD	463.60	463.60		27953323	INVOICE	08-JUN-18	
25-JUL-18	USD	417.24	417.24		27986313	INVOICE	25-JUN-18	
23-SEP-18	USD	46.36	46.36		28093993	INVOICE	24-AUG-18	
21-SEP-18	USD	231.80	231.80		28118142	INVOICE	22-AUG-18	
21-SEP-18	USD	417.24	417.24		28118143	INVOICE	22-AUG-18	
" Customer Location Subtotal:			2,039.84"					
NORMAL Account Status Subtotal			2,039.84"					

Page 1

"

Report Total: 2,039.84"

Account_Status_Report - Gilmore Memorial #585852.xls
"KINETIC CONCEPTS, INC.
Report Date: 13-SEP-2018 12:13"

Account Status Report

Order By : Customer

Customer Name : To

Customer Number : 585852 To 585852

Collector Name : To

Account Status : To

♀

"KINETIC CONCEPTS, INC. Account Status Report
Report Date: 13-SEP-2018 12:13"

Order By: Customer
Page: 1 of 1

Account Status: NORMAL

Invoice						
Functional						
Billing Number	Number	Type	Date	Due Date	Currency	Original Amount	Balance Due
27791482	INVO	28-MAR-18	27-APR-18	USD	145.25	(145.25)	
	ICE					
27807463	INVO	03-APR-18	03-MAY-18	USD	157.29	(157.29)	
	ICE					
27808182	INVO	03-APR-18	03-MAY-18	USD	157.29	(102.46)	
	ICE					
27926383	INVO	13-JUN-18	13-JUL-18	USD	710.40	710.40	

Collector: JVT Customer Name: GILMORE MEMORIAL REGION Customer Number: 585852 Customer Location: 00:AMORY:MS

			ICE	
07-JUL-18 USD	781.20	781.20	27948733	INVO 07-JUN-18
			ICE	
12-JUL-18 USD	900.45	900.45	27958174	INVO 12-JUN-18
			ICE	
28-JUL-18 USD	710.40	710.40	27963879	INVO 28-JUN-18
			ICE	
12-AUG-18 USD	710.40	710.40	27995997	INVO 13-JUL-18
			ICE	
27-AUG-18 USD	710.40	710.40	28032797	INVO 28-JUL-18
			ICE	
24-AUG-18 USD	781.20	781.20	28054552	INVO 25-JUL-18
			ICE	
11-SEP-18 USD	142.08	142.08	28061349	INVO 12-AUG-18

"
Customer Location Subtotal: 5,041.53"
5041.53

"
NORMAL Account Status Subtotal 5.041.53"
Account Status Subtotal 5041.53

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"
Report Total: 5.041.53 "Report Total
5,041.53"

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MIDDLE DISTRICT OF TENNESSEE
Claims Register

3:18-bk-05665 Curae Health Inc.

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

Creditor: (6742242)
KCI
12930 Interstate 10 West
San Antonio, TX 78249

Claim No: 38
Original Filed Date: 09/18/2018
Original Entered Date: 09/18/2018

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: $7081.37

History:

Details 38-1 09/18/2018 Claim #38 filed by KCI, Amount claimed: $7081.37 (admin)

Description:

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.
Case Number: 3:18-bk-05665
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	$7081.37
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		