

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30039

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN 18 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

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?	Serve You Custom Prescription Management, Inc. Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Serve You Rx</u>	
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>Serve You Custom Prescription Mgmt Inc.</u> Name <u>10201 West Innovation Drive Suite 600</u> Number Street <u>Milwaukee WI 53226</u> City State ZIP Code Contact phone <u>414-410-8137</u> Contact email <u>rgriesemer@serve-you-rx.com</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone <u>414-410-8137</u> Contact email <u>rgriesemer@serve-you-rx.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
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 _____ MM / DD / YYYY	
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: 2 1 0 3

7. How much is the claim? \$ 62,670.97 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.

Contracted pharmacy benefit management services

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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 01/17/2019
MM / DD / YYYY

Ryan W Griesemer
Signature

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

Name Ryan W Griesemer
First name Middle name Last name

Title Controller

Company Serve You Custom Prescription Management, Inc.

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

Address 10201 West Innovation Drive Suite 600

Number Street

Milwaukee

WI

53226

City

State

ZIP Code

Contact phone 414-410-8137

Email rgriesemer@serve-you-rx.com



Post Office Box 2079
Milwaukee, WI 53201
888-243-6890

Invoice

Invoice Number:
177263

Invoice Date:
Oct 31, 2018

Page:
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Bill To:

Morgan Administration dba Home Owners B
S&S HealthCare Strategies Ltd
1385 Kemper Meadow Drive
Cincinnati, OH 45240

Account ID: 32103

Payment Terms

Net 5 Days

Due Date

11/5/18

Quantity	Item	Description	Amount
10.00	PRESCRIPTIONS	INSPIRE PLATINUM \$1500 (PA011-IPL1)	6,419.29
59.00	PRESCRIPTIONS	INSPIRE PLATINUM \$3000 (PA011-IPL3)	14,920.37
13.00	PRESCRIPTIONS	INSPIRE PLATINUM \$5000 (PA011-IPL5)	8,058.61

Total Invoice Amount:

29,398.27

Please include your Account ID when making payment. Thank You.



Post Office Box 2079
Milwaukee, WI 53201
888-243-6890

Invoice

Invoice Number:
177566

Invoice Date:
Oct 31, 2018

Page:
1

Bill To:

Morgan Administration dba Home Owners B
S&S HealthCare Strategies Ltd
1385 Kemper Meadow Drive
Cincinnati, OH 45240

Account ID: 32103

Payment Terms

Net 5 Days

Due Date

11/5/18

Quantity	Item	Description	Amount
1.00	Clinical Prior Auths	Eoc ID:35486698, Group:PA011-IPL3	45.00
1.00	Immunization Adm Fee	INSPIRE PLATINUM \$1500 (PA011-IPL1)	2.00
3.00	Immunization Adm Fee	INSPIRE PLATINUM \$3000 (PA011-IPL3)	6.00
2.00	Immunization Adm Fee	INSPIRE PLATINUM \$5000 (PA011-IPL5)	4.00

Total Invoice Amount:

57.00

Please include your Account ID when making payment. Thank You.

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11

Office: Eastern Division

Last Date to file claims: 01/28/2019

Trustee:

Last Date to file (Govt): 04/23/2019

Creditor: (27459768)
Serve You Custom Prescription
Management Inc
10201 West Innovation Drive
Suite 600
Milwaukee WI 53226

Claim No: 80
Original Filed
Date: 01/18/2019
Original Entered
Date: 01/18/2019

Status:
Filed by: CR
Entered by: Kevin Lyons
Modified:

Amount claimed: \$62670.97

History:

[Details](#) [80-1](#) 01/18/2019 Claim #80 filed by Serve You Custom Prescription Management Inc, Amount claimed: \$62670.97 (Lyons, Kevin)

Description:

Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.

Case Number: 18-30039

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$62670.97
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		