

United States Courts  
Southern District of Texas  
**FILED**

MAR 13 2023

Nathan Ochsner, Clerk of Court

Fill in this information to identify the case:

Debtor 1 TEHUM CARE SERVICES, INC.

Debtor 2 CORIZON HEALTH, INC.  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas 

Case number 23-900086-H4-11

### Official Form 410

## Proof of Claim

04/22

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? Bio-Rad Laboratories, 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?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
<u>Bio-Rad Laboratories, Inc.</u>	_____
Name	Name
<u>1000 Alfred Nobel Dr.</u>	_____
Number Street	Number Street
<u>Hercules CA 94547</u>	_____
City State ZIP Code	City State ZIP Code
Contact phone <u>510-724-7000</u>	Contact phone _____
Contact email <u>n/a</u>	Contact email _____

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? \_\_\_\_\_



239008623031400000000004  
page 1

**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: 4 8 8 5

7. How much is the claim? \$ \$60,365.42. 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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350\* 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 \$15,150\* 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 4/01/25 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.

08-Mar-2023

Executed on date MM / DD / YYYY

DocuSigned by:

Timothy S. Ernst

72F6F393EBF0456...  
Signature

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

Name Timothy S. Ernst  
First name Middle name Last name

Title General Counsel

Company Bio-Rad Laboratories, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1000 Alfred Nobel Dr.  
Number Street

Hercules CA 94547  
City State ZIP Code

Contact phone 510-741-6005 Email tim\_ernst@bio-rad.com

**BIO-RAD****Customer Statement****REMIT TO:**

BIO-RAD LABORATORIES, INC  
P.O. Box 849740  
LOS ANGELES, California 90084-9740, USA

**Accounts Receivable Contact:** 510-741-6646  
Denise Broas-Jew

CORIZON  
1393 Highway O  
FULTON MO 65251  
USA

**Customer Number:** 1004885

**Statement Date** 02/28/2023

TRANSACTION DATE	P.O.NUMBER	CHARGES	CREDITS	AMOUNT DUE	CURR	INVOICE NO.
08-30-2021	903-17899	8,236.66	0.00	8,236.66	USD	0905012373
08-30-2021	903-17899	3,971.42	0.00	3,971.42	USD	0905012374
09-15-2021	903-17899	3,669.96	0.00	3,669.96	USD	0905045209
11-29-2022	903-154-61	11,153.60	0.00	11,153.60	USD	0950355235
11-30-2022	903-154-61	0.00	-273.42	-273.42	USD	1401432943
11-30-2022	903-154-61	12,141.30	0.00	12,141.30	USD	0950355325
11-30-2022	903-154-61	10,727.85	0.00	10,727.85	USD	0950355326
11-30-2022	903-154-61	10,738.05	0.00	10,738.05	USD	0950355327

0-30	31-60	61-90	OVER 90	TOTAL BALANCE DUE	CURR
0.00	0.00	33,333.78	27,031.64	60,365.42	USD



**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1004885	905012373	08-30-2021	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-17899		Woodinville,WA		Net 30 Days		
Sales Order:	1005213231	Order Date:	08-19-2021	Contact Name: Sharon Ely		
Contact Phone Number: 573-592-4040						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
32591 139RCC-05	4	4	EA	GS HBsAg EIA 3.0 480 tests	942.00	3,768.00
25220 135REE	6	6	EA	Monolisa Anti-HBs EIA 192 tests	510.00	3,060.00
26186 125RGG	6	1	EA	MONOLISA Anti-HBc EIA, 192 Test	713.00	713.00

Subtotal : 7,541.00  
 Tax : 695.66  
 Total USD : 8,236.66

Please state Invoice number with your payment: 905012373

For Credit or Invoice question call:  
 510-741-6090

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723



**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O 1393 State Road 0,  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

<b>CUSTOMER NO.</b>	<b>INVOICE NO.</b>	<b>INVOICE DATE</b>	<b>CARRIER</b>	<b>FREIGHT</b>		
1004885	905012374	08-30-2021	FedEx	DAP		
<b>PURCHASE ORDER ID</b>		<b>SHIP FROM</b>	<b>PAYMENT TERMS</b>			
903-17899		Woodinville,WA	Net 30 Days			
Sales Order:	1005213231	Order Date:	08-19-2021	Contact Name: Sharon Ely		
Contact Phone Number: 573-592-4040						
<b>MATERIAL NUMBER</b>	<b>QUANTITY ORDERED</b>	<b>QUANTITY SHIPPED</b>	<b>UNIT</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>EXTENDED PRICE</b>
72496	6	6	EA	Monolisa Anti-HAV EIA 192 tests	606.00	3,636.00
893965						

Subtotal : 3,636.00  
 Tax : 335.42  
 Total USD : 3,971.42

Please state Invoice number with your payment: 905012374

For Credit or Invoice question call:  
 510-741-6090

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723



**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

<b>CUSTOMER NO.</b>	<b>INVOICE NO.</b>	<b>INVOICE DATE</b>	<b>CARRIER</b>	<b>FREIGHT</b>		
1004885	905045209	09-15-2021	FedEx	DAP		
<b>PURCHASE ORDER ID</b>		<b>SHIP FROM</b>		<b>PAYMENT TERMS</b>		
903-17899		Woodinville,WA		Net 30 Days		
Sales Order:	1005213231	Order Date:	08-19-2021	Contact Name: Sharon Ely		
Contact Phone Number: 573-592-4040						
<b>MATERIAL NUMBER BATCH S/N</b>	<b>QUANTITY ORDERED</b>	<b>QUANTITY SHIPPED</b>	<b>UNIT</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>EXTENDED PRICE</b>
26186 170RGG	5	5	EA	MONOLISA Anti-HBc EIA,192 Test	672.00	3,360.00

Subtotal : 3,360.00  
 Tax : 309.96  
 Total USD : 3,669.96

Please state Invoice number with your payment: 905045209

For Credit or Invoice question call:

510-741-6090

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723



**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

11/3/2022:SG DEBIT TO CORRECT QTY ON INV  
 #905148564. DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355235	11-29-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order: 0070103371		Order Date: 11-03-2022				
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	1,103	1,103	EA	BPX2200 Syphilis Total CPR	2.18	2,404.54
6653455C	2,244	2,244	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	7,854.00

Subtotal : 10,258.54  
 Tax : 895.06  
 Total USD : 11,153.60

Please state Invoice number with your payment: 950355235

For Credit or Invoice question call:

510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723





**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

11/3/2022:SG DEBIT TO CORRECT QTY ON INV #905119506 DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355325	11-30-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order: 0070103372		Order Date: 11-03-2022				
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	1,136	1,136	EA	BPX2200 Syphilis Total CPR	2.18	2,476.48
6653455C	2,483	2,483	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	8,690.50

Subtotal : 11,166.98  
 Tax : 974.32  
 Total USD : 12,141.30

Please state Invoice number with your payment: 950355325

For Credit or Invoice question call:

510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723



**DEBIT MEMO 950355326**

**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

11/13/2022:SG DEBIT TO CORRECT QTY ON INV #90504472 DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355326	11-30-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order: 0070103373		Order Date: 11-03-2022				
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	1,047	1,047	EA	BPX2200 Syphilis Total CPR	2.18	2,282.46
6653455C	2,167	2,167	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	7,584.50

Subtotal : 9,866.96  
 Tax : 860.89  
 Total USD : 10,727.85

Please state Invoice number with your payment: 950355326

For Credit or Invoice question call:

510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723



**Ship To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

Bio-Rad Laboratories, Inc.  
 1000 Alfred Nobel Drive  
 Hercules CA 94547

**Bill To:**

Customer # 1004885  
 CORIZON  
 1393 Highway O  
 Fulton,MO 65251 US

**PLEASE REMIT TO**

BIO-RAD LABORATORIES, INC  
 P.O. Box 849740  
 LOS ANGELES CA 90084-9740  
 FEIN : 94-1381833

11/3/2022:SG DEBIT TO CORRECT QTY ON INV # 905010876. DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355327	11-30-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order: 0070103374		Order Date: 11-03-2022				
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	963	963	EA	BPX2200 Syphilis Total CPR	2.18	2,099.34
6653455C	2,222	2,222	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	7,777.00

Subtotal : 9,876.34  
 Tax : 861.71  
 Total USD : 10,738.05

Please state Invoice number with your payment: 950355327

For Credit or Invoice question call:  
 510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

To place an order or schedule service call:  
 800-2BioRad (800) 224-6723