

Fill in this information to identify the case:

Debtor 1 Them Care Services, Inc.

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas

Case number 23-90086 (CML)

United States Courts
 Southern District of Texas
FILED
 MAY - 1 2023
 Nathan Ochsner, Clerk of Court

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? Callaway County Ambulance District
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Callaway County EMS

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

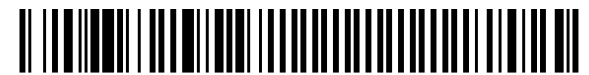
3. Where should notices and payments to the creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Callaway County Ambulance District</u> Name</p> <p><u>2614 Fairway Drive</u> Number Street</p> <p><u>Fulton</u> <u>MO</u> <u>65251</u> City State ZIP Code</p> <p>Contact phone <u>573-642-7260 x23</u></p> <p>Contact email <u>info@callawayambulance.org</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Callaway County Ambulance District</u> Name</p> <p><u>2614 Fairway Drive</u> Number Street</p> <p><u>Fulton</u> <u>MO</u> <u>65251</u> City State ZIP Code</p> <p>Contact phone <u>573-642-7260 x23</u></p> <p>Contact email <u>info@callawayambulance.org</u></p>
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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: L T H C

7. How much is the claim? \$ 41530.00 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.

Services performed

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:

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 \$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. \$ _____

* 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.

Executed on date 04/23/2023
MM / DD / YYYY

DocuSigned by:



107D0679F3B842C...

Signature

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

Name Charles W. Anderson
First name Middle name Last name

Title Director

Company Callaway County Ambulance District
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2614 Fairway Drive
Number Street

Fulton MO 65251
City State ZIP Code

Contact phone 573-642-7260 x23 Email canderson@callawayambulance.org

Print

Save As...

Add Attachment

Reset

Call Detail
CORIZON HEALTHCARE CLAIMS

<u>Call No</u>	<u>Lg Rk Pat No</u>	<u>Patient Account Name</u>	<u>Call Date</u>	<u>Current Payor</u>	<u>Charges</u>	<u>Credits</u>	<u>Balance</u>
			07/01/2021	CORIZON HEALTHC	1153.50	0.00	1153.50
			04/29/2021	CORIZON HEALTHC	1488.00	0.00	1488.00
			11/01/2021	CORIZON HEALTHC	1136.50	0.00	1136.50
			11/18/2021	CORIZON HEALTHC	1124.50	0.00	1124.50
			10/16/2021	CORIZON HEALTHC	1249.50	0.00	1249.50
			10/27/2021	CORIZON HEALTHC	1218.00	0.00	1218.00
			11/01/2021	CORIZON HEALTHC	1492.50	0.00	1492.50
			09/11/2021	CORIZON HEALTHC	1162.50	0.00	1162.50
			09/27/2021	CORIZON HEALTHC	1156.50	0.00	1156.50
			09/27/2021	CORIZON HEALTHC	1155.00	0.00	1155.00
			10/04/2021	CORIZON HEALTHC	1037.50	0.00	1037.50
			10/20/2021	CORIZON HEALTHC	1156.50	0.00	1156.50
			12/21/2021	CORIZON HEALTHC	1155.00	0.00	1155.00
			06/15/2022	CORIZON HEALTHC	631.00	0.00	631.00
			10/08/2021	CORIZON HEALTHC	1210.50	0.00	1210.50
			07/29/2022	CORIZON HEALTHC	1140.00	0.00	1140.00
			06/25/2022	CORIZON HEALTHC	1485.00	0.00	1485.00
			11/29/2021	CORIZON HEALTHC	1153.50	0.00	1153.50
			04/11/2021	CORIZON HEALTHC	1138.50	0.00	1138.50
			09/13/2021	CORIZON HEALTHC	1153.50	0.00	1153.50
			08/15/2021	CORIZON HEALTHC	1153.50	0.00	1153.50
			09/03/2021	CORIZON HEALTHC	1153.50	0.00	1153.50
			03/18/2021	CORIZON HEALTHC	832.50	0.00	832.50
			03/18/2021	CORIZON HEALTHC	606.00	0.00	606.00
			09/20/2021	CORIZON HEALTHC	1153.50	0.00	1153.50
			12/29/2021	CORIZON HEALTHC	1150.50	0.00	1150.50
			01/01/2022	CORIZON HEALTHC	1153.50	0.00	1153.50
			10/17/2021	CORIZON HEALTHC	1212.00	0.00	1212.00
			10/18/2021	CORIZON HEALTHC	1251.00	0.00	1251.00
			10/19/2021	CORIZON HEALTHC	1242.00	0.00	1242.00
			09/16/2021	CORIZON HEALTHC	1246.50	0.00	1246.50
			11/14/2021	CORIZON HEALTHC	1219.50	0.00	1219.50
			05/01/2021	CORIZON HEALTHC	1125.00	0.00	1125.00
			06/15/2021	CORIZON HEALTHC	1137.00	0.00	1137.00
			07/26/2022	CORIZON HEALTHC	1155.00	0.00	1155.00
			11/13/2021	CORIZON HEALTHC	1141.50	0.00	1141.50
Total For All				36	41530.00	0.00	41530.00