

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/Tehum>.

ID: 25839990

PIN: pwGuFuYz

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

Debtor Tehum Care Services, Inc.  
 United States Bankruptcy Court for the Southern District of Texas  
 Case number 23-90086

**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 or 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.

**Part 1: Identify the Claim**

NameID: 15133413

<p>1. Who is the current creditor?</p>	<p><u>Anthony Martin #945288</u>                  Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Anthony Martin #945288</u>  <u>Wabash Valley Correctional Facility</u>  <u>WVCF/DOC</u>  <u>P.O. Box 1111</u>  <u>Carlisle, IN 47838</u></p> <p>Address _____                  Contact phone _____                  Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Anthony Martin</u>                  Name  <u>214 East Masterson</u>                  Number Street  <u>Fort Wayne Ind. 46803</u>                  City State ZIP Code  <u>United States</u>                  Country                  Contact phone <u>260-804-0330</u>                  Contact email <u>N/A</u></p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

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**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: 8 8 5 3

7. How much is the claim? \$ 1,500,000. <sup>00</sup> 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.  
PERSONAL INJURY / LIABILITY

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 amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

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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 \$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 acknowledgement 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 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 5 18 2023  
MM / DD / YYYY

[Signature]

Signature

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

Name Anthony MARTIN  
First name Middle name Last name

Title \_\_\_\_\_

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

Address p-o. Box 1111 WVCF / DOC  
Number Street  
Carlsie IN 47838 U.S.  
City State ZIP Code Country

Contact phone 812-398-5050 Email A/A

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TEHUM CARE SERVICES, INC.

ATT: CLAIMS DEPARTMENT

[ To whom it may concern ]

CASE No. # 23-90086 (CML)

DEAR CLAIMS DEPARTMENT,

I AM Anthony MARTIN and I REPRESENT MYSELF in THE ABOVE MATTER. I SEE THAT COLISEA HEALTH OF IDAHO [ TEHUM CARE SERVICES, INC ] HAS FILED A CHAPTER 11 in the TEXAS BANKRUPTCY COURT. They have sent me this paperwork and said that its a "deadline" to apply for the official 410 form, which just to be on the safe side I have filled out this and now is sending it to your department.

I ALSO CONTACTED THE TEXAS BANKRUPTCY COURT [ HONORABLE DIURIN ] BECAUSE NO ONE HAS HELPED ME OR TOLD ME HOW TO PROCEED. I CONTACT THAT COLISEA HEALTH OF IDAHO OWE ME MONEY FOR PERSONAL INJURY / LIABILITY [ CIVIL SUIT ] out of IDAHO and I WOULD LIKE TO RECOVER? IF YOU NEED TO CONTACT ME, BELOW IS MY CONTACT INFORMATION.

Thank you

Anthony Martin # 945288

P.O. Box 1111

Carlisle, IL 47838

password # pwFuFuYz

ID number # 25839990

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re: <i>Anthony C. Martin</i>	)	
	)	Chapter 11
TEHUM CARE SERVICES, INC., <sup>1</sup>	)	
	)	Case No. 23-90086 (CML)
Debtor.	)	
	)	

**NOTICE OF DEADLINES FOR THE FILING OF PROOFS OF CLAIM**

**TO: ALL PERSONS AND ENTITIES WHO MAY HAVE CLAIMS AGAINST TEHUM CARE SERVICES, INC. F/K/A CORIZON HEALTH, INC.**

**PLEASE TAKE NOTICE THAT:**

On February 13, 2023 (the "Petition Date"), Tehum Care Services, Inc. f/k/a Corizon Health, Inc., as debtor and debtor in possession (the "Debtor"), filed a voluntary petition for relief under chapter 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Southern District of Texas (the "Court").

On May 2, 2023 the Court entered an order [Docket No. 499] the ("Bar Date Order")<sup>2</sup> establishing certain dates by which parties holding prepetition claims against the Debtor must file proofs of claim ("Proofs of Claim").

As used in this notice (the "Notice"), the term "entity" has the meaning given to it in section 101(15) of the Bankruptcy Code, and includes all persons, estates, trusts, governmental units, and the Office of the United States Trustee for the Southern District of Texas. In addition, the terms "persons" and "governmental units" are defined in sections 101(41) and 101(27) of the Bankruptcy Code, respectively.

As used in this Notice, the term "claim" means, as to or against the Debtor and in accordance with section 101(5) of the Bankruptcy Code: (a) any right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) any right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

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<sup>1</sup> The last four digits of the Debtor's federal tax identification number is 8853. The Debtor's service address is: 205 Powell Place, Suite 104, Brentwood, Tennessee 37027.

<sup>2</sup> Capitalized terms used but not otherwise defined herein have the meanings ascribed to them in the Bar Date Order.