

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

ID: 25840094

PIN: ygnw3u2X

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: 15132900

1. **Who is the current creditor?** BROWNS MEDICAL IMAGING
 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?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

BROWNS MEDICAL IMAGING
14315 C CIRCLE
OMAHA, NE 68144

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____
 Address _____ Country _____
 Contact phone _____ Contact phone _____
 Contact email _____ 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? _____

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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: 7169

7. How much is the claim?

\$ 450

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.

Repair services rendered & unpaid.

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.)

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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 \$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.

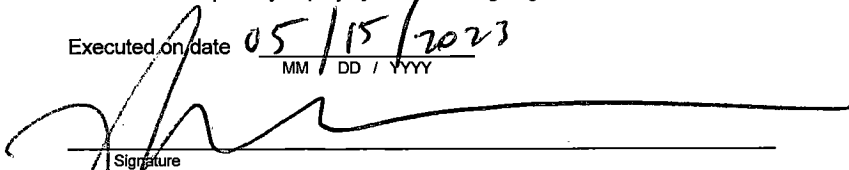
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 05/15/2023
MM / DD / YYYY



Signature

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

Name Zachary C Brown
First name Middle name Last name

Title CEO

Company BROWN'S MEDICAL IMAGING, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 14315 "C" Circle
Number Street

Omaha NE 68144
City State ZIP Code Country

Contact phone 402-250-1800 Email zbrown@brownmedicalimaging.com

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BROWN'S MEDICAL IMAGING

14315 C Circle, Omaha, NE, 68144-3392, 1-800-701-9729, 402-330-2168
www.brownsmedicalimaging.com

SERVICE INVOICE

Invoice Number: IN331465
Invoice Date: 11/4/2021
Account Number: 007169
Balance Due: \$0.00

Bill To: Missouri Dept of Corrections
Central Office-Accounts Payable
P.O. Box 236
JEFFERSON CITY, MO 65102

Work Order Date:	Work Order No.:
10/27/2021	WO129515
Payment Terms:	Payment Due:
NET 10	11/14/2021

Call Number	Equipment Number	Serial Number	Make/Model	Labor Charges	Travel Charges	Materials Charges	Other Charges	Total Charges
SC137207	TBD6442	QG80G-08A-0101	QUANTUM - CS-1	\$ 250.00	\$ 200.00	\$ 0.00	\$ 0.00	\$ 450.00
Service Date: 11/3/2021		Contract Number:		Description: failed physicist report/several issues need to be addressed				
Location: Chillicothe Correctional Center 3151 Litton Road Chillicothe, MO 64601		PO #:		Remarks: the physicist was pressing only the exp button on first exp following filament change and filaments were not up to temp causing under exposure. pressing prep first then exp never has the problem				
		Contact:						
		Phone:						
		Fax:						
		Caller: 660-646-4032 Ask for Medical then ask for April In Radiology						

Totals:	\$ 250.00	\$ 200.00	\$ 0.00	\$ 0.00	\$ 450.00
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Invoice Subtotal:	\$450.00
Tax:	\$0.00
Invoice Total:	\$450.00
Balance Due:	\$0.00

\$450.00



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www.brownsmedicalimaging.com

Please indicate account number(s) and invoice number(s) paid on your check.

Thank You - we really appreciate your business!

Our preferred method of payment is ACH or check. We also accept Visa, MasterCard, Discover, and American Express.

Credit card charges in excess of \$5,000.00 will be assessed a 3% processing fee.

A FINANCE charge of 1.5% or the maximum legal rate applied by law per month will be added to accounts not paid within the terms listed above.

EXCLUSIONS OF WARRANTIES: the implied warranties of MERCHANTABILITY and fitness for a particular purpose and all other warranties, express or implied, are EXCLUDED from this transaction and shall not apply to the goods sold.