

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.

United States Bankruptcy Court for the: Southern District of Texas
(State)

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.

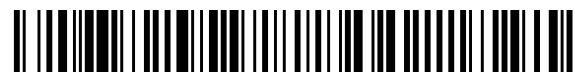
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>CALLAWAY COUNTY AMBULANCE</u> 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?	<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?	Where should payments to the creditor be sent? (if different)
	<u>CALLAWAY COUNTY AMBULANCE</u>	
	<u>2614 FAIRWAY DR</u>	
	<u>FULTON, MO 65251</u>	
	Contact phone <u>573-642-7260</u>	Contact phone _____
Contact email <u>info@callawayambulance.org</u>	Contact email _____	
	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: IZON _____

7. How much is the claim? \$ 41350. 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 or property:
 Real estate: If the claim is secured by the debtor's principle 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: \$ _____
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 all that apply:

- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> 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

/s/Charles W. Anderson
 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 _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0491 | International 001-424-236-7244

Debtor: 23-90086 - Tehum Care Services, Inc.		
District: Southern District of Texas, Houston Division		
Creditor: CALLAWAY COUNTY AMBULANCE 2614 FAIRWAY DR FULTON, MO, 65251 Phone: 573-642-7260 Phone 2: Fax: 573-642-4069 Email: info@callawayambulance.org	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed	Last 4 Digits: Yes - IZON	Uniform Claim Identifier:
Total Amount of Claim: 41350	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Charles W. Anderson on 15-May-2023 5:01:52 p.m. Eastern Time Title: Director Company: Callaway County Ambulance District		

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	1136.50	0.00	1136.50
			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