

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		FILED PROOF OF CLAIM
Name of Debtor: Carestream Health Inc	Case Number: 22-10778	2022 SEP 26 AM 9:09 CLERK US BANKRUPTCY COURT DISTRICT OF DELAWARE
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Adecco Group		COURT USE ONLY
Name and address where notices should be sent: 10151 Deerwood Park Blvd, Bldg. 200, Suite 400 Jacksonville, FL 32256		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: (904) 360-2824 email: STEVEN.REBIDAS@ADECCOGROUP.COM		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____		RECEIVED
1. Amount of Claim as of Date Case Filed: \$ <u>3,058.30</u>		OCT 24 2022
If all or part of the claim is secured, complete item 4.		KURTZMAN CARSON CONSULTANTS
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>SERVICES PERFORMED</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 5 2 9 3	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,775* 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"/> 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 applicable paragraph of 11 U.S.C. § 507 (a)(____).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



221077822092600000000012

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim.

However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

RECEIVED

OCT 24 2022

KURTZMAN CARSON CONSULTANTS



ORIGINAL INVOICE

Modis E&T, LLC
 PO BOX 371084
 PITTSBURGH PA 15250-7084

INVOICE #: 70856671
INVOICE DATE: 06/27/2022
AMOUNT DUE: \$798.00
CUSTOMER #: 895293
BILL TO ID: 4495483
OFFICE ID: 106033
PO #:
TAX ID #: 81-4084225

RETURN SERVICE REQUESTED

CARESTREAM HEALTH INC
 ACCOUNTS PAYABLE
 DIRECT HIRE
 PO BOX 14460
 ROCHESTER NY 14614-0460

PO #:8100263674

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Charge Number:1								
Mininger Crystal	06/26/2022	GENERAL LABOR C	REG	40.00	\$19.95	\$0.00	\$798.00	186578331-5154
Approved on 06/27/2022 Dave.Rogakis@carestream.com Confirmation/TC # 4461757365								
				40.00		\$0.00	\$798.00	

SUBTOTAL FOR: PO #:8100263674

40.00 \$0.00 \$798.00

Open Invoice Status for Bill To ID 4495483 as of 06/26/2022. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$957.60	\$2,713.20	\$1,336.65	\$659.46	\$0.00	\$583.31

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer. If copies of outstanding invoices are required, please contact: Billing@ModisEngineering.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

-----Detach Here-----

-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



REMIT TO: Modis E&T, LLC
 PO BOX 371084
 PITTSBURGH PA 15250-7084

TAX ID #: 81-4084225

CUSTOMER SERVICE : Billing@ModisEngineering.com

CARESTREAM HEALTH INC
 ACCOUNTS PAYABLE
 DIRECT HIRE
 PO BOX 14460
 ROCHESTER NY 14614-0460

Amount Due: \$798.00
Customer Number: 895293
Invoice Date: 06/27/2022
Invoice Number: 70856671
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/>	Company Name	_____
	<input type="checkbox"/>	Bill To Name	_____
	<input type="checkbox"/>	Bill To Address	_____
	<input type="checkbox"/>	City, State, Zip	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/>	Email Address	_____

00000708566710000000000798000000008952939



ORIGINAL INVOICE

Modis E&T, LLC
 PO BOX 371084
 PITTSBURGH PA 15250-7084

INVOICE #: 70870716
 INVOICE DATE: 07/11/2022
 AMOUNT DUE: \$638.40
 CUSTOMER #: 895293
 BILL TO ID: 4495483
 OFFICE ID: 106033
 PO #:
 TAX ID #: 81-4084225

RETURN SERVICE REQUESTED

CARESTREAM HEALTH INC
 ACCOUNTS PAYABLE
 DIRECT HIRE
 PO BOX 14460
 ROCHESTER NY 14614-0460



PO #:8100263674

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Charge Number:1								
Mininger Crystal	07/10/2022	GENERAL LABOR C	REG	32.00	\$19.95	\$0.00	\$638.40	186695496-5154
Approved on 07/11/2022 Dave.Rogakis@carestream.com Confirmation/TC # 4468381009								
					32.00	\$0.00	\$638.40	

SUBTOTAL FOR: PO #:8100263674

32.00 \$0.00 \$638.40

Open Invoice Status for Bill To ID 4495483 as of 07/10/2022. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$1,436.40	\$1,755.60	\$638.40	\$1,557.21	\$0.00	\$583.31

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
 If copies of outstanding invoices are required, please contact : Billing@ModisEngineering.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



REMIT TO: Modis E&T, LLC
 PO BOX 371084
 PITTSBURGH PA 15250-7084

Amount Due: \$638.40
 Customer Number: 895293
 Invoice Date: 07/11/2022
 Invoice Number: 70870716
 Payment Terms: PAYABLE UPON RECEIPT

TAX ID #: 81-4084225

CUSTOMER SERVICE : Billing@ModisEngineering.com

Please check this box if change of address is required and fill in the appropriate information in space provided

Company Name _____
 Bill To Name _____
 Bill To Address _____
 City,State,Zip _____

To receive Invoices via email or to update an existing email address check the box and enter the new email address

Email Address _____

CARESTREAM HEALTH INC
 ACCOUNTS PAYABLE
 DIRECT HIRE
 PO BOX 14460
 ROCHESTER NY 14614-0460

0000070870716000000000638400000008952938



ORIGINAL INVOICE

Modis E&T, LLC
 PO BOX 371084
 PITTSBURGH PA 15250-7084

INVOICE #: 70884515
 INVOICE DATE: 07/18/2022
 AMOUNT DUE: \$638.40
 CUSTOMER #: 895293
 BILL TO ID: 4495483
 OFFICE ID: 106033
 PO #:
 TAX ID #: 81-4084225

RETURN SERVICE REQUESTED

CARESTREAM HEALTH INC
 ACCOUNTS PAYABLE
 DIRECT HIRE
 PO BOX 14460
 ROCHESTER NY 14614-0460



PO #:8100263674

NAME	WEEK-END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Charge Number:1								
Mininger Crystal	07/17/2022	GENERAL LABOR C	REG	32.00	\$19.95	\$0.00	\$638.40	186877588-5154
Approved on 07/18/2022 Dave.Rogakis@carestream.com Confirmation/TC # 4471224871								
				32.00		\$0.00	\$638.40	

SUBTOTAL FOR: PO #:8100263674

32.00 \$0.00 \$638.40

Open Invoice Status for Bill To ID 4495483 as of 07/17/2022. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$1,436.40	\$1,755.60	\$1,276.80	\$1,557.21	\$0.00	\$583.31

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
 If copies of outstanding invoices are required, please contact : Billing@ModisEngineering.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



REMIT TO: Modis E&T, LLC
 PO BOX 371084
 PITTSBURGH PA 15250-7084

TAX ID #: 81-4084225

CUSTOMER SERVICE : Billing@ModisEngineering.com

CARESTREAM HEALTH INC
 ACCOUNTS PAYABLE
 DIRECT HIRE
 PO BOX 14460
 ROCHESTER NY 14614-0460

Amount Due: \$638.40
 Customer Number: 895293
 Invoice Date: 07/18/2022
 Invoice Number: 70884515
 Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Bill To Address	_____
	<input type="checkbox"/> City, State, Zip	_____
	<input type="checkbox"/> Email Address	_____

0000070884515000000000638400000008952934



Date: August 08,2022

STATEMENT OF ACCOUNT

Account Name: Carestream Health Inc

Account Number: 025154-895293

Total Outstanding:

<u>Invoice #</u>	<u>Billing #</u>	<u>Invoice Date</u>	<u>Amount Outstanding</u>	
186578331	70856671	26-Jun-22	\$	798.00
186695496	70870716	10-Jul-22	\$	638.40
186877588	70884515	17-Jul-22	\$	638.40
Total			\$	2,074.80

EXHIBIT A

Adecco USA, Inc. has filed the attached Proof of Claim. The claims constitute priority claims to the extent that they satisfy the requirements of section 507 (a)(4)(A) of the Bankruptcy Code and our otherwise general unsecured nonpriority claims. The services are for payrolling individuals selected by debtor to perform debtor's work under their direction, supervision, and control.