

Fill in this information to identify the case:

Debtor 1	<u>Carestream Health, Inc.</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	District of Delaware
Case number	<u>22-10778</u>

- Date Stamped Copy Returned
 No self addressed stamped envelope
 No copy to return

Official Form 410

Proof of Claim

04/19

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?	<u>Fastenal Company</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>Fastenal Company Attn: Legal Department</u> Name <u>2001 Theurer Boulevard</u> Number Street <u>Winona MN 55987</u> City State ZIP Code Contact phone <u>507-453-8117</u> Contact email <u>jmilek@fastenal.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
	Uniform-claim identifier for electronic payments in chapter 13 (if you use one): <u>KURTZMAN CARSON CONSULTANTS</u>	
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? _____	



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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: 1 6 3 7

7. How much is the claim? \$ 4,616.28 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.
Goods Sold

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.)

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KURTZMAN CARSON CONSULTANTS

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:

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).

Amount entitled to priority

\$ _____

Up to \$3,025* 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 \$13,650*) 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 4/01/22 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.

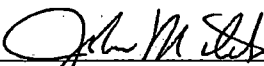
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/03/2022
MM / DD / YYYY



Signature

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

Name John Milek
First name Middle name Last name

Title VP General Counsel

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

Address 2001 Theurer Blvd.
Number Street

Winona MN 55987
City State ZIP Code

Contact phone 507-453-8117 Email jmilek@fastenal.com

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OCT 06 2022

KURTZMAN CARSON CONSULTANTS

Fastenal Company
Attn: Legal
2001 Theurer Blvd
Winona, MN 55987

Debtor: Casrestream Health, Inc.
Case Number: 22-10778
Date Filed: 8/23/2022

Debts						
Account ID	Customer Name	Date	Type	PO	Invoice	Amount
COGRE1637	CARESTREAM HEALTH, INC.	6/28/2022	INV	6502615954	COGRE179803	\$3,238.89
COFTC0898	CARESTREAM HEALTH, INC.	12/27/2012	WO	gary	COFTC81196	\$23.64
COFTC0898	CARESTREAM HEALTH, INC.	12/27/2012	WO	6500453065	COFTC79694	\$215.30
COGRE0974	CARESTREAM HEALTH, INC.	8/27/2011	WO	6500521244	COGRE85415	\$159.45
COGRE0974	CARESTREAM HEALTH, INC.	8/27/2011	WO	650052144	COGRE86293	\$379.94
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012519	COGRE76919	\$4.41
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013186	COGRE76935	\$27.10
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012506	COGRE76917	\$5.48
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012901	COGRE77148	\$24.96
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012900	COGRE77149	\$20.91
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012176	COGRE76914	\$213.75
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012897	COGRE76922	\$9.08
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012898	COGRE76923	\$4.94
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012518	COGRE76918	\$2.26
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013011	COGRE76928	\$15.54
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100010732	COGRE76542	\$13.57
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013186	COGRE77151	\$12.61
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012902	COGRE77150	\$21.50
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100010733	COGRE76543	\$8.00
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012771	COGRE76921	\$23.72
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013185	COGRE76934	\$44.27
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012899	COGRE76924	\$4.32
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013034	COGRE76930	\$20.08
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013184	COGRE77152	\$300.96
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012505	COGRE76916	\$1.03
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013035	COGRE76931	\$6.86
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100010734	COGRE76544	\$3.78
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013125	COGRE76932	\$15.42
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100014839	COGRE77612	\$73.30
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100013033	COGRE76929	\$9.96
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100012769	COGRE76920	\$9.06
COGRE0974	CARESTREAM HEALTH, INC.	10/31/2008	WO	8100010735	COGRE76545	\$12.59
COGRE1637	CARESTREAM HEALTH, INC.	12/28/2018	WO	6502041753	COGRE136526	\$0.12
COGRE1637	CARESTREAM HEALTH, INC.	12/28/2018	WO	6502080259	COGRE140205	\$81.19
COGRE1637	CARESTREAM HEALTH, INC.	3/28/2018	WO	6501954724	COGRE132625	\$3.04
COGRE1637	CARESTREAM HEALTH, INC.	12/22/2017	WO	8100162523	COGRE131802	\$1.20
COGRE1637	CARESTREAM HEALTH, INC.	12/22/2017	WO	6501954724	COGRE131752	\$3.92
COGRE1637	CARESTREAM HEALTH, INC.	12/22/2017	WO	8100162523	COGRE131520	\$21.90
COWIN0060	CARESTREAM HEALTH, INC.	6/28/2017	WO	8100162523	COWIN19534	\$9.31
COWIN0060	CARESTREAM HEALTH, INC.	6/28/2017	WO	8100162523	COWIN19311	\$2.66
COWIN0060	CARESTREAM HEALTH, INC.	6/28/2017	WO	8100162523	COWIN19088	\$2.69

COWIN0060	CARESTREAM HEALTH, INC.	6/28/2017	WO	6501919969	COWIN18785	\$0.43
COWIN0060	CARESTREAM HEALTH, INC.	6/28/2017	WO	8100162523	COWIN18270	\$1.97
COWIN0060	CARESTREAM HEALTH, INC.	5/25/2017	WO	8100162523	COWIN17720	\$3.80
COWIN0060	CARESTREAM HEALTH, INC.	5/25/2017	WO	8100162523	COWIN17294	\$0.99
COWIN0060	CARESTREAM HEALTH, INC.	5/25/2017	WO	8100162523	COWIN17251	\$2.19
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	6501529984	COWIN8945	\$80.00
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100142947	COWIN8788	\$9.48
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100142947	COWIN8648	\$7.41
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100142947	COWIN8635	\$10.41
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100142947	COWIN8169	\$3.69
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	10880	COWIN8066	\$5.13
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN8042	\$8.93
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN7850	\$3.21
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN7346	\$9.48
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN7245	\$3.27
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN6698	\$6.69
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN6490	\$4.60
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN6407	\$5.06
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN6236	\$1.59
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100121881	COWIN5891	\$2.71
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN5386	\$1.79
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN5158	\$10.06
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN5109	\$1.15
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN5062	\$1.59
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4811	\$0.86
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4763	\$1.43
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	6501217514	COWIN4646	\$72.78
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4571	\$1.44
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4198	\$1.78
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4145	\$4.82
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4086	\$1.11
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN4070	\$5.22
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	6501133850	COWIN3595	\$1.29
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN3537	\$5.62
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN3475	\$8.08
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO	8100102937	COWIN2972	\$1.18
COWIN0060	CARESTREAM HEALTH, INC.	10/29/2014	WO		COWIN2317	\$0.10
NYGAT0509	CARESTREAM HEALTH INC.	1/31/2012	WO	VERBAL JAKE	NYGAT36824	\$40.41
NYGAT0509	CARESTREAM HEALTH INC.	9/28/2011	WO		NYGAT34260	\$171.34
ORCEN0188	CARESTREAM HEALTH INC.	12/29/2004	WO	7100080799	ORCEN40152	\$29.50
ORCEN0188	CARESTREAM HEALTH INC.	12/29/2004	WO	LEE ANDERS	ORCEN39395	\$152.60

Credits			
Account ID	Customer Name	Type	Amount
COFTC0898	CARESTREAM HEALTH, INC.	WOC	-\$14.80
COGRE1637	CARESTREAM HEALTH, INC.	WOC	-\$1.20
COGRE1637	CARESTREAM HEALTH, INC.	WOC	-\$81.19
COGRE1637	CARESTREAM HEALTH, INC.	WOC	-\$3.24
COGRE1637	CARESTREAM HEALTH, INC.	WOC	-\$0.12
COWIN0060	CARESTREAM HEALTH, INC.	WOC	-\$2.00
COWIN0060	CARESTREAM HEALTH, INC.	WOC	-\$0.32
COWIN0060	CARESTREAM HEALTH, INC.	WOC	-\$0.32
COWIN0060	CARESTREAM HEALTH, INC.	WOC	-\$66.48
COWIN0060	CARESTREAM HEALTH, INC.	WOC	-\$2.57
COWIN0060	CARESTREAM HEALTH, INC.	WOC	-\$1.93
COGRE0974	CARESTREAM HEALTH, INC.	WOC	-\$378.20
COGRE0974	CARESTREAM HEALTH, INC.	WOC	-\$134.28

COGRE0974	CARESTREAM HEALTH, INC.	WOC	-\$145.72
COGRE0974	CARESTREAM HEALTH, INC.	WOC	-\$267.85
ORCEN0188	CARESTREAM HEALTH INC.	WOC	-\$21.40

Debt	\$5,737.90
Admin Total	\$0.00
Credits	-\$1,121.62
NET TOTAL	\$4,616.28