


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-JKS</u>

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 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>Anton Paar USA, Inc.</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>Anton Paar USA, Inc.</u> Name <u>10215 Timber Ridge Dr</u> Number Street <u>Ashland, VA 23005</u> City State ZIP Code Contact phone <u>(804) 550-1051 x 133</u> Contact email <u>legal.us@anton-paar.com</u>	<u>Anton Paar USA, Inc.</u> Name <u>10215 Timber Ridge Dr</u> Number Street <u>Ashland, VA 23005</u> City State ZIP Code Contact phone <u>(804) 550-1051 x191</u> Contact email <u>amanda.scott@anton-paar.com</u>
	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? _____	

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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 4 5 5

7. How much is the claim? \$ 4,940.00 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.
Scientific Instrumentation Maintenance and Services

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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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:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 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 10/24/2022
MM / DD / YYYY


Signature

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

Name Mark S Barham Jr.
First name Middle name Last name

Title Contract Review Specialist

Company Anton Paar USA, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 10215 Timber Ridge Dr
Number Street

Ashland, VA 23005

City State ZIP Code

KURTZMAN CARSON CONSULTANTS Contact phone

(804) 550-1051 x133

Email legal.us@anton-paar.com



Anton Paar

Billing Address

Carestream Health, Inc.
Attn: Accounts Payable
Kameron Brown-Oakdale MN
2022 Annual On-Site PM service
PO Box 14460
Rochester NY 14614-0460

Delivery Address

Carestream Health Inc
3510 Hopkins PI N Bldg 4
Oakdale MN 55128-7578

Invoice

890188330

Date: 05/26/2022

Customer Reference:	8100273535
Customer No.:	41455
Order No. Date:	3000142647 03/03/2022

Your Contact Partner at Anton Paar USA, Inc.:	
Name:	Ms. Jackie Carrico
Email:	jackie.carrico@anton-paar.com

Pos.	Item Description	Qty.	Price per Unit	Amount
	Item No. Cust. Tariff No. Origin	Unit	in USD	in USD
000001	MCR 302 MODULAR COMPACT RHEOMETER 92002 90278990 AT <i>Serial No.: 82701444</i>	1 EA		
000002	Anton Paar Service Visit P01078 90279000 AT <i>This item belongs to position 000001.</i>	1 EA	3,302.00	3,302.00
000003	H-PTD200 HOOD WITH PELTIER HEATING/COOLING 16096 90279000 AT <i>Serial No.: 82674328</i>	1 EA		
000004	Anton Paar Service Visit P01078 90279000 AT <i>This item belongs to position 000003.</i>	1 EA	546.00	546.00
000005	P-PTD200/80/I PELTIER TEMPERATURE CONTROL DEVICE 16094 90279000 AT	1 EA		

Anton Paar USA, Inc.

Central Regional Office, 50 Lakeview Parkway - Suite 116-117, Vernon Hills, IL 60061, USA

T: 800 722 7556

F: 804 550 9074

us-orders@anton-paar.com
www.anton-paar.com

Wire information: Citibank, Account: 15500055, Routing ABA/ACH: 254070116
Beneficiary: Anton Paar USA, Inc.



Anton Paar

Invoice 890188330

Date: 05/26/2022

Pos.	Item Description Item No. Cust. Tariff No. Origin	Qty. Unit	Price per Unit in USD	Amount in USD
	<i>Serial No.: 82684631</i>			
000006	Anton Paar Service Visit P01078 90279000 AT <i>This item belongs to position 000005.</i>	1 EA	546.00	546.00
000007	C-PTD200 PELTIER TEMPERATURE CONTROL DEVICE 16097 90279000 AT <i>Serial No.: 82696436</i>	1 EA		
000008	Anton Paar Service Visit P01078 90279000 AT <i>This item belongs to position 000007.</i>	1 EA	546.00	546.00
Total Amount			USD	4,940.00

Conditions

Terms of Payment: Within 60 days due net

- > Quotation does not include Taxes, if applicable to this service
- > Order Confirmation will include Taxes, if applicable to this service

> the invoice for the entire amount of quotation/order confirmation will be generated after the on-site PM service has occurred

Remit Invoice Payment to:
Anton Paar USA, Inc.
10215 Timber Ridge Drive
Ashland, VA 23005
Tel: (800) 722-7556
Fax: (804) 550-1057



Anton Paar

Invoice 890188330

Date: 05/26/2022

Additional Information

(line 101) Anton Paar Service Visit (one, annual on-site service visit) includes:

- Labor costs
- Replacement of all recommended wear parts
- Electrical & mechanical functional check & adjustment (as required)
- Check of outer conditions
- Concentricity (MS/insets)
- Perpendicularity (MS/insets)
- Torque and shear-rate checks with S600 standard
- Air Check (air bearing performance check)
- Calibration according to maintenance records
- Firmware Upgrades (to Rheometer) performed if/when update needed
- Software Upgrade (to computer) not included
- Maintenance report

(lines 201; 301; 401-Peltiers) Anton Paar Service (one, annual on-site service) includes:

- Maintenance Kit (normal wear parts)
- Labor for Replacement of normal wear parts
- Performed during same visit as Rheometer PM

- All work will be carried out by a certified Anton Paar service engineer according to relevant maintenance record using calibrated & certified tools

- Phone & email support (847-429-3229 or Service.US.Central@anton-paar.com)

> anticipated May 2022 on-site Service Visit with this quotation/order confirmation

Further Regulations

The Equal Opportunity Clauses set forth in 41 CFR Section 60-1.4(a), 60-741(a) - (f), 60-250.4(a) and 29 CFR Part 471, Appendix A are incorporated herein by reference.

General Terms and Conditions

The General Terms of Delivery of Anton Paar USA, Inc. in compliance with Incoterms in the most recent valid version exclusively apply to the contract. The General Terms of Delivery are available at www.anton-paar.com/terms.

Liability

Any and all claims that may arise out of or in connection with the present contract are limited in total to the value of present order. Any claims exceeding this limitation of liability are expressly excluded.

Sincerely yours,

Anton Paar USA, Inc.



Anton Paar

Invoice 890188330

Date: 05/26/2022