

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

<p>1. Who is the current creditor?</p>	<p><u>ABILITY HEALTHCARE, LLC</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p>ABILITY HEALTHCARE, LLC 325 JOHN KNOX ROAD, SUITE D108 TALLAHASSEE, FL 32303</p> <p>Contact phone _____</p> <p>Contact email <u>See summary page</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Contact phone _____</p> <p>Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: ____ _

7. How much is the claim? \$ 839.41. 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:

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 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 05/18/2023
MM / DD / YYYY

/s/JoBeth Estes
Signature

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

Name JoBeth Estes
First name Middle name Last name

Title Office Manager

Company Ability Healthcare LLC
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: ABILITY HEALTHCARE, LLC 325 JOHN KNOX ROAD, SUITE D108 TALLAHASSEE, FL, 32303 Phone: Phone 2: Fax: Email: officemanager@abilityhealthcarellc.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 839.41	Includes Interest or Charges: Yes	
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: JoBeth Estes on 18-May-2023 9:09:05 a.m. Eastern Time Title: Office Manager Company: Ability Healthcare LLC		

Ability Healthcare LLC

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Tallahassee, FL 32303 US
+850-9005965
officemanager@abilityhealthcarellc.com
www.abilityhealthcarellc.com



ABILITY HEALTHCARE
STAFFING SOLUTIONS

INVOICE

BILL TO
Corizon Health, Inc
103 Powell Ct.
Brentwood, TN 37027
United States

INVOICE 1220
DATE 03/30/2022
TERMS Net 45
DUE DATE 05/14/2022

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/20/2022	Hours Maddox, Chrishander LPN 5P-5A-Leon County Jail	12.18	55.95	681.47
04/30/2022	Invoice Late Fees Invoice Late Fees 1.5%	681.47	0.015	10.22
05/31/2022	Invoice Late Fees Invoice Late Fees 1.5%	691.69	0.015	10.38
06/30/2022	Invoice Late Fees Invoice Late Fees 1.5%	702.07	0.015	10.53
07/31/2022	Invoice Late Fees Invoice Late Fees 1.5%	712.60	0.015	10.69
08/31/2022	Invoice Late Fees Invoice Late Fees 1.5%	723.29	0.015	10.85
09/30/2022	Invoice Late Fees Invoice Late Fees 1.5%	734.14	0.015	11.01
10/31/2022	Invoice Late Fees Invoice Late Fees 1.5%	745.15	0.015	11.18
11/30/2022	Invoice Late Fees Invoice Late Fees 1.5%	756.33	0.015	11.34
12/31/2022	Invoice Late Fees Invoice Late Fees 1.5%	767.67	0.015	11.52
01/31/2023	Invoice Late Fees Invoice Late Fees 1.5%	779.19	0.015	11.69
02/28/2023	Invoice Late Fees Invoice Late Fees 1.5%	790.88	0.015	11.86
03/31/2023	Invoice Late Fees Invoice Late Fees 1.5%	802.74	0.015	12.04
04/30/2023	Invoice Late Fees Invoice Late Fees 1.5%	814.78	0.015	12.22
05/31/2023	Invoice Late Fees Invoice Late Fees 1.5%	827	0.015	12.41

Week of 2/20-3/26

BALANCE DUE

\$839.41

Pay Invoice