

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
 Case number: 18-05665

FILED

U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE

8/28/2018

MATTHEW T. LOUGHNEY, Clerk

Official Form 410

Proof of Claim

04/16

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>Arrow International Incorporated</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? <u>Arrow International Incorporated</u> Name 3015 Carrington Mill Boulevard, Suite 3 Morrisville, NC 27560-8871 Contact phone <u>919-361-4135</u> Contact email <u>christopher.lynch@teleflex.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Arrow International Inc.</u> Name PO Box 60519 Charlotte, NC 28260 Contact phone <u>2525368871</u> Contact email <u>lynch.chris91@gmail.com</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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">0543</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>3405.71</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>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 healthcare information.</p> <p style="text-align: center; border-bottom: 1px solid black;">GOODS SOLD</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$2,850* 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 \$12,850*) 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)(<u> </u>) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 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 8/28/2018
MM / DD / YYYY

/s/ CHRISTOPHER L LYNCH

Signature

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

Name	<u>CHRISTOPHER L LYNCH</u>		
	First name	Middle name	Last name
Title	<u>Sr. Lead Credit and Collections Specialist</u>		
Company	<u>Arrow International Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>3015 Carrington Mill Blvd., #300</u>		
	Number	Street	
	<u>Morrisville, NC 27560-8871</u>		
	City	State	ZIP Code
Contact phone	<u>919-361-4135</u>	Email	<u>christopher.lynch@teleflex.com</u>



Arrow International Inc
PO Box 12600
2917 Weck Drive
Research Triangle Park, NC 27709

Account Statement/ Open Item Listing

Account #		Statement Date
110543		08/28/2018
Page	Currency	Terms of Payment
1 of 1	USD	Cash in advance-

Northwest Mississippi Medical
Center
PO Box 1218
CLARKSDALE MS 38614-7202
USA

Contact Information for questions on Statement

Name Erin Burcher
Telephone
Fax
E-mail: Erin.Burcher@teleflex.com

Remittance Information

By Regular Mail

Arrow International, Inc.
Lockbox 60519
PO Box 612
Charlotte, NC 28260

By Wire

Bank: Wells Fargo Bank, N.A.
Address: 420 Montgomery Street
San Francisco, CA 94104
Account No. #: 2000040988562
Routing/ABA #: 121000248
SWIFT Code: WFBUS6S

By Overnight

Arrow International, Inc.
Lockbox 60519
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Document #	PO #/Check	Reference	Item Date	Due Date	Docum. Type	Reason Code	Amount
9500086809	749-6710208		04/16/2018	05/16/2018	RV		237.12
9500155622	749-6727441		05/08/2018	06/07/2018	RV		546.00
9500185945	749-6733433		05/18/2018	06/17/2018	RV		2,037.00
9500185947	749-6734330		05/18/2018	06/17/2018	RV		273.95
9500308380	749-6747683		06/28/2018	07/28/2018	RV		311.64

CURRENT	OVERDUE 1-30	OVERDUE 31-60	OVERDUE 61-90	OVERDUE 91+	ACCT BALANCE
0.00	0.00	311.64	2,856.95	237.12	\$3,405.71
Case 3:18-bk-05665 Claim 2-1 Part 2 Filed 08/28/18 Desc Attachment 1 Page 1					

**Invoice**

No.	Date	Page	Due Date
9500086809	04/16/2018	1 of 1	05/16/2018
Payer Account No. 110543			

Bill To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Ship To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Payment Remittance Address: Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wire Transfer Remittance: Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Overnight Remittance Address: Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262
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Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
749-6710208	4067067	YATASHA MUSKIN	8002210679	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183490276090	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-24402	CVC KIT: 2-LUMEN 4 FR X 13 CM	CS	1	0	237.12	237.12
Brand: Arrow		Batch No. 13F18C0268 Exp. Date 05/31/2019 Cust. Part No. 260502 Country of Origin MX					

Comments:

Sub-Total	237.12
Tax	0.00
Total USD	237.12

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Packing List**Delivery No.
8002210679Delivery Date
04/12/2018Page
1 of 1

Sold To Party	Account No. 110543	Ship To Party	Account No. 110543	Forwarding Agent	Account No. 600307
Northwest Mississippi Medical Center		Northwest Mississippi Medical Center		FEDERAL EXPRESS	
PO Box 1218		1970 Hospital Drive		DEPT LA	
Clarksdale MS 38614-7202		Clarksdale MS 38614-7202		PO Box 21415	
USA		USA		PASADENA CA 91185-1415	

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
749-6710208		4067067		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
612183490276090						FEDERAL EXPRESS			
Delivery Priority				Route					
25 FedEx Ground				STDRT Standard Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-24402	Arrow	CVC KIT: 2-LUMEN 4 FR X 13 CM	CS	1	0	1	3.300 LB
		Cust Part No.	260502					
		Batch No.	13F18C0268	05/31/2019				
		Shipto PO:	500142120132					

Total Shipping Units: 00001
Weight: 4.300 LBUnit of Measure Description:
CASETotal Units:
1.000

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800 221 0679 Email arrow@arrowintl.com

0679

Case 3:18-bk-05665 Claim 2-1 Part 2 Filed 08/28/18 Desc Attachment 1 Page 3 of 18



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **612183490276090**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	ADOYLE	Delivery date:	Apr 17, 2018 10:57
Service type:	FedEx Ground		
Special Handling:			

A. DOYLE
#14, 10:53, 25 Del, 0 NonDel

Shipping Information:

Tracking number:	612183490276090	Ship date:	Apr 16, 2018
		Weight:	3.8 lbs/1.7 kg

Recipient:

Center
Northwest Mississippi Medical
1970 Hospital Drive
Clarksdale, MS 38614 US

Shipper:

Customer Service
Arrow International
11245 North Distribution Cove
OLIVE BRANCH, MS 38654 US

Reference

749-6710208

Purchase order number:

8002210679

Shipment Id

612183490276090

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500155622	05/08/2018	1 of 1	06/07/2018
Payer Account No. 110543			

Bill To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Ship To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Payment Remittance Address:

Arrow International, Inc.
PO Box 60519
Charlotte, NC 28260 - 0519

Wire Transfer Remittance:

Wells Fargo Bank N.A.
420 Montgomery Street
San Francisco, CA 94104
Account No. 2000040988562
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Wells Fargo Lockbox Services
Arrow International, Inc.
Lockbox 60519
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
749-6727441	4122759	YATASHA MUSKIN	8002288688	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183490451473	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	RA-04122	RA CATH SET: 22 GA X 1-3/8"	CS	1	0	546.00	546.00
Brand: Arrow		Batch No. 14F17L0318 Exp. Date 11/30/2022					
Country of Origin		MX					

Comments:

Sub-Total	546.00
Tax	0.00
Total USD	546.00

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Packing List**Delivery No.
8002288688Delivery Date
05/08/2018Page
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Sold To Party	Account No. 110543	Ship To Party	Account No. 110543	Forwarding Agent	Account No. 600307
Northwest Mississippi Medical Center		Northwest Mississippi Medical Center		FEDERAL EXPRESS	
PO Box 1218		1970 Hospital Drive		DEPT LA	
Clarksdale MS 38614-7202		Clarksdale MS 38614-7202		PO Box 21415	
USA		USA		PASADENA CA 91185-1415	

Purchase Order No.	Sales Order			Freight Terms	IncoTerms
749-6727441	4122759			Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel	
612183490451473			FEDERAL EXPRESS		
Delivery Priority		Route			
25 FedEx Ground		STD RTE Standard Route			

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	RA-04122	Arrow	RA CATH SET: 22 GA X 1-3/8"	CS	1	0	<u>1</u>	2.400 LB
			Batch No. 14F17L0318	11/30/2022				
			Shipto PO: 500145157658					

Total Shipping Units: 00001
Weight: 3.400 LBUnit of Measure Description:
CASETotal Units:
1.000

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800 445-4351 Fax 800 445-4352 Email arrow@arrowinternational.com www.arrowintl.com

8688




August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **612183490451473**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	May 9, 2018 12:19
Service type:	FedEx Ground		
Special Handling:			



K. TAYLOR
#17, 12:16, 15 Del, 0 NonDel

Shipping Information:

Tracking number:	612183490451473	Ship date:	May 8, 2018
		Weight:	2.9 lbs/1.3 kg

Recipient:

Center
Northwest Mississippi Medical
1970 Hospital Drive
Clarksdale, MS 38614 US

Reference

Purchase order number:

Shipment Id

Shipper:

Customer Service
Arrow International
11245 North Distribution Cove
OLIVE BRANCH, MS 38654 US
749-6727441
8002288688
612183490451473

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500185945	05/18/2018	1 of 2	06/17/2018
Payer Account No. 110543			

Bill To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Ship To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Payment Remittance Address: Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wire Transfer Remittance: Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Overnight Remittance Address: Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262
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Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
749-6733433	4142799	YATASHA MUSKIN	8002312835	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183490528731	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	9018P-VC-005	EZ-IO 15MM NEEDLE SET + STABILIZER(BOX O	BX	1	0	679.00	679.00
Brand: Arrow		Batch No. 5877174 Exp. Date 09/30/2021 Country of Origin US					
000020	9079P-VC-005	EZ-IO 45MM NEEDLE SET + STABILIZER(BOX O	BX	1	0	679.00	679.00
Brand: Arrow		Batch No. 6073320 Exp. Date 11/30/2021 Country of Origin US					
000030	9001P-VC-005	EZ-IO 25MM NEEDLE SET + STABILIZER(BOX O	BX	1	0	679.00	679.00
Brand: Arrow							

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Invoice**

No.	Date	Page	Due Date
9500185945	05/18/2018	2 of 2	06/17/2018
Payer Account No. 110543			

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
	Country of Origin	Batch No. 6073286 Exp. Date 12/31/2021 US					
Comments:							
						Sub-Total	2,037.00
						Tax	0.00
						Total USD	2,037.00
The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf							

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Packing List**Delivery No.
8002312835Delivery Date
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Sold To Party **Account No. 110543**
Northwest Mississippi Medical
Center
PO Box 1218
Clarksdale MS 38614-7202
USA

Ship To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Forwarding Agent **Account No. 600307**
FEDERAL EXPRESS
DEPT LA
PO Box 21415
PASADENA CA 91185-1415

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
749-6733433		4142799		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
612183490528731						FEDERAL EXPRESS			
Delivery Priority				Route					
25 FedEx Ground				STDRT Standard Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	9018P-VC-005	Arrow	EZ-IO 15MM NEEDLE SET + STABILIZER(BOX O Batch No. 5877174 09/30/2021 Shipto PO: 500146209831	BX	1	0	<u>1</u>	0.600 LB
20	9079P-VC-005	Arrow	EZ-IO 45MM NEEDLE SET + STABILIZER(BOX O Batch No. 6073320 11/30/2021 Shipto PO: 500146209831	BX	1	0	<u>1</u>	0.600 LB
30	9001P-VC-005	Arrow	EZ-IO 25MM NEEDLE SET + STABILIZER(BOX O Batch No. 6073286 12/31/2021 Shipto PO: 500146209831	BX	1	0	<u>1</u>	0.600 LB

Total Shipping Units: 00001
Weight: 2.800 LB

Unit of Measure Description:
BOX

Total Units:
3.000

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-333-3443 Fax 704-844-4444 Email info@arrowintl.com www.arrowintl.com

2835

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of 18

Desc Attachment 1 Page 10



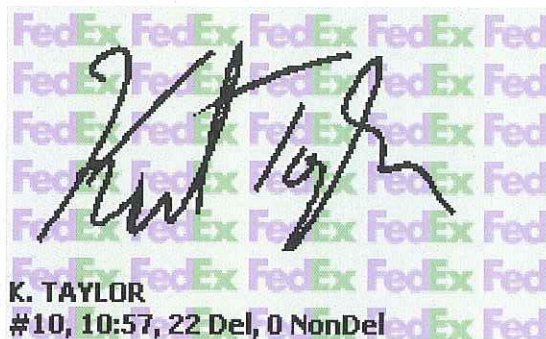
August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **612183490528731**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DRIVE Coahoma, MS 38617
Signed for by:	KTAYLOR	Delivery date:	May 21, 2018 11:00
Service type:	FedEx Ground		
Special Handling:			



K. TAYLOR
#10, 10:57, 22 Del, 0 NonDel

Shipping Information:

Tracking number:	612183490528731	Ship date:	May 18, 2018
		Weight:	2.3 lbs/1.0 kg

Recipient:

Center
Northwest Mississippi Medical
1970 Hospital Drive
Clarksdale, MS 38614 US

Reference

Purchase order number:

Shipment Id

Shipper:

Customer Service
Arrow International
11245 North Distribution Cove
OLIVE BRANCH, MS 38654 US
749-6733433
8002312835
612183490528731

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500185947	05/18/2018	1 of 1	06/17/2018
Payer Account No. 110543			

Bill To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Ship To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Payment Remittance Address: Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wire Transfer Remittance: Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBIUS6S	Overnight Remittance Address: Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262
---	---	---

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
749-6734330	4146186	YATASHA MUSKIN	8002316917	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183490527703	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-09803-LF	PSI KIT: 8.5 FR	CS	1	0	273.95	273.95
Brand: Arrow							
Batch No. 13F18C0138							
Exp. Date 04/30/2019							
Cust. Part No. 129138							
Country of Origin MX							

Comments:

Sub-Total	273.95
Tax	0.00
Total USD	273.95

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Packing List**Delivery No.
8002316917Delivery Date
05/17/2018Page
1 of 1

Sold To Party	Account No. 110543	Ship To Party	Account No. 110543	Forwarding Agent	Account No. 600307
Northwest Mississippi Medical Center		Northwest Mississippi Medical Center		FEDERAL EXPRESS	
PO Box 1218		1970 Hospital Drive		DEPT LA	
Clarksdale MS 38614-7202		Clarksdale MS 38614-7202		PO Box 21415	
USA		USA		PASADENA CA 91185-1415	

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
749-6734330		4146186		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
612183490527703						FEDERAL EXPRESS			
Delivery Priority				Route					
25 FedEx Ground				STDRT Standard Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-09803-LF	Arrow	PSI KIT: 8.5 FR	CS	1	0	<u>1</u>	8.300 LB
		Cust Part No.	129138					
		Batch No.	13F18C0138	04/30/2019				
		Shipto PO:	500146386384					

Total Shipping Units: 00001
Weight: 8.302 LBUnit of Measure Description:
CASETotal Units:
1.000

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800 445-6146 Fax 704 666-0565 Email info@arrowintl.com www.arrowintl.com

6917



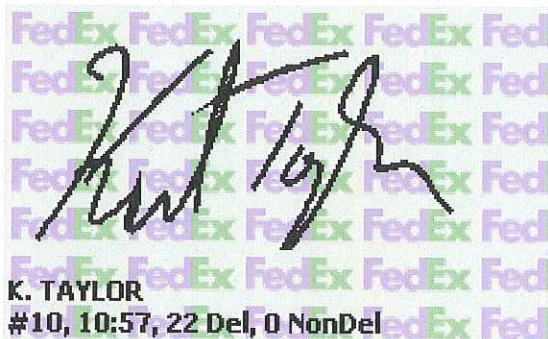
August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **612183490527703**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DRIVE Coahoma, MS 38617
Signed for by:	KTAYLOR	Delivery date:	May 21, 2018 11:00
Service type:	FedEx Ground		
Special Handling:			



Shipping Information:

Tracking number:	612183490527703	Ship date:	May 18, 2018
		Weight:	8.3 lbs/3.8 kg

Recipient:

Center
Northwest Mississippi Medical
1970 Hospital Drive
Clarksdale, MS 38614 US

Shipper:

Customer Service
Arrow International
11245 North Distribution Cove
OLIVE BRANCH, MS 38654 US

Reference

Purchase order number:

Shipment Id

749-6734330

8002316917

612183490527703

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500308380	06/28/2018	1 of 2	07/28/2018
Payer Account No. 110543			

Bill To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Ship To Party **Account No. 110543**
Northwest Mississippi Medical
Center
1970 Hospital Drive
Clarksdale MS 38614-7202
USA

Payment Remittance Address: Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wire Transfer Remittance: Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Overnight Remittance Address: Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262
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Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
749-6747683	4191011	YATASHA MUSKIN	8002433238	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183490838786	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-04550-S	VESSEL CATH KIT: 20GA X 5"	CS	2	0	77.91	155.82
Brand: Arrow							
Batch No. 13F18E0598							
Exp. Date 07/31/2019							
Cust. Part No. 43476							
Country of Origin MX							
000020	AK-04550-S	VESSEL CATH KIT: 20GA X 5"	CS	2	0	77.91	155.82
Brand: Arrow							
Batch No. 13F18E0598							
Exp. Date 07/31/2019							
Cust. Part No. 43476							
Country of Origin MX							

Comments:

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Invoice**

No.	Date	Page	Due Date
9500308380	06/28/2018	2 of 2	07/28/2018
Payer Account No. 110543			

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
Sub-Total							311.64
Tax							0.00
Total USD							311.64

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Arrow International, Inc. EIN: 23-1969991
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

**Packing List**Delivery No.
8002433238Delivery Date
06/26/2018Page
1 of 1

Sold To Party	Account No. 110543	Ship To Party	Account No. 110543	Forwarding Agent	Account No. 600307
Northwest Mississippi Medical Center		Northwest Mississippi Medical Center		FEDERAL EXPRESS	
PO Box 1218		1970 Hospital Drive		DEPT LA	
Clarksdale MS 38614-7202		Clarksdale MS 38614-7202		PO Box 21415	
USA		USA		PASADENA CA 91185-1415	

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
749-6747683		4191011		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
612183490838786						FEDERAL EXPRESS			
Delivery Priority				Route					
25 FedEx Ground				STDRT Standard Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-04550-S	Arrow	VESSEL CATH KIT: 20GA X 5"	CS	2	0	<u>2</u>	5.800 LB
		Cust Part No.	43476					
		Batch No.	13F18E0598	07/31/2019				
		Shipto PO:	500148711681					
20	AK-04550-S	Arrow	VESSEL CATH KIT: 20GA X 5"	CS	2	0	<u>2</u>	5.800 LB
		Cust Part No.	43476					
		Batch No.	13F18E0598	07/31/2019				
		Shipto PO:	500148711681					
Total Shipping Units: 00001					Unit of Measure Description:			Total Units:
Weight: 12.600 LB					CASE			4.000

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA

Tel 800-345-3455 Email Sales@arrowintl.com Website www.arrowintl.com

3238

Case 3:18-bk-05665 Claim 2-1 Part 2 Filed 08/28/18 Desc Attachment 1 Page 17 of 18



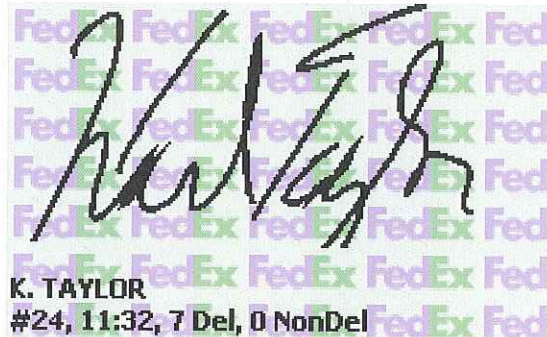
August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **612183490838786**.

Delivery Information:

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	Jun 29, 2018 11:33
Service type:	FedEx Ground		
Special Handling:			



K. TAYLOR
#24, 11:32, 7 Del, 0 NonDel

Shipping Information:

Tracking number:	612183490838786	Ship date:	Jun 28, 2018
		Weight:	12.1 lbs/5.5 kg

Recipient:

Center
Northwest Mississippi Medical
1970 Hospital Drive
Clarksdale, MS 38614 US

Shipper:

Customer Service
Arrow International
11245 North Distribution Cove
OLIVE BRANCH, MS 38654 US

Reference

749-6747683

Purchase order number:

8002433238

Shipment Id

612183490838786

Thank you for choosing FedEx.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker **Chapter:** 11

Office: Nashville **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

Creditor: (6720145) **Claim No: 2** *Status:*
Arrow International Incorporated *Original Filed* *Filed by:* CR
3015 Carrington Mill Boulevard, *Date:* 08/28/2018 *Entered by:* admin
Suite 3 *Original Entered* *Modified:*
Morrisville, NC 27560- *Date:* 08/28/2018
8871

Amount claimed: \$3405.71

History:

[Details](#) [2-1](#) 08/28/2018 Claim #2 filed by Arrow International Incorporated, Amount claimed: \$3405.71
(admin)

Description:

Remarks: (2-1) Account Number (last 4 digits):0543

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$3405.71
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		