

**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**

<b>1. Who is the current creditor?</b>	<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 _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Arrow International Incorporated</u> Name <u>3015 Carrington Mill Boulevard, Suite 3</u> <u>Morrisville, NC 27560-8871</u>  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): _____	<b>Where should payments to the creditor be sent? (if different)</b> <u>Arrow International Inc.</u> Name <u>PO Box 60519</u>  <u>Charlotte, NC 28260</u> Contact phone <u>919-361-4135</u> Contact email <u>christopher.lynch@teleflex.com</u>
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>6. Do you have any number you use to identify the debtor?</b>	<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: center;">2207</div></div>
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>2130.80</u></div><div><b>Does this amount include interest or other charges?</b> <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>
<b>8. What is the basis of the claim?</b>	<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>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div><b>Nature of property:</b> <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><b>Basis for perfection:</b> _____</div> <div>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.)</div> <div style="display: flex; justify-content: space-between;"><div><b>Value of property:</b></div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is secured:</b></div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div><b>Amount of the claim that is unsecured:</b></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><b>Amount necessary to cure any default as of the date of the petition:</b></div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Annual Interest Rate</b> (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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)( ) 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 LOUIS LYNCH  
\_\_\_\_\_  
Signature

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

Name	<u>CHRISTOPHER LOUIS 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>		
Contact phone	City	State	ZIP Code
	<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
122207		08/28/2018
Page	Currency	Terms of Payment
1 of 1	USD	Cash in advance-

Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
AMORY MS 38821-5500  
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
95405163	754-6630789		01/03/2018	02/02/2018	RV		955.90
95584973	754-6691131		03/15/2018	04/14/2018	RV		123.08
97202447	754-6691131		04/02/2018	04/02/2018	YY		86.16-
9500051363	00301		04/03/2018	05/03/2018	RV		191.01
9500239869	01037		06/06/2018	07/06/2018	RV		68.75
9500340643	1457		07/11/2018	08/10/2018	RV		477.95
9500466870	01946		08/22/2018	09/21/2018	RV		400.27

CURRENT	OVERDUE 1-30	OVERDUE 31-60	OVERDUE 61-90	OVERDUE 91+	ACCT BALANCE
400.27	477.95	68.75	0.00	1,183.83	\$2,130.80

Case 3:18-bk-05665 Claim 4-1 Part 2 Filed 08/28/18 Desc Attachment 1 Page 1

**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
95405163	01/03/2018	1 of 2	02/02/2018
<b>Payer Account No. 122207</b>			

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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
754-6630789	3873997	Debby Campbell	8001957630	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
710123484692	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000011	AK-45703-P1A	PI CVC KIT: 3-L 7 FR X 20 CM AGB+	CS	1	0	477.95	477.95
<b>Brand:</b> Arrow							
		<b>Batch No. 13F17L0006</b>					
		<b>Exp. Date 03/31/2019</b>					
<b>Country of Origin</b>		MX					
000012	AK-45703-P1A	PI CVC KIT: 3-L 7 FR X 20 CM AGB+	CS	1	0	477.95	477.95
<b>Brand:</b> Arrow							
		<b>Batch No. 13F17L0006</b>					
		<b>Exp. Date 03/31/2019</b>					
<b>Country of Origin</b>		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](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](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)



**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
95405163	01/03/2018	2 of 2	02/02/2018
<b>Payer Account No. 122207</b>			

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
Sub-Total							955.90
Tax							0.00
Total USD							955.90

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](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](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

**Packing List**Delivery No.  
8001957630Delivery Date  
01/03/2018Page  
1 of 1

<b>Sold To Party</b>	<b>Account No.</b> 122207	<b>Ship To Party</b>	<b>Account No.</b> 122207	<b>Forwarding Agent</b>	<b>Account No.</b> 600307
Gilmore Memorial Hospital		Gilmore Memorial Hospital		FEDERAL EXPRESS	
1105 Earl Frye Boulevard		1105 Earl Frye Boulevard		DEPT LA	
Amory MS 38821-5500		Amory MS 38821-5500		PO Box 21415	
USA		USA		PASADENA CA 91185-1415	

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
754-6630789		3873997		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
710123484692						FEDERAL EXPRESS			
Delivery Priority				Route					
31 FedEx 2Day				STRUSH Standard Rush Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-45703-P1A	Arrow	PI CVC KIT: 3-L 7 FR X 20 CM AGB+	CS	2	0	<u>2</u>	17.400 LB
			Batch No. 13F17L0006	03/31/2019			1	
			Batch No. 13F17L0006	03/31/2019			1	

Total Shipping Units: 00002  
Weight: 17.404 LBUnit of Measure Description:  
CASETotal Units:  
2.000

Comments:



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **710123484692**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD AMORY, MS 38821
<b>Signed for by:</b>	M.WRIGHT	<b>Delivery date:</b>	Jan 5, 2018 09:37
<b>Service type:</b>	FedEx 2Day		
<b>Special Handling:</b>	Deliver Weekday		

---

**Shipping Information:**

<b>Tracking number:</b>	710123484692	<b>Ship date:</b>	Jan 3, 2018
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**Recipient:**

ATTN: RECEIVING  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
AMORY, MS 38821 US

**Reference****Shipper:**

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

754-6630789

Thank you for choosing FedEx.



**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
95584973	03/15/2018	1 of 1	04/14/2018
<b>Payer Account No. 122207</b>			

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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
754-6691131	4008931	Mallory Wright	8002131285	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
418754370280	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-15703	CVC KIT: 3-LUMEN 7 FR X 20 CM	CS	1	0	123.08	123.08
<b>Brand:</b> Arrow							
		Batch No. 13F18A0700					
		Exp. Date 04/30/2019					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	123.08
<b>Tax</b>	0.00
<b>Total USD</b>	123.08

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](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 [arrowscs@teleflex.com](mailto:arrowscs@teleflex.com)      1-800-440-5665

**Packing List**

<b>Delivery No.</b> 8002131285	<b>Delivery Date</b> 03/15/2018	<b>Page</b> 1 of 1
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<b>Sold To Party</b> Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	<b>Account No.</b> 122207	<b>Ship To Party</b> Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	<b>Account No.</b> 122207	<b>Forwarding Agent</b> FEDERAL EXPRESS DEPT LA PO Box 21415 PASADENA CA 91185-1415	<b>Account No.</b> 600307
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Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
754-6691131		4008931		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
418754370280						FEDERAL EXPRESS			
Delivery Priority				Route					
30 FedEx Std OverNight				STRUSH Standard Rush Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-15703	Arrow	CVC KIT: 3-LUMEN 7 FR X 20 CM Batch No. 13F18A0700 04/30/2019	CS	1	0	1	3.500 LB

Total Shipping Units: 00001  
Weight: 3.502 LB

Unit of Measure Description:  
CASE

Total Units:  
1.000

Comments:





August 28, 2018

Dear Customer:

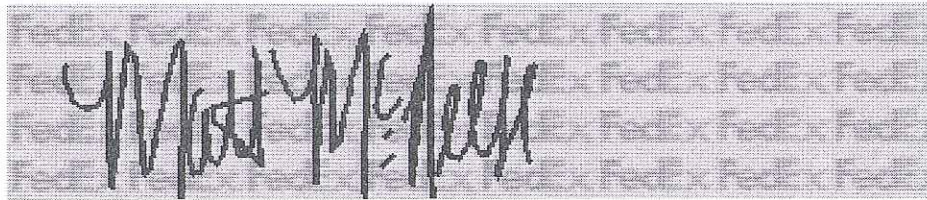
The following is the proof-of-delivery for tracking number **418754370280**.

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD AMORY, MS 38821
<b>Signed for by:</b>	M.MCNEESE	<b>Delivery date:</b>	Mar 16, 2018 09:53
<b>Service type:</b>	FedEx Standard Overnight		
<b>Special Handling:</b>	Deliver Weekday		



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**Shipping Information:**

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<b>Tracking number:</b>	418754370280	<b>Ship date:</b>	Mar 15, 2018
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**Recipient:**

ATTN: RECEIVING  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
AMORY, MS 38821 US

**Reference****Shipper:**

Customer Service  
Arrow International  
11245 North Distribution Cove  
OLIVE BRANCH, MS 38654 US  
754-6691131

Thank you for choosing FedEx.

**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
9500051363	04/03/2018	1 of 1	05/03/2018
<b>Payer Account No. 122207</b>			

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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
00301	4050274	Mallory Wright	8002186865	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
418754382630	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-12703-CDC	CVC KIT: 3-LUMEN 7 FR X 16 CM	CS	1	0	191.01	191.01
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18A0489 <b>Exp. Date</b> 04/30/2019					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	191.01
<b>Tax</b>	0.00
<b>Total USD</b>	191.01

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](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 [arrowsc@teleflex.com](mailto:arrowsc@teleflex.com) [www.teleflex.com](http://www.teleflex.com)



**Packing List**Delivery No.  
8002186865Delivery Date  
04/03/2018Page  
1 of 1

<b>Sold To Party</b>	<b>Account No.</b> 122207	<b>Ship To Party</b>	<b>Account No.</b> 122207	<b>Forwarding Agent</b>	<b>Account No.</b> 600307
Gilmore Memorial Hospital		Gilmore Memorial Hospital		FEDERAL EXPRESS	
1105 Earl Frye Boulevard		1105 Earl Frye Boulevard		DEPT LA	
Amory MS 38821-5500		Amory MS 38821-5500		PO Box 21415	
USA		USA		PASADENA CA 91185-1415	

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
00301		4050274		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
418754382630						FEDERAL EXPRESS			
Delivery Priority				Route					
30 FedEx Std OverNight				STRUSH Standard Rush Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-12703-CDC	Arrow	CVC KIT: 3-LUMEN 7 FR X 16 CM	CS	1	0	1	6.500 LB
			Batch No. 13F18A0489	04/30/2019				

Total Shipping Units: 00001  
Weight: 7.500 LBUnit of Measure Description:  
CASETotal Units:  
1.000

Comments:

Arrow International, Inc.

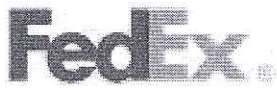
PO Box 3015, Carrington Mill Blvd, Morrisville, NC 27560 USA  
Tel 800-523-8440 Fax Email arrowcsc@teleflex.com www.teleflex.com

6865

Case 3:18-bk-05665-Claim 4-1 Part 2

Filed 08/28/18  
of 21

Desc Attachment 1 Page 10



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **418754382630**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD AMORY, MS 38821
<b>Signed for by:</b>	B.DOBBS	<b>Delivery date:</b>	Apr 4, 2018 09:31
<b>Service type:</b>	FedEx Standard Overnight		
<b>Special Handling:</b>	Deliver Weekday		

---

**Shipping Information:**

<b>Tracking number:</b>	418754382630	<b>Ship date:</b>	Apr 3, 2018
-------------------------	--------------	-------------------	-------------

**Recipient:**

ATTN: RECEIVING  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
AMORY, MS 38821 US

**Reference****Shipper:**

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

00301

Thank you for choosing FedEx.



**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
9500239869	06/06/2018	1 of 1	07/06/2018
<b>Payer Account No. 122207</b>			

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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
01037	4187962		8002374071	FEDEX
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183490672748	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-04150-E-S	PEDIATRIC JUGULAR KIT: 20GA X 5"	CS	1	0	68.75	68.75
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18D0425					
		<b>Exp. Date</b> 01/31/2023					
<b>Cust. Part No.</b>		0324401					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	68.75
<b>Tax</b>	0.00
<b>Total USD</b>	68.75

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](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 [arrowscs@teleflex.com](mailto:arrowscs@teleflex.com) [arrowusa@teleflex.com](mailto:arrowusa@teleflex.com)

**Packing List**Delivery No.  
8002374071Delivery Date  
06/06/2018Page  
1 of 1

Sold To Party      Account No. 122207      Ship To Party      Account No. 122207      Forwarding Agent      Account No. 600436  
Gilmore Memorial Hospital      Gilmore Memorial Hospital      FEDEX  
1105 Earl Frye Boulevard      1105 Earl Frye Boulevard      PO Box 7221  
Amory MS 38821-5500      Amory MS 38821-5500      PASADENA CA 91109-7321  
USA      USA

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
01037		4187962		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
612183490672748						FEDEX			
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-04150-E-S	Arrow	PEDIATRIC JUGULAR KIT; 20GA X 5"	CS	1	0	1	2.900 LB
		Cust Part No.	0324401					
		Batch No.	13F18D0425	01/31/2023				
		Shipto PO:	500148563546					
Total Shipping Units: 00001					Unit of Measure Description:			Total Units:
Weight: 4.636 LB					CASE			1.000

Comments:

Arrow International, Inc.

PO Box 3015, Carrington Mill Blvd, Morrisville, NC 27560 USA  
Tel 800-929-8440 Fax Email arrowcs@teleflex.com www.teleflex.com

4071

Case 3:18-bk-05665-Claim 4-1 Part 2 Filed 08/28/18 Desc Attachment 1 Page 13  
of 21





August 28, 2018

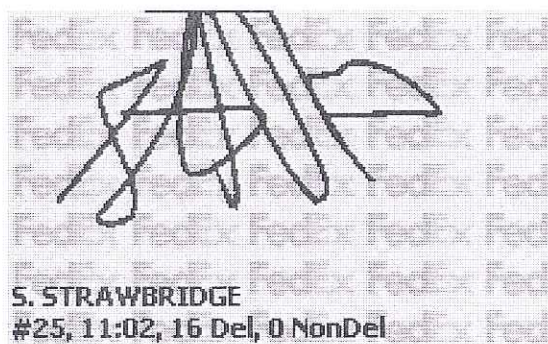
Dear Customer:

The following is the proof-of-delivery for tracking number **612183490672748**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD Amory, MS 38821
<b>Signed for by:</b>	SSTRAWBRIDGE	<b>Delivery date:</b>	Jun 7, 2018 11:04
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			



---

**Shipping Information:**

<b>Tracking number:</b>	612183490672748	<b>Ship date:</b>	Jun 6, 2018
		<b>Weight:</b>	3.7 lbs/1.7 kg

**Recipient:**

ATTN: RECEIVING  
Gilmore Memorial Hospital  
1105 EARL FRYE BLVD  
AMORY, MS 38821 US

**Reference**

**Purchase order number:**  
**Shipment Id**

**Shipper:**

Customer Service  
Arrow International  
11245 North Distribution Cove  
OLIVE BRANCH, MS 38654 US  
8002374071  
01037  
612183490672748

Thank you for choosing FedEx.

**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
9500340643	07/11/2018	1 of 1	08/10/2018
<b>Payer Account No. 122207</b>			

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
Attn: Receiving  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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
1457	4268652	Debby Campbell	8002478331	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
418754455135	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-45703-P1A	PI CVC KIT: 3-L 7 FR X 20 CM AGB+	CS	1	0	477.95	477.95
<b>Brand:</b> Arrow							
		<b>Batch No. 13F18E0337</b>					
		<b>Exp. Date 06/30/2019</b>					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	477.95
<b>Tax</b>	0.00
<b>Total USD</b>	477.95

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.

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



**Packing List**Delivery No.  
8002478331Delivery Date  
07/11/2018Page  
1 of 1

<b>Sold To Party</b>	<b>Account No.</b> 122207	<b>Ship To Party</b>	<b>Account No.</b> 122207	<b>Forwarding Agent</b>	<b>Account No.</b> 600307
Gilmore Memorial Hospital		Gilmore Memorial Hospital		FEDERAL EXPRESS	
1105 Earl Frye Boulevard		Attn: Receiving		DEPT LA	
Amory MS 38821-5500		1105 Earl Frye Boulevard		PO Box 21415	
USA		Amory MS 38821-5500		PASADENA CA 91185-1415	
		USA			

Purchase Order No.		Sales Order		Freight Terms		IncoTerms			
1457		4268652		Collect		FOB - ORIGIN			
Tracking No.		Container		Seal		Transportation		Vessel	
418754455135						FEDERAL EXPRESS			
Delivery Priority				Route					
31 FedEx 2Day				STRUSH Standard Rush Route					

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	AK-45703-P1A	Arrow	PI CVC KIT: 3-L 7 FR X 20 CM AGB+	CS	1	0	1	8.700 LB
			Batch No. 13F18E0337	06/30/2019				

Total Shipping Units: 00001  
Weight: 8.702 LBUnit of Measure Description:  
CASETotal Units:  
1.000

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
Tel 800 529-8440 Fax Email arrowwcs@teleflex.com www.teleflex.com

8331

Case 3:18-bk-05665-Claim 4-1 Part 2 Filed 08/28/18 Desc Attachment 1 Page 16  
of 21



August 28, 2018

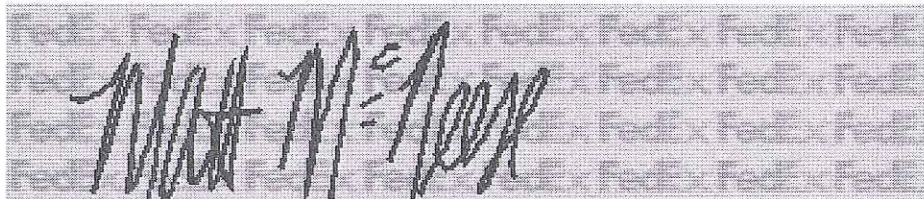
Dear Customer:

The following is the proof-of-delivery for tracking number **418754455135**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivered to:</b>	Shipping/Receiving
<b>Signed for by:</b>	M.MCNEESE	<b>Delivery location:</b>	1105 EARL FRYE BLVD Amory, MS 38821
<b>Service type:</b>	FedEx 2Day	<b>Delivery date:</b>	Jul 13, 2018 09:48
<b>Special Handling:</b>	Deliver Weekday		



---

**Shipping Information:**

<b>Tracking number:</b>	418754455135	<b>Ship date:</b>	Jul 11, 2018
		<b>Weight:</b>	7.0 lbs/3.2 kg

**Recipient:**

Attn: Receiving  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory, MS 38821 US

**Reference**

**Purchase order number:**

**Shipper:**

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

1457

8002478331

Thank you for choosing FedEx.



**Invoice**

<b>No.</b>	<b>Date</b>	<b>Page</b>	<b>Due Date</b>
9500466870	08/22/2018	1 of 1	09/21/2018
<b>Payer Account No. 122207</b>			

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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
01946	4359956	Debby Campbell	8002599895	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
612183491223420	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order	Unit Price	Total
000010	AK-09903-CDC	PSI KIT: 9 FR	CS	1	0	400.27	400.27
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18E0515 <b>Exp. Date</b> 06/30/2019					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	400.27
<b>Tax</b>	0.00
<b>Total USD</b>	400.27

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.

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

**CREDIT MEMO**

<b>No.</b>	<b>Date</b>	<b>Page</b>
97202447	04/02/2018	1 of 1
<b>Payer Account No. 122207</b>		

**Bill To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
USA

**Ship To Party**      **Account No. 122207**  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory MS 38821-5500  
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.	Purch Order Date	Invoice No.	RGA No.	Requested By	Processed By	Carrier/Level of Service
754-6691131	03/16/2018	95584973	60223422	Mallory Wright	BATSCHED_ES	FedEx Ground
Tracking No.	Incoterms	Reason for Credit			Payment Terms	Currency
	FOB ORIGIN	Customer Ordering Error			Net 30	USD

Line	Material	Material Description	UOM	Qty.	Unit Price	Total
------	----------	----------------------	-----	------	------------	-------

000010	AK-15703	CVC KIT: 3-LUMEN 7 FR X 20 CM	CS	1	123.08	123.08
--------	----------	-------------------------------	----	---	--------	--------

**Brand:** Arrow

**Batch No. 13F18A0700**  
**Exp. Date 04/30/2019**

**Comments:**

<b>Sub-Total</b>	123.08
<b>Restocking Fee</b>	36.92-
<b>Tax</b>	0.00
<b>Total CREDIT AMOUNT USD</b>	86.16

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



**Packing List**Delivery No.  
8002599895Delivery Date  
08/22/2018Page  
1 of 1

<b>Sold To Party</b> Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	<b>Account No. 122207</b>	<b>Ship To Party</b> Gilmore Memorial Hospital 1105 Earl Frye Boulevard Amory MS 38821-5500 USA	<b>Account No. 122207</b>	<b>Forwarding Agent</b> FEDERAL EXPRESS DEPT LA PO Box 21415 PASADENA CA 91185-1415	<b>Account No. 600307</b>
---	---------------------------	---	---------------------------	---	---------------------------

Purchase Order No.	Sales Order		Freight Terms	Incoterms
01946	4359956		Collect	FOB - ORIGIN
Tracking No.	Container	Seal	Transportation	Vessel
612183491223420			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	AK-09903-CDC	Arrow	PSI KIT: 9 FR Batch No. 13F18E0515	CS 06/30/2019	1	0	1	12.000 LB
Total Shipping Units: 00001 Weight: 12.002 LB					Unit of Measure Description: CASE		Total Units: 1.000	

Comments:

Arrow International, Inc.

PO Box 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
Tel 800-525-8146 Fax Email arrowcs@teleflex.com www.teleflex.com

9895

Case 3:18-bk-05665-Claim 4-1 Part 2 Filed 08/28/18  
of 21

Desc Attachment 1 Page 20



August 28, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **612183491223420**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD Amory, MS 38821
<b>Signed for by:</b>	MMCNEESE	<b>Delivery date:</b>	Aug 24, 2018 11:15
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			

**M. MCNEESE**  
#25, 11:12, 15 Del, 0 NonDel

---

**Shipping Information:**

<b>Tracking number:</b>	612183491223420	<b>Ship date:</b>	Aug 23, 2018
		<b>Weight:</b>	12.1 lbs/5.5 kg

**Recipient:**

ATTN: RECEIVING  
Gilmore Memorial Hospital  
1105 Earl Frye Boulevard  
Amory, MS 38821 US

**Reference**

**Purchase order number:**

**Shipment Id**

**Shipper:**

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

01946

8002599895

612183491223420

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:** 4      *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: \$2130.80

*History:*

[Details](#)   [4-1](#)   08/28/2018 Claim #4 filed by Arrow International Incorporated, Amount claimed: \$2130.80  
(admin)

*Description:*

*Remarks:* (4-1) Account Number (last 4 digits):2207

## 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

<b>Total Amount Claimed*</b>	\$2130.80
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		