Fill in this information to ide	entify the case:
Debtor 1 Curae Health Inc.	
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court M	IDDLE DISTRICT OF TENNESSEE
Case number: 18-05665	

FILED

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

10/1/2018

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 Clair	n					
creditor?	AIRGAS USA LLC Name of the current creditor (the person or entity to be paid f Other names the creditor used with the debtor	or this claim)				
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?					
3.Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? AIRGAS USA LLC	Where should payments to the creditor be sent? (if different)				
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 110 West 7th Street Suite 1400 Tulsa, OK 74119	Name				
	Contact phone 918-551-4742	Contact phone				
	Contact email Carrie.Dodson@Airgas.com	Contact email				
	Uniform claim identifier for electronic payments in chapter 1	3 (if you use one):				
4.Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims registry (if known	Filed on				
5.Do you know if anyone else has filed a proof of claim for this claim?	✓ No☐ Yes. Who made the earlier filing?					

Official Form 410 Proof of Claim page 1

5.Do you have any number you use to identify the debtor?	□	No Yes. Last 4 digits of the debtor's ac	count or any number you use	to identify the debtor:	7010
7.How much is the claim?	\$		oes this amount includ		
		₩	Yes. Attach statement i other charges required	temizing interest, fees by Bankruptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	imples: Goods sold, money loa th, or credit card. Attach redac ikruptcy Rule 3001(c). it disclosing information that is	ted copies of any docum	ents supporting the cla	im required by
	_	OODS SOLD/AIRGAS CYLIN	DER RENT		
9. Is all or part of the claim secured?		Yes. The claim is secured by a Nature of property: ☐ Real estate. If the claim	a lien on property. I is secured by the debto laim Attachment (Official		
		Basis for perfection:			
		Attach redacted copies of do interest (for example, a mort document that shows the lier	gage, lien, certificate of t	tle, financing statemer	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that is secured:	\$		
		Amount of the claim that is unsecured:	\$	unsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cure date of the petition:	any default as of the	\$	
		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 petitio	n.\$
11.Is this claim subject to a right of setoff?	Y	No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	Y	No Yes. Check all that apply:		Amount entitled to priority
A claim may be partly priority and partly		☐ Domestic support obligati under 11 U.S.C. § 507(a)	ons (including alimony and child support) (1)(A) or (a)(1)(B).	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.		☐ Up to \$2,850* of deposits property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of ersonal, family, or household use. 11	\$
onuted to phoney.		☐ Wages, salaries, or comm 180 days before the bank	nissions (up to \$12,850*) earned within ruptcy petition is filed or the debtor's r is earlier. 11 U.S.C. § 507(a)(4).	\$
			to governmental units. 11 U.S.C. §	\$
		☐ Contributions to an emplo	yee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☐ Other. Specify subsection	of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to adjustment of adjustment.	nt on 4/01/19 and every 3 years after that for case	es begun on or after the date
Part 3: Sign Below				
The person completing this proof of claim must	Che	ck the appropriate box:		
sign and date it. FRBP 9011(b).	V	I am the creditor.		
If you file this claim		I am the creditor's attorney o	r authorized agent.	
electronically, FRBP		I am the trustee, or the debto	or, or their authorized agent. Bankruptcy	Rule 3004.
5005(a)(2) authorizes courts to establish local rules		I am a guarantor, surety, end	dorser, or other codebtor. Bankruptcy Ru	le 3005.
specifying what a signature is.	the a	mount of the claim, the creditor gave	e on this Proof of Claim serves as an acknowledg e the debtor credit for any payments received tow	ard the debt.
A person who files a fraudulent claim could be		e examined the information in this Peorrect.	Proof of Claim and have a reasonable belief that the	ne information is true
fined up to \$500,000, imprisoned for up to 5	I decl	are under penalty of perjury that the	e foregoing is true and correct.	
years, or both. 18 U.S.C. §§ 152, 157 and				
3571.	Exe	cuted on date 10/1/2013	8	
		MM / DD /	YYYYY	
	/s/ (Carrie Ann Dodson		
	Signa	ature		
	Print	the name of the person who	is completing and signing this claim:	
	Nam	ne	Carrie Ann Dodson	
			First name Middle name Last name	
	Title		AR Specialist	
	Con	npany	Airgas USA, LLC	
			Identify the corporate servicer as the company if servicer	the authorized agent is a
	Add	ress	110 West 7th St. Suite 1400	
			Number Street	
			Tulsa, OK 74119	
			City State ZIP Code	
	Con	tact phone 918–551–4742	2 Email Carrie.Dodson@	Airgas.com

Official Form 410 Proof of Claim page 3

Clarksdale Rec	gional Medical (Clarksdale Regional Medical Center, Inc. Case #18-05678	#18-05678			
Airgas USA, LL	Airgas USA, LLC - Account Number ***7010	umber ***7010				
Invoice	Referance	Amount Due	Tax, Surcharge, Misc.	Billing Date Due Date	Due Date	NOTES
9074568638	1067854356	\$ 500.59	\$ 38.17	4/4/2018	5/4/2018	
9075590898	1068471747 \$	\$ 791.06	\$ 39.17	5/3/2018	5/3/2018 6/2/2018	
9076141362	1069222410 \$	\$ 116.29	\$ 39.67	5/17/2018 6/16/2018	6/16/2018	
9076548817	1069507993	\$ 181.03	\$ 39.67	5/29/2018 6/28/2018	6/28/2018	
9077312540	1070182971 \$	\$ 624.29	\$ 39.67	6/20/2018 7/20/2018	7/20/2018	
9078208613	1070710517 \$	\$ 1,523.39	\$ 26.65	<i>71171</i> 2018 8 <i>1</i> 16 <i>1</i> 2018	8/16/2018	
9078305393	1070973303	\$ 663.01	\$ 39.67	7/18/2018 8/17/2018	8/17/2018	
9078504400	1071155990	\$ 659.04	\$ 39.67	7/25/2018 8/24/2018	8/24/2018	
9078696850	4000288152	\$ 1,350.00	\$	7/31/2018	7/31/2018 8/30/2018	
9079665914	1071974564	\$ 4,279.93	\$ 50.00	8/21/2018 9/20/2018	9/20/2018	
9079665915	1071975104	\$ 1,730.75	\$ 50.00	8/21/2018 9/20/2018	9/20/2018	
9952565382	RENT	\$ 1,075.71	\$ 40.00	3/31/2018 4/30/2018	4/30/2018	
9953258204	RENT	\$ 1,029.37	\$ 40.00	4/30/2018 5/30/2018	5/30/2018	
9953963448	RENT	\$ 1,130.96	\$ 40.00	5/31/2018 6/30/2018	6/30/2018	
9954637468	RENT	\$ 1,087.60	\$ 40.00	6/30/2018 7/30/2018	7/30/2018	
9955346351	RENT) \$	\$ 1,167.70 S	\$ 40.00	7/31/2018 8/30/2018	8/30/2018	
9079831509	4000281445 \$	1,001.60	\$ -	8/31/2018	9/30/2018	8/31/2018 9/30/2018 PRE-PET BALANCE ONLY
TOTAL		18,912.32	615.36			



STANDARD INVOICE

INVOICE DATE PAYER 04/04/2018 10

INVOICE NO. 9074568638

DUE DATE 05/04/2018 PAY THIS AMOUNT \$ 500.59

SOLD BY

BILL TO

AIRGAS USA, LLC (C094) 1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

NORTH MS REGIONAL MEDICAL CENTER

662-627-3438

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

15370101907456863800000500595

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

ORDER NO. INVOICE NO. INVOICE DATE SOLD TO NO. SOLD TO NAME

1	067854356	9074568638	04/0	4/2018		1	10		NO	RTH MS REGIO	NAL ME	DICAL CENTER
	PO/R	RELEASE	· -	ORDERED I	3Y		S	HIP VIA	V 1	PAYMEN	IT TERMS	ORDER DATE
	749-6	718945					AF	RGTR	K [NE	T 30	04/04/2018
	LIVERY NO. /	MATERIAL NUMBER		QTY SHIP'D	иом	QT	Y B/O	CYLII SHPD		UNIT PRICE	иом	AMOUNT
		I NF300 DICAL NF 300 CO	GA 58	6 0 (Vol	CL : 1824	4 F	T3)	6	6	8.81	CL	52.86 N (H)
	4268779 N ITROUS OXI	IS USP56 DE USP SIZE 561	LBS	(Vol: 2	CL 24 LBS	S)		4	4	77.28	CL	309.12 N (H)
807	4268779 O XYGEN USP	X USPEAWBDS MEDICAL PURE EA	A CGA	VIPR 27	CI (Vol:	64	18 FT		31	3.72	CL	100.44 N (H)
	C	Y-CD USP50		0					2			0.00
	c	Y-CD USPE		0					3			0.00
		Delivery Flat Fuel Surcharge Airgas Hazmat	e Fla							Sale subt	otal:	462.42 21.22 1.95 15.00

Airqas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

SHIP TO: NORTH MS REGIONAL MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

FOR WIRE TRANSFER PAYMENTS

500.59

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

AMOUNT

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101 Case 3:18-bk-05665

Claim 61-1 Part_{Page} Filed 10/01/18 of 23

For change of address



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BILL TO

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AIRGAS USA, LLC (C094)

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

1350 DESOTO AVE

662-627-3438

PO BOX 1218

STANDARD INVOICE

INVOICE DATE PAYER PAY THIS AMOUNT 05/03/2018 010 9075590898 06/02/2018 \$ 791.06

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101907559089800000791061

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ORDER NO. INVOICE NO. INVOICE DATE SOLD TO NO. SOLD TO NAME

1068471747	9075590898	05/03	3/2018		010		CLA	RKSDALE REGI	ONAL M	EDICAL CENTER
PO/RE	ELEASE		ORDERED E	3Y	S	HIP VIA	\[PAYMEN	IT TERMS	ORDER DATE
749-67	35-626				Al	RGTR	K	NE	T 30	04/24/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER		QTY SHIP'D	иом	QTY B/O	CYLI	RETO	UNIT PRICE	иом	AMOUNT
8074979075 CE CARBON DIOX	D USP50 IDE USP 50 POUN	ID CG		CL (Vol:	200 LE	3S)	1	23.26	CL	93.04 N (H)
8074979075 CI CARBON DIOX	D USPE IDE USP E CGA 9	940	(Vol: 6	CL LBS)		1		7.76	CL	7.76 N (H)
8074979075 NI NITROGEN MEI	I NF300 DICAL NF 300 CG	A 580	6 (Vol	C <u>:</u> : 1824	FT3)	6	6	8.81	CL	52.86 N (H)
8074979075 NS NITROUS OXII	S USP56 DE USP SIZE 561	.BS		CL 24 LBS	S)	4	4	77.28	CL	309.12 N (H)
8074979075 OXYGEN USP 1	X USPEAWBDS MEDICAL PURE EA		VIPR ⁴⁵		1080 6	45 T3)	26	3.72	CL	167.40 N (H)
8074979075 III HELIUM INDUS	E 200 STRIAL 200 CGA Product Surcha	580 irge	(Vol: 1	CL 219 F1	3)	1	1	104.64	CL	104.64 N (H) 2.19
8074979075 OXYGEN USP I	X USPEAWBDSMRI MEDICAL PURE EA	A CGA		Cl (Vol:			4	3.72	CL	14.88 N (H)
:	Delivery Flat Fuel Surcharge Airgas Hazmal	: Flat	t ge					Sale subt	otal:	751.89 21.22 2.95 15.00

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

an Air Liquide company

Airgas USA, LLC

SHIP TO: CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202

FOR WIRE TRANSFER PAYMENTS

791.06

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

AMOUNT

For change of address Desc Attachinents Inc. 2016 age 3

PO Box 1152 Tulsa, OK 74101 Claim 61-1 Part_{Page} Filed 10/01/18 of 23 Case 3:18-bk-05665



SOLD BY

BILL TO

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

STANDARD INVOICE

 INVOICE DATE
 PAYER
 INVOICE NO.
 DUE DATE
 PAY THIS AMOUNT

 05/17/2018
 10
 9076141362
 06/16/2018
 \$ 116.29

AIRGAS USA, LLC (C094)

1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

15370101907614136200000116299

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ORDER NO. INVOICE NO. INVOICE DATE SOLD TO NO. SOLD TO NAME

	1069222410	9076141362	05/	17/2018			10		CLA	RKSDALE REGIO	DNAL M	IEDICAL CENTER
ı	PO/F	RELEASE	•	ORDERED	BY		S	HIP VIA	١	PAYMEN	IT TERMS	ORDER DATE
	749-6	779248					Al	RGTR	к ј	NE	T 30	05/17/2018
	DELIVERY NO. /	MATERIAL NUMBER		QTY	иом	Γ,	TY B/O	CYLI	NDER	UNIT PRICE	UOM	AMOUNT
	DESCRIPTION	MATERIAL NUMBER		SHIP'D	OOM	Ľ	11 870	SHPO	RETO	UNIT TRICE	00.00	AMOSITI
		NI 40 NDUSTRIAL 40 CGA	A 580) (Vol:	CL 38 F	г3)	1	1	31.60	CL	31.60 N (H)
		3075775771 AC MC 2 CL ACETYLENE IND MC CGA 200 (Vol: 16 FT3)							2	22.51	CL	45.02 N (H)
		Delivery Flat Fuel Surcharge Airgas Hazmat	e Fla							Sale subto	otal:	76.62 21.22 3.45 15.00

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

AITOSS. an Air Liquide company

> Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

SHIP TO: CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202 AMOUNT 116.29
FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address
Desc Attachidal 185470-2666 age 4

Case 3:18-bk-05665 Claim 61-1 Part Page Filed 10/01/18



STANDARD INVOICE

05/29/2018 PAYER 05/29/2018

9076548817

DUE DATE 06/28/2018 PAY THIS AMOUNT \$ 181.03

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PO BOX 1218

CLARKSDALE MS 38614-1218

-լ[ւմանակարգերըըընկիլիիկինինըուրակարգույի

Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101907654881700000181030

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

ORDER NO. INVOICE NO. INVOICE DATE SOID TO NO. SOLD TO NAME

ONDER NO.	INVOIGE NO.	THEOLOG	<u> </u>		<u></u>						_
1069507993	9076548817	05/29/2	018		O		CLAF	RKSDALE REGIO	ONAL MEI	DICAL CENTER	₹
PO/REI	LEASE	OF	RDERED I	BY	s	HIP VIA	$\overline{}$	PAYMEN	IT TERMS	ORDER	DATE
749-668	82274				Al	RGTR	K	NE.	T 30	05/29/	2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER		QTY SHIP'D	иом	QTY B/O	CYLIN SHPTO	RETO	UNIT PRICE	иом	AMOUNT	
	USPEAWBDS EDICAL PURE EA	CGA V	38 IPR		912 F7	38 (3)	40	3.72	CL	141.3 (F	36 N H)
CY	-CD USPE		0				4			0.0	00
CY	-Z04NI78520030	160	0				1			0.0)0
СУ	-CD USP50		0				2			0.0	00
CY	-Z02HE701EAC50	9	0				2			0.0	00
	Delivery Flat Fuel Surcharge Airgas Hazmat	: Flat						Sale subte	otal:	141.3 21.3 3.4 15.0	22 45

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

AITOOS an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101 SHIP TO: CLARKSDALE REGIONAL MEDICAL CENTER
DBA NORTHWEST MS MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

AMOUNT 181.03
FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address
Desc Attachieness Editor (furn mail@aignas.com 5

Case 3:18-bk-05665 Claim 61-1 Part Page Filed 10/01/18 of 23



SOLD BY

BILL TO

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

STANDARD INVOICE

INVOICE DATE PAYER PAY THIS AMOUNT 06/20/2018 9077312540 07/20/2018 \$ 624.29

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

AIRGAS USA, LLC (C094)

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CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

662-627-3438

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101907731254000000624295

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

I ORDER NO.	I INVOICE NO.	INVOICE DATE	SULU II	1.NU.			SULI	A LO MAIN	<u> </u>
1070182971	9077312540	06/20/2018	9	10		CLA	RKSDALE REGI	ONAL M	EDICAL CENTER
PO/REL	EASE	ORDERED	BY	TS	HIP VIA	1	PAYMEN	IT TERMS	ORDER DATE
749-679	92468			Al	RGTR	K	NE	T 30	06/20/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	иом (O/B YTC	CYLII SHP'D	NDER RETD	UNIT PRICE	иом	AMOUNT
8076754097 NS NITROUS OXID	USP56 E USP SIZE 561		CL 24 LBS)		4	4	77.28	CL	309.12 N (H)
	NF300 ICAL NF 300 CG	6 A 580 (Vol	CI : 1824	FT3)	6	6	8.81	CL	52.86 N (H)
8076754097 CD CARBON DIOXI	USP50 DE USP 50 POUN	2 D CGA 320	CL (Vol: 1	.00 L		2	23.26	CL	46.52 N (H)
8076754097 OX OXYGEN USP M	USPEAWBDS EDICAL PURE EA		CL (Vol: 9	36 F	39 (83	28	3.72	CL	145.08 N (H)
8076754097 CD CARBON DIOXI	USPE DE USP E CGA 9		CL 4 LBS)		4		7.76	CL	31.04 N (H)
	Delivery Flat Fuel Surcharge Airgas Hazmat	: Flat					Sale subt	otal:	584.62 21.22 3.45 15.00

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202

FOR WIRE TRANSFER PAYMENTS

624.29

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address Desc Attachina (185270-268 aye)

AMOUNT

Claim 61-1 Part_{Page} Filed 10/01/18 of 23



STANDARD INVOICE

07/17/2018 PAYER 0

INVOICE NO. 9078208613 DUE DATE 08/16/2018 \$ 1,523.39

SOLD BY

BILL TO

AIRGAS USA, LLC (C094)

1350 DESOTO AVE CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

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DBA NORTHWEST MS MEDICAL CENTER

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101907820861300001523397

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ORDER NO. INVOICE NO. INVOICE DATE SOLD TO NO. SOLD TO NAME

107071051	7 9078208613	07/17/201	8		010		CLAF	RKSDALE REGIO	M JANC	EDICAL CENTER
PC	D/RELEASE	ORDI	ERED B	Υ] 5	HIP VIA		PAYMEN	IT TERMS	
74	9-6779828				<u>A</u>	<u>RGTRK</u>		NE:	T 30	07/16/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	TO OT		иом	QTY B/O	CYLING SHPD		UNIT PRICE	иом	AMOUNT
8077632548 OXYGEN US	OX USP180LT230 SP LIQ 180LT 230P	SI (Vol:	200	CL 96 FT	3)	4		212.71	CL	850.84 N (H)
8077632548 OXYGEN US	OX USP180LT350 SP LIQ 180LT 350P	SI (Vol:		CL 0 FT3)	1		238.69	CL	238.69 N (H)
8077632548 OXYGEN US	OX USP200 SP MEDICAL PURE 2	00 CGA 54		CL Vol:	1506	6 (T3		64.23	CL	385.38 N (H)
8077632548 NITROGEN	NI NF300 MEDICAL NF 300 C	GA 580 (CL 304	FT3)	1		8.81	CL	8.81 N (H)
	Delivery Flat Fuel Surcharg Airgas Hazmat	e Flat						Sale subt	otal:	1,483.72 21.22 3.45 15.00

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

AIIOAS.

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

AMOUNT

1,523.39

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address
Desc Attachie 161-261, return mail@airgas.com
7



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

STANDARD INVOICE

PAY THIS AMOUNT INVOICE DATE PAYER INVOICE NO. **DUE DATE** 08/17/2018 9078305393 \$ 663.01 07/18/2018 10

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CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

CLARKSDALE MS 38614-1218

CLARKSDALE MS 38614-6939 662-627-3438

PO BOX 1218

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101907830539300000663011

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ORDER NO. INVOICE NO. INVOICE DATE SOLD TO NO. SOLD TO NAME

I OKUEK NO.	INVOICE NO.	THANGLOFF	U/LIC	0000						
1070973303	9078305393	07/18/2	2018)	- 1	CLA	RKSDALE REGI	ONAL M	MEDICAL CENTER
	RELEASE	0	RDERED B	Y	7	SHIP VI	Α	PAYMEN	IT TERMS	
	-6779828					ARGTE	RΚ	NE	T 30	07/18/2018
DELIVERY NO. /	MATERIAL NUMBER		QTY	MOU	QTY 8/C	CYL	RETO	UNIT PRICE	UOM	AMOUNT
8077720637 OXYGEN UST	OX USP180LT230 P LIQ 180LT 230P		SHIP'D 2 01: 100	Cl. 148 F1	r3)	2.		212.71	CI	425.42 N (H)
	NS USPE KIDE USP E CGA 9	10 (Vo	2	CL LBS)		2		98.96	CL	197.92 N (H)
	CY-OX USP180LT3	50	0				1			0.00
	Delivery Flat Fuel Surcharg Airgas Hazmat	e Flat	:					Sale subt	otal:	623.34 21.22 3.45 15.00

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101 Case 3:18-bk-05665 SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

AMOUNT FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

663.01

For change of address Desc Attachments k70-246 age 8

Claim 61-1 Part Page Filed 10/01/18 of 23



STANDARD INVOICE

INVOICE DATE PAYER 07/25/2018

INVOICE NO. DUE DATE 9078504400 08/24/2018 PAY THIS AMOUNT \$ 659.04

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DBA NORTHWEST MS MEDICAL CENTER

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CLARKSDALE MS 38614-1218

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DALLAS TX 75267-6015

15370101907850440000000659046

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ORDER NO. INVOICE NO. INVOICE DATE SCIPTONO. SOLD TO NAME

UNDER NU	INVOICE NO.	LIMA CHOC DVIE		· · · · · ·					
1071155990	9078504400	07/25/2018		b		CLAF	RKSDALE REGIO	ONAL M	MEDICAL CENTER
PO/RE	LEASE	ORDER	ED BY	5	HIP VIA		PAYMEN	T TERMS	ORDER DATE
749-67	81214			A	RGTR	〈	NE	T 30	07/24/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'E	О ПОМ	QTY B/O	CYLIN SHPO		UNIT PRICE	иом	AMOUNT
8077945352 NI NITROGEN MED	NF300 DICAL NF 300 CC	GA 580 (V	5 CL ol: 1520	0 FT3)	5	7	8.81	CI,	44.05 N (H)
8077945352 NS NITROUS OXID	USP56 DE USP SIZE 561	LBS (Vol:	4 CL 224 LB	S)	4	4	77.28	CL	309.12 N (H)
8077945352 OX OXYGEN USP M	USPEAWBDS EDICAL PURE EA		39 CL (Vol:	936 F		41	3.72	CL	145.08 N (H)
8077945352 CE CARBON DIOXI	USP50 DE USP 50 POUN	ND CGA 320	2 Cl (Vol:	100 LI	2 3S)	2	23.26	CL	46.52 N (H)
8077945352 CE CARBON DIOXI	USPE DE USP E CGA 9	940 (Vol:	2 CL 12 LBS)	2	2	7.76	CL	15.52 N (H)
8077945352 OX OXYGEN USP M	K USPEA MEDICAL PURE EA	A CGA 870	2 CL (Vol:	48 FT3	2		29.54	CL	59.08 N (H)
CY	-OX USP1801.T23	30	0			5			0.00
CY	-OX USP200		0			6			0.00
	Delivery Flat	Fee					Sale subt	otal:	619.37 21.22

Delivery Flat Fee Fuel Surcharge Flat Airgas Hazmat Charge

3.45

659.04

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

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Airgas USA, LLC

PO Box 1152

SHIP TO: CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

AMOUNT

Claim 61-1 Part_{Page} Filed 10/01/18 of 23

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Tulsa, OK 74101 Case 3:18-bk-05665



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

STANDARD INVOICE

INVOICE DATE PAYER INVOICE NO. DUE DATE PAY THIS AMOUNT 9078696850 08/30/2018 \$ 1,350.00 07/31/2018

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- 1	OKDEK NO.	INVOICE NO	FINACICE DATE			- U.	!		10 14741			
ı	4000288152	9078696850	07/31/2018 CLA					ARKSDALE REGIONAL MEDICAL CENTER				
ì	PO/f	RELEASE	ORDER	ED BY		Si	IP VIA	PAYMEN	IT TERMS	ORDER DATE		
Ì	FACIL	ITY FEE						NE	T 30	07/31/2018		
	DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'E) nov	л a	TY B/O	CYLINDER SHPO RETO	UNIT PRICE	иом	AMOUNT		
	4000288152 F	RNTTANKMED		1 EA				-1,350.00	EA	1,350.00 N		

4000288152 RNTTANKMED

RENTAL MEDICAL BULK TANK

Serial: E-209967

Monthly fee for 6000 Gallon USP Oxygen bulk tank - Serial #E-20996707/01/2018 - 07/31/2018 RYAN-250-6075-V-GA

4000288152 RNTTANKMED

1 EA

RENTAL MEDICAL BULK TANK
Monthly fee for 500 Gallon USP Oxygen back up bulk tank - Serial #50676
07/01/2018 - 07/31/2018

Sale subtotal:

1,350.00

0.00 N

an Air Liquide company

Airgas USA, LLC Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO: CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

AMOUNT

1,350.00

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address Desc Attachnocinissization 10

Claim 61-1 Part 2 Filed 10/01/18 of 23



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

STANDARD INVOICE

INVOICE DATE 08/21/2018

INVOICE NO. 9079665914

DUE DATE 09/20/2018 PAY THIS AMOUNT \$4,279.93

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CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

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ONDER NO.	INVOICE NO.	INVOICE DATE		NO.		SULI	J IO NAN	15
1071974564	9079665914	08/21/2018		10	CL	ARKSDALE REC	SIONAL	MEDICAL*DNU*
PO/1	RELEASE	ORDERED	BY	S	HIP VIA	PAYME	VT TERMS	ORDER DATE
749-6	6798429			Al	RGTRK	NE	T 30	08/21/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	иом	QTY B/O	CYLINDER SHPD RETO	UNIT PRICE	иом	AMOUNT
8078819417 (OX USPBLK	563,990	SCF			0.75	CCF	4,229.93 N

563,990 SCF

8078819417 OX USPBLK 563,9 OXYGEN USP BULK (Vol: 563990 FT3) ALTO Oty 563990 SCF ALTO Delivery DZ1288217 07/19/2018 1537010_621388 Loc: M415_R001

Delivery Flat Fee BK

Sale subtotal:

4,229.93

50.00

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101 SHIP TO CLARKSDALE REGIONAL MEDICAL*DNU* SEE 3801655 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

AMOUNT

4,279.93

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

Claim 61-1 Part 2 Filed 10/01/18 Desc Attachment 15 Page 1. of 1 Page

Case 3:18-bk-05665

of 23



STANDARD INVOICE

INVOICE DATE INVOICE NO. DUE DATE PAY THIS AMOUNT 08/21/2018 0 9079665915 09/20/2018 \$ 1,730.75

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OROGICITO.	INVOICE NO.	THANDICE DATE	<u>auru</u>	TONO.	i_	SOLU	J IO NAM	<u> </u>
1071975104	9079665915	08/21/2018		0	CL	ARKSDALE REG	SIONAL	MEDICAL*DNU*
PO/F	RELEASE	ORDERE	D BY	S	HÍP VIA	PAYMEN	IT TERMS	ORDER DATE
749-6	3798429			AF	RGTRK	NE	T 30	08/21/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	иом	QTY B/O	CYLINDER SHPD RETO	UNIT PRICE	иом	AMOUNT
8078830047 C	X USPBLK	224,10	0 SCF	,		0.75	CCF	1,680.75 N

807883004**7** 224,100 SCF

78830047 OX USPBLK 224,1 OXYGEN USP BULK (Vol: 224100 FT3) ALTO Qty 224100 SCF ALTO Delivery DZ1323787 08/07/2018 1537010_621388 Loc: M415_R001

Delivery Flat Fee BK

Sale subtotal:

1,680.75

50.00

airgas ал Air Liquide company

> Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

SHIP TO: CLARKSDALE REGIONAL MEDICAL*DNU* SEE 3801655 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

AMOUNT

1,730.75

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

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Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CYLINDER RENTAL INVOICE

INVOICE DATE PAYER INVOICE NO. DUE DATE PAY THIS AMOUNT 04/30/2018 9952565382 \$ 1,075.71 03/31/2018 0

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

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INVOICE NO.	SOL	TOP	NMBE	R I	SHIP	0	INVOICE	ATE_		RENT	AL PURCI	HASE ORDER	ASE CALL: <u>1-855-470</u> R NO.	TERMS
952565382			0			b	03/31/2	018			RI	ENT		NET 30
MATERI DOC		SCRIPTI / DATE			BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RCYLILG-H	E - :	Rent	Cyl	Ind	Large 3	Heliu O		0	3	0	3	93	\$0.14/DAY	\$13.02
RCYLMLG-A	E :	Rent	Cyl	Med	Large 2	Air O	0	0	2	0	2	62	\$0.14/DAY	\$8.68
RCYLMLG-C) - :	Rent	Cyl	Med	Large 5	Carbo 0		de 0	3	0	3	107	\$0.14/DAY	\$14.98
RCYLMLG-N	r -	Rent	Cyl	Med	Large 17	Nitro 0	gen 0	0	17	0	17	527	\$0.14/DAY	\$73.78
RCYLMLG-N	S	Rent	Cyl	Med	Large 18	Nitro 0		e 0	18	0	18	558	\$0.14/DAY	\$78.12
RCYLMLG-O	x	Rent	cyl	Med	Large 3	Oxyge 0	n 0	0	3	0	3	93	\$0.14/DAY	\$13.02
RCYLMLGOT	н -	Rent	Cyl	Med	Large 1	Other 0		0	1	0	1	31	\$0.14/DAY	\$4.34
RCYLMWBDS	s	Rent	Cyl	Med	₩-02- 80		Valve 40	0	79	0	79	2456	\$0.14/DAY	\$343.84
RCYLMXS-A	I -	Rent	Cyl	Med	Xs Ai 2		0	0	2	0	2	62	\$0.11/DAY	\$6.82
RCYLMXS-C	D	Rent	Cyl	Med	Xs Ca 44	rbon D 0		0	43	0	43	1340	\$0.11/DAY	\$147.40
RCYLMXS-N	s -	Rent	Cyl	Med	Xs Ni 2		Oxide 0	0	2	0	2	62	\$0.11/DAY	\$6.82
RCYLMXS-O	x -	Rent	Cyl	Med	Xs Ox 62		0	0	62	0	62	1922	\$0.11/DAY	\$211.42
														CONTINUED

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

an Air Liquide company

SHIP TO: NORTH MS REGIONAL MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

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Case 3:18-bk-05665

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Desc Attachment 1 Page 13

Claim 61-1 Part 2_{age} Filed 10/01/18 of 23



CYLINDER RENTAL INVOICE

INVOICE DATE 03/31/2018

9952565382

DUE DATE 04/30/2018

PAY THIS AMOUNT SEE PAGE 1

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AIRGAS USA, LLC 1350 DESOTO AVE

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CLARKSDALE MS 38614-1218

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662-627-3438

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

15370101995256538200001075715

TERMS INVOICE DATE RENTAL PURCHASE ORDER NO. INVOICE NO. SO MBER **NET 30** RENT 03/31/2018 9952565382 SUBJECT MATERIAL / DESCRIPTION **NET DAYS** RATE PRICE LEASES RETURN ADJ END BAL BEG BAL SHIP TO RENT DOCUMENT/ DATE RRCYLMXSOTH - Rent Cyl Med Xs Other n ۵ 5 0 5 155 \$0.11/DAY \$17.05 N 0

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

RRCYLVHP06K - Rent Cyl Very High Pressure 6K \$96.42 N 6 0 6 \$16.07/ZM 0 0 0 6 --------3 E 3 C \$1,035.71 0 246 250 39 43

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Hazmat:

AMOUNT

40.00

\$ 1,075.71

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FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

Airgas USA, LLC

SHIP TO: GIONAL MEDICAL CENTER NORTH 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

Claim 61-1 Part 2_{ag} Filed 10/01/18 Desc Attachment 1 Page 14 of 23

PO Box 1152 Tulsa, OK 74101 Case 3:18-bk-05665



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BILL TO

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CYLINDER RENTAL INVOICE

INVOICE DATE OUE DATE PAY THIS AMOUNT 05/30/2018 \$ 1,029.37 04/30/2018 10 9953258204

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

AIRGAS USA, LLC 1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101995325820400001029370

O ENSURE PROPER CREDIT, PLEASI	BER	SHIP T	Q	INVOICE D	DATE		RENT	TAL PURC	HASE ORDER	NO	TERMS
9953258204			0	04/30/2	018		_	R	ENT		NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLILG-HE - Rent Cy	l Ind	Large 3	Heliu 1	m 1	0	3	0	3	90	\$0.14/DAY	\$12.60
RRCYLMLG-AI - Rent Cy	/l Med	Large 2	Air O	0	0	2	0	2	60	\$0.14/DAY	\$8.40
RRCYLMLG-CD - Rent Cy	/l Med	Large 3	Carbo 4	n Dioxi 3	de 0	4	0	4	54	\$0.14/DAY	\$7.56
RRCYLMLG-NI - Rent Cy	/l Med	Large 17	Nitro		0	17	0	17	510	\$0.14/DAY	\$71.40
RRCYLMLG-NS - Rent Cy	/l Med	Large 18	Nitro	us Oxid 8	e 0	18	0	18	540	\$0.14/DAY	\$75.60
RRCYLMLG-OX - Rent Cy	/l Med	Large 3	Oxyge: 0	n 0	0	3	0	3	90	\$0.14/DAY	\$12.60
RRCYLMLGOTH - Rent Cy	/l Med	Large 1	Other 0	0	0	1	0	1	30	\$0.14/DAY	\$4.20
RRCYLMWBDSS - Rent Cy	/l Med	W-02-1 79	B Diss 76	Valve 61	0	94	0	94	2376	\$0.14/DAY	\$332.64
RRCYLMXS-AI - Rent Cy	yl Med	Xs Ai 2		0	0	2	0	2	60	\$0.11/DAY	\$6.60
RRCYLMXS-CD - Rent C	yl Med	Xs Ca 43	rbon D 1		0	41	0	41	1215	\$0.11/DAY	\$133.65
RRCYLMXS-NS - Rent C	yl Med	Xs Ni 2	trous 0		0	2	0	2	60	\$0.11/DAY	\$6.60
RRCYLMXS-OX - Rent C	yl Med	Xs Ox 62		0	0	62	0	62	1860	\$0.11/DAY	\$204.60
											CONTINUED

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202

For change of address email to: cdiv.return.mail@airgas.com

ment 1 Page 15 Desc Attachment 1

Claim 61-1 Part 2 Filed 10/01/18 of 23



CYLINDER RENTAL INVOICE

INVOICE DATE 04/30/2018

9953258204

05/30/2018

PAY THIS AMOUNT SEE PAGE 1

SOLD BY

BILL TO

AIRGAS USA, LLC 1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

15370101995325820400001029370

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666
INVOICE NO. | SOLD TO ANYMBER | SHIP TO INVOICE DATE | RENTAL PURCHASE ORDER NO. **TERMS** INVOICE NO. SOLD T RENT **NET 30** 04/30/2018 9953258204 SUBJECT MATERIAL / DESCRIPTION PRICE **NET DAYS** RATE BEG BAL SHIP RETURN ADJ END BAL LEASES TO RENT DOCUMENT / DATE RRCYLMXSOTH - Rent Cyl Med Xs Other 150 \$16.50 N 0 0 5 Ω 5 \$0.11/DAY RRCYLVHP06K - Rent Cyl Very High Pressure 6K \$96.42 N 0 6 0 6 \$16.07/ZM б 0 ۵ -----\$989.37 102 88 0 260 246

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Hazmat:

40.00

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form, You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT FOR WIRE TRANSFER PAYMENTS

\$ 1,029.37

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101 CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address email to: cdiv.return.mail@airgas.com Ment 1 Page 16 Desc Attachment [°]1^{°°11}

Claim 61-1 Part 2 Filed 10/01/18 of 23 Case 3:18-bk-05665



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CYLINDER RENTAL INVOICE

INVOICE DATE PAYER INVOICE NO DUE DATE PAY THIS AMOUNT 06/30/2018 05/31/2018 10 9953963448 \$ 1,130.96

AIRGAS USA, LLC SOLD BY

1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

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DALLAS TX 75267-6015

15370101995396344800001130961

QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

INVOICE NO.	SOLD TO N	LIMBER	I	SHIP T	Q	INVOICE	DATE		RENT	AL PURC	HASE ORDER	ASE CALL: 1-855-47- R NO.	TERMS
9953963448)	Π			05/31/2	018			R	ENT		NET 30
	AL / DESCRIPTI UMENT / DATE			BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	I MET DUTO I	RATE	PRICE
RRCYLILG-HE	- Rent	Cyl I	End	Large 3	Heliur O	n O	0	3	0	3	93	\$0.14/DAY	\$13.02
RRCYLISM-AC	- Rent	Cyl 3	Ind	Small 0	Acety: 2	lene 2	0	0	0	0		\$314.68/ZF	
RRCYLISM-NI	- Rent	Cyl I	Ind	Small 0	Nitro	gen 1	0	0	0	0		\$314.68/ZF	
RRCYLMLG-AI	- Rent	Cyl N	Med	Large 2	Air O	0	0	2	0	2	62	\$0.14/DAY	\$8.68
RRCYLMLG-CD	- Rent	Cyl N	Med	Large 4	Carbon 0	n Dioxi 2	.de 0	2	0	2	118	\$0.14/DAY	\$16.52
RCYLMLG-NI	- Rent	Cyl N	Med	Large 17	Nitro	gen 0	0	17	0	17	527	\$0.14/DAY	\$73.78
RRCYLMLG-NS	S - Rent	Cyl N	Med	Large 18	Nitro	us Oxid O	le O	18	0	18	558	\$0.14/DAY	\$78.12
RCYLMLG-OX	K - Rent	Cyl i	Med	Large 3	Oxyge: 0	n 0	0	3	0	3	93	\$0.14/DAY	\$13.02
RRCYLMLGOTH	i - Rent	Cyl 1	Med	Large 1	Other 0	1	1	1	0	1	31	\$0.14/DAY	\$4.34
RRCYLMWBDSS	S - Rent	Cyl 1	Med	W-02-I 94	3 Diss 38		o	92	0	92	2908	\$0.14/DAY	\$407.12
RRCYLMXS-AI	C - Rent	Cyl 1	Med	Xs Air 2	0	0	0	2	o	2	62	\$0.11/DAY	\$6.82
RRCYLMXS-CI) - Rent	Cyl 1	Med	Xs Car 41	rbon D: 0		0	37	0	37	1259	\$0.11/DAY	\$138.49
													CONTINUED

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

For change of address Desc Attachment 1 Page 17



CYLINDER RENTAL INVOICE

05/31/2018 PAYER

9953963448

06/30/2018

SEE PAGE 1

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BILL TO

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CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

CLARKSDALE REGIONAL MEDICAL CENTER

260

41

52

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

PERSE MARE GIEGRO PATABLE AND REMIT TO:

15970101995396344800001130961

NVOICE NO. SCLETO NUMBER SHIP TO INVOICE DATE RENTAL PURCHASE ORDER NO. TERMS
9953963448 RENT NET 30

NATERIAL/DESCRIPTION DESCRIPTION DESCRIPTION OF DATE RENTAL PURCHASE ORDER NO. TERMS
NET 30

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

MATERIAL / DESCRIPTION SUBJECT **NET DAYS** PRICE RETURN ADJ END BAL LEASES RATE **BEG BAL** SHIP DOCUMENT / DATE RRCYLMXS-NS - Rent Cyl Med Xs Nitrous Oxide \$6.82 N 0 2 0 2 62 \$0.11/DAY RRCYLMXS-OX - Rent Cyl Med Xs Oxygen a 0 62 0 62 1922 \$0.11/DAY \$211.42 N 0 RRCYLMXSOTH - Rent Cyl Med Xs Other 2 0 3 0 3 149 \$0.11/DAY \$16.39 N RRCYLVHP06K - Rent Cyl Very High Pressure 6K \$96.42 N \$16.07/ZM 0 n a 6 0 6 6

250

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

1

Hazmat:

AMOUNT

40.00

\$ 1,130.96

\$1,405.64

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

AITODS. an Air Liquide company

> Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER
DBA NORTHWEST MS MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

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Desc Attachment 1 Page 18



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CYLINDER RENTAL INVOICE

 INVOICE DATE
 PAYER
 INVOICE NO.
 DUE DATE
 PAY THIS AMOUNT

 06/30/2018
 10
 9954637468
 07/30/2018
 \$ 1,087.60

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101995463746800001087600

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666
INVOICE NO. | SQLD TO NUMBER | SHIP TO | INVOICE DATE | RENTAL PURCHASE ORDER NO. TERMS INVOICE NO. **NET 30** RENT 06/30/2018 9954637468 SUBJECT MATERIAL / DESCRIPTION PRICE **NET DAYS** RATE ADJ END BAL LEASES BEG BAL SHIP RETURN TO RENT DOCUMENT / DATE RRCYLILG-HE - Rent Cyl Ind Large Helium 90 \$0.14/DAY \$12.60 N 0 0 3 0 3 RRCYLMLG-AI - Rent Cyl Med Large Air \$8.40 N 0 0 2 0 2 60 \$0.14/DAY RRCYLMLG-CD - Rent Cyl Med Large Carbon Dioxide \$8.40 N 0 2 0 2 60 \$0.14/DAY RRCYLMLG-NI - Rent Cyl Med Large Nitrogen \$71.40 N 510 \$0.14/DAY 0 17 6 O 17 RRCYLMLG-NS - Rent Cyl Med Large Nitrous Oxide 0 540 \$0.14/DAY \$75.60 N ۵ 18 18 4 18 RRCYLMLG-OX - Rent Cyl Med Large Oxygen \$12.60 N 0 0 3 Ω 3 90 \$0.14/DAY RRCYLMLGOTH - Rent Cyl Med Large Other 30 \$0.14/DAY \$4.20 N 0 1 0 1 0 RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve \$403.34 N 2881 \$0.14/DAY 28 ٥ 103 0 103 RRCYLMXS-AI - Rent Cyl Med Xs Air 2 0 2 60 \$0.11/DAY \$6.60 N 0 0 Ω RRCYLMXS-CD - Rent Cyl Med Xs Carbon Dioxide \$126.94 N 0 41 0 41 1154 \$0.11/DAY RRCYLMXS-NS - Rent Cyl Med Xs Nitrous Oxide \$6.60 N 2 60 \$0.11/DAY n 2 0 O RRCYLMXS-OX - Rent Cyl Med Xs Oxygen \$204.60 N 62 0 62 1860 \$0.11/DAY 0 0 CONTINUED

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notico as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

AIIOSS.

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202

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Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CYLINDER RENTAL INVOICE

INVOICE DATE 06/30/2018

9954637468

DUE DATE 07/30/2018

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AIRGAS USA, LLC SOLD BY 1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101995463746800001087600

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INVOICE NO.	SOLD TO NUMBE	R	SHIP TO	0_ 1	INVOICE	DATE		RENT	AL PURC	HASE ORDER	<u> </u>	TERMS
9954637468		T-			06/30/2	018			R	ENT		NET 30
	AL/DESCRIPTION UMENT/DATE	E	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXSOTE	H - Rent Cyl	Med	Xs Oth	er O	0	0	3	0	3	90	\$0.11/DAY	\$9.90 N
RRCYLVHP06	(- Rent Cyl	Very	High 6	Press 0	ure 6K 0	0	6	0	6		\$16.07/ZM	\$96.42 N
			250	55	40	0	265					\$1,047.60

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Hazmat:

AMOUNT

40.00

\$ 1,087.60

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

an Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

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or call 855-470-2666
Desc Attachment 1 Page 20

Claim 61-1 Part 2_{age} Filed 10/01/18 of 23



CYLINDER RENTAL INVOICE

 INVOICE DATE
 PAYER
 INVOICE NO.
 DUE DATE
 PAY THIS AMOUNT

 07/31/2018
 9955346351
 08/30/2018
 \$ 1,167.70

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CLARKSDALE MS 38614-6939

662-627-3438

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Airgas USA, LLC PO BOX 676015 DALLAS TX 75267-6015

BILL TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER

PO BOX 1218

CLARKSDALE MS 38614-1218

15370101995534635100001167706

INVOICE NO.	SOLD TO	MIMBE	R	SHIP T	o i	INVOICE	DATE		RENT	AL PURC	HASE ORDER	ASE CALL: 1 <u>-</u> 855 <u>-47</u> R NO.	TERMS_
955346351						07/31/20	018			749-6	798429		NET 30
	AL / DESCRIF UMENT / DAT			BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RCYLILG~HI	E - Ren	t Cyl	Ind	Large 3	Heliu 0	m 0	0	3	0	3	93	\$0.14/DAY	\$13.02
RCYLMLG-A	I - Ren	t Cyl	Med	Large 2	Air O	0	0	2	0	2	62	\$0.14/DAY	\$8.68
RCYLMLG-CI	O - Ren	t Cyl	Med	Large 2	Carbo:	n Dioxid 2	de 0	2	0	2	62	\$0.14/DAY	\$8.68
RCYLMLG-N	I - Ren	t Cyl	Med	Large 17	Nitro 6	gen 7	0	16	0	16	528	\$0.14/DAY	\$73.92
RCYLMLG-N:	S - Ren	t Cyl	Med	Large 18	Nitro	us Oxid 4	e 0	18	0	18	558	\$0.14/DAY	\$78.12
RCYLMLG-O	X - Ren	t Cyl	Med	Large 3	Oxyge: 6	n 6	0	3	0	3	141	\$0.14/DAY	\$19.74
RCYLMLGOTI	H - Ren	t Cyl	Med	Large 1	Other 0	0	0	1	0	1	31	\$0.14/DAY	\$4.34
RCYLMWBDS:	S - Ren	t Cyl	Med	W-02-1 103	B Diss 39		0	101	0	101	3179	\$0.14/DAY	\$445.06
RCYLMXS-A	I - Ren	t Cyl	Med	Xs Air	0	0	0	2	0	2	62	\$0.11/DAY	\$6.82
RCYLMXS-C	D - Ren	t Cyl	Med	Xs Ca: 41	rbon D 2		0	41	0	41	1271	\$0.11/DAY	\$139.81
RCYLMXS-N	S - Ren	t Cyl	Med	Xs Ni	trous 2		0	4	0	4	90	\$0.11/DAY	\$9.90
RCYLMXS-O	X - Ren	t Cyl	Med	Xs Oxy 62	ygen 2	0	0	64	0	64	1936	\$0.11/DAY	\$212.96
													CONTINUED

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT

FOR WIRE TRANSFER PAYMENTS
Airgas USA, LLC

Acct No 8606074174 PNC Bank, ABA No 031000053

Airgas.

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202

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Desc Attachment 1 Page 21

Claim 61-1 Part 2 Filed 10/01/18 of 23



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CYLINDER RENTAL INVOICE

INVOICE DATE 07/31/2018

9955346351

08/30/2018

PAY THIS AMOUNT SEE PAGE 1

AIRGAS USA, LLC SOLD BY

1350 DESOTO AVE

CLARKSDALE MS 38614-6939

CLARKSDALE MS 38614-1218

CLARKSDALE REGIONAL MEDICAL CENTER

DBA NORTHWEST MS MEDICAL CENTER

662-627-3438

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Airgas USA, LLC PO BOX 676015

DALLAS TX 75267-6015

15370101995534635100001167706

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666 INVOICE NO. | SOLD TO NUMBER RENTAL PURCHASE ORDER NO. TERMS INVOICE DATE 749-6798429 9955346351 07/31/2018 **NET 30** 0 SUBJECT MATERIAL / DESCRIPTION **NET DAYS** PRICE RATE BEG BAL SHIP RETURN ADJ END BAL LEASES TO RENT DOCUMENT / DATE RRCYLMXSOTH - Rent Cyl Med Xs Other \$10.23 N 0 0 3 0 3 93 \$0.11/DAY RRCYLVHPO6K - Rent Cyl Very High Pressure 6K \$96.42 N 0 6 0 6 \$16.07/ZM RRLIQMMD-OX - Rent Liquid Medical 160-180 Lt Oxyg 0 0 0 \$314.68/ZF 7 0 -----70 \$1,442.38 266 69 Ω 265

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Hazmat:

AMOUNT

40.00

\$ 1,167.70

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

an Air Liquide company

Airgas USA, LLC าบ ฮอx 1152 Tulsa, OK 74101 PO Box 1152

Case 3:18-bk-05665

SHIP TO CLARKSDALE REGIONAL MEDICAL CENTER DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

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Claim 61-1 Part 2 Filed 10/01/18 of 23



Airgas USA, LLC PO Box 1152 Tulsa, OK 74101

CLARKSDALE REGIONAL MEDICAL*DIP*

DBA NORTHWEST MS MEDICAL CENTER

STANDARD INVOICE

INVOICE DATE PAYER PAY THIS ALIQUINT 08/31/2018 9079831509 09/30/2018 \$ 1.350.00

SOLD BY AIRGAS USA, LLC (C094)

1350 DESOTO AVE **CLARKSDALE MS 38614-6939**

CLARKSDALE MS 38614-1218

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7000264000000024607070244086

1,350.00

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1,350.00 N

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TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 1-855-470-2666

1 EA

ORDER NO.	INVOICE NO.	TINVOI	ICE DATE	SOLE	<u>-толо.</u>			SOLD	<u>TO NAM</u>	E	
4000281445	9079831509	08/3	31/2018				CI	LARKSDALE REC	SIONAL	MEDICAL	.*DIP*
PO /	RELEASE		ORDERED	BY		SHIP V	/IA	PAYMEN	T TERMS	3	ORDER DATE
FACI	LITY FEE				ĺ			NE	T 30		08/31/2018
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER		QTY SHIP'D	иом	QTY B/	CY SHPT	LINDER	UNIT PRICE	иом	AM	TOUNT

RNTTANKMED 4000281445

RENTAL MEDICAL BULK TANK Serial: E-209967

Monthly fee for 6000 Gallon USP Oxygen bulk tank - Serial #E-209967 08/01/2018 - 08/31/2018 RYAN-250-6075-V-GA

4000281445 RNTTANKMED

1 EA

RENTAL MEDICAL BULK TANK
Monthly fee for 500 Gallon USP Oxygen back up bulk tank - Serial #50676
08/01/2018 - 08/31/2018

Sale subtotal: 1,350.00

DEBTOR STATED THEY WOULD ONLY PAY \$348.40 OF THIS INVOICE, AND THAT THE BALANCE IS PRE-PETITION AND SHOULD BE INLCLUDED IN THE AIRGAS PROOF OF CLAIM TO THE COURT.

อก Air Liquide company

Airgas USA, LLC PO Box 1152 Tulsa, OK 74101 SHIP TO: CLARKSDALE REGIONAL MEDICAL*DIP* DBA NORTHWEST MS MEDICAL CENTER 1970 HOSPITAL DR **CLARKSDALE MS 38614-7202**

AMOUNT 1,350.00

FOR WIRE TRANSFER PAYMENTS Airgas USA, LLC Acct No 8606074174 PNC Bank, ABA No 031000053

For change of address Desc Attachmating 10 23

Case 3:18-bk-05665

Claim 61-1 Part 2 age File d 10/01/18 of 23

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: (6753527) Claim No: 61 Status:

AIRGAS USA LLC Original Filed Filed by: CR

110 West 7th Street Date: 10/01/2018 Entered by: admin

Suite 1400 Original Entered Modified:

Tulsa, OK 74119 Date: 10/01/2018

Amount claimed: \$18912.32

History:

Details 61-1 10/01/2018 Claim #61 filed by AIRGAS USA LLC, Amount claimed: \$18912.32 (admin)

Description:

Remarks: (61-1) Account Number (last 4 digits):7010

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*	\$18912.32
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		