

**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

10/4/2018

MATTHEW T. LOUGHNEY, Clerk

## Official Form 410

### Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents**; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>CARRIER COMMERCIAL SYSTEMS AND</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>CARRIER COMMERCIAL SYSTEMS AND</u> Name PO BOX 93844 CHICAGO, IL 60673-3844 Contact phone <u>315-432-7677</u> Contact email <u>elisabeth.m.coles@carrier.utc.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>Carrier Corporation</u> Name PO Box 93844 Chicago, IL 60673-3844 Contact phone <u>315-432-7677</u> Contact email <u>elisabeth.m.coles@carrier.utc.com</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<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: right;">2733</div></div>																		
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ 18065.14</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="margin-left: 40px;">Good sold, services performed</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 style="margin-top: 10px;"><b>Basis for perfection:</b> _____</div> <div style="margin-top: 10px; font-size: small;">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="margin-top: 10px;"><table style="width: 100%;"><tr><td style="width: 40%;"><b>Value of property:</b></td><td style="width: 10%;">\$</td><td style="width: 50%; border-bottom: 1px solid black;"></td></tr><tr><td><b>Amount of the claim that is secured:</b></td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><b>Amount of the claim that is unsecured:</b></td><td>\$</td><td style="border-bottom: 1px solid black;"></td></tr></table><div style="text-align: right; font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="margin-top: 10px;"><table style="width: 100%;"><tr><td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td><td style="width: 10%;">\$</td><td style="width: 30%; border-bottom: 1px solid black;"></td></tr></table></div> <div style="margin-top: 10px;"><table style="width: 100%;"><tr><td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td><td style="width: 10%;"></td><td style="width: 30%; text-align: right;">%</td></tr><tr><td></td><td></td><td style="border-bottom: 1px solid black;"></td></tr></table><div style="margin-top: 5px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>	<b>Value of property:</b>	\$		<b>Amount of the claim that is secured:</b>	\$		<b>Amount of the claim that is unsecured:</b>	\$		<b>Amount necessary to cure any default as of the date of the petition:</b>	\$		<b>Annual Interest Rate</b> (when case was filed)		%			
<b>Value of property:</b>	\$																		
<b>Amount of the claim that is secured:</b>	\$																		
<b>Amount of the claim that is unsecured:</b>	\$																		
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$																		
<b>Annual Interest Rate</b> (when case was filed)		%																	
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</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)( <u>  </u> ) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

### Part 3: Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

- ☒ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/4/2018  
MM / DD / YYYY

/s/ Elisabeth Coles

Signature

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

Name	<u>Elisabeth Coles</u>		
	First name	Middle name	Last name
Title	<u>Credit Analyst</u>		
Company	<u>Carrier Corporation</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>PO Box 4808</u>		
	Number Street <u>Syracuse, NY 13221-4808</u>		
Contact phone	<u>315-432-7677</u>	Email	<u>elisabeth.m.coles@carrier.utc.com</u>

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
MICHAEL SMITH N				05/24/18		B002629235	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	PAGE
N26286	A		015B19734	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH INC DBA CLARKSDALE RMC  
**TO:** ATTN ACCOUNTS PAYABLE  
P O BOX 1218  
CLARKSDALE MS 38614

CARRIER CORPORATION  
P.O. BOX # 93844  
CHICAGO, IL 60673-3844  
INCLUDE YOUR CUSTOMER CODE  
WHEN SUBMITTING PAYMENT

**SHIP** CLARKSDALE REGIONAL MEDICAL CENTER-  
**TO:**

1970 HOSPITAL DR  
CLARKSDALE  
MS

**MARK  
FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	05/24/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
ASSESS INTERESTS AT THE MAX-  
IMUM RATE ALLOWABLE BY LAW ON  
AMOUNTS PAST DUE



**UNITED  
TECHNOLOGIES  
CARRIER**

CARRIER PARKWAY  
P.O. BOX 4808  
SYRACUSE, NEW YORK USA 13221  
DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	2	LABOR - STRAIGHT TIME	HRS-1.0	EA			126.00	252.00
002	1	PARTS - OTHER STATS PROVIDE 2 THERMOSTATS.	PTS-ZZZ	EA			361.08	361.08*
SUBTOTAL								613.08
TOTAL								613.08
IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206 TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330								

CARRIER CORPORATION, A DELAWARE CORP.  
F.E.I.N. 06-0991716

NET 30 DAYS

DUE 06/23/18 NET

613.08

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF ...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

0VLAV-0028

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
MICHAEL SMITH N				06/19/18		B002633049	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	SHIP METHOD
N26286	A		016B15548	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH INC DBA CLARKSDALE RMC  
**TO:** ATTN ACCOUNTS PAYABLE  
 P O BOX 1218  
 CLARKSDALE MS 38614

CARRIER CORPORATION  
 P.O. BOX # 93844  
 CHICAGO, IL 60673-3844  
 INCLUDE YOUR CUSTOMER CODE  
 WHEN SUBMITTING PAYMENT

**SHIP** CLARKSDALE REGIONAL MEDICAL CENTER-  
**TO:**

1970 HOSPITAL DR  
 CLARKSDALE  
 MS

**MARK  
 FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	06/19/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
 ASSESS INTERESTS AT THE MAX-  
 IMUM RATE ALLOWABLE BY LAW ON  
 AMOUNTS PAST DUE



**UNITED  
 TECHNOLOGIES  
 CARRIER**

CARRIER PARKWAY  
 P.O. BOX 4808  
 SYRACUSE, NEW YORK USA 13221  
 DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	2	LABOR -STRAIGHT TIME	HRS-1.0 EA				126.00	252.00
002	1	TRUCK CHARGE	TRK-CHGLEA				75.00	75.00
		PLACED CHILLER I CCN MODE AND CHILLER STARTED. CHILLER SHOWED NO ALARMS OR A RECYCLE RESTART PENDING. STARTED CHILLER AGAIN. CHILLER SHUT DOWN AGAIN. CHILLER START/STOP RELAY BEING CONTROLLED BY JOI IS OPENING AND CLOSING CAUSING CHILLER TO SHUT DOWN. DISABLED REMOTE START CONTACT IN CHILLER CONFIGURATION AND CHILLER STAYED RUNNING. CHILLER WAS SHOWING A HIGH LIFT WITH ITS INLET GUIDE VANES CLOSED. SHUT CHILLER DOWN AND CALIBRATED INLET GUIDE VANES. COMPLETED 06/19/18						
							SUBTOTAL	327.00
							TOTAL	327.00
		IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206 TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330						

CARRIER CORPORATION, A DELAWARE CORP.  
 F.E.I.N. 06-0991716

NET 30 DAYS

DUE 07/19/18 NET

327.00

AMOUNT

←

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

09LAV-0028

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
MICHAEL SMITH Y				06/19/18		B002633050	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	PAGE
N26286	A		016B14425	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

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**TO:** ATTN ACCOUNTS PAYABLE  
P O BOX 1218  
CLARKSDALE MS 38614

CARRIER CORPORATION  
P.O. BOX # 93844  
CHICAGO, IL 60673-3844  
INCLUDE YOUR CUSTOMER CODE  
WHEN SUBMITTING PAYMENT

**SHIP** CLARKSDALE REGIONAL MEDICAL CENTER-  
**TO:**

1970 HOSPITAL DR  
CLARKSDALE  
MS

**MARK  
FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	06/19/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
ASSESS INTERESTS AT THE MAX-  
IMUM RATE ALLOWABLE BY LAW ON  
AMOUNTS PAST DUE



**UNITED  
TECHNOLOGIES  
CARRIER**

CARRIER PARKWAY  
P.O. BOX 4808  
SYRACUSE, NEW YORK USA 13221  
DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	5	LABOR - TIME AND 1/2	HRS-1.5 EA				189.00	945.00
002	1	TRUCK CHARGE	TRK-CHGLEA				75.00	75.00
		CUSTOMER CALLED CHILLER WAS SHUTTING OFF WITH SHOWING AN ALARM. ON ARRIVAL STARTED AGAIN CHILLER RAN STARTED COOL NG OFF WATER . RUNNING THEN SHUT OFF. LOOKED AT SET POINTS AND CONFIGURATION OK. CYCLED POWER. STARTED AGAIN. CHILLER STARTED SHOWING HIGH CONDENSER LIFT. OPENED UP WATER OVER TOWER. CHILLER STARTED TO SETTLE DOWN AND STAYED RUNNING SHUT OFF AND CHECKED STRAINER IT WAS A LITTLE DIRTY. CLEANED AND RE INSTALLED. STARTED BACK AND ALLOWED TO RUN OK. COMPLETED 06/19/18						
							SUBTOTAL	1020.00
							TOTAL	1020.00
			IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206 TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330					

CARRIER CORPORATION, A DELAWARE CORP.  
F.E.I.N. 06-0991716

NET 30 DAYS

DUE 07/19/18 NET

1020.00

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF ...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

09LAV-0028

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
KATHY LONG N				06/19/18		B002633051	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	PAGE
N26286	A		016U15594	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH INC DBA CLARKSDALE RMC  
**TO:** ATTN ACCOUNTS PAYABLE  
P O BOX 1218  
CLARKSDALE MS 38614

CARRIER CORPORATION  
P.O. BOX # 93844  
CHICAGO, IL 60673-3844  
INCLUDE YOUR CUSTOMER CODE  
WHEN SUBMITTING PAYMENT

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1970 HOSPITAL DR  
CLARKSDALE  
MS

**MARK  
FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	06/19/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

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## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	1	LABOR - STRAIGHT TIME	HRS-1.0 EA				126.00	126.00
002	1	LABOR - TIME AND 1/2	HRS-1.5 EA				189.00	189.00
003	1	TRUCK CHARGE	TRK-CHGLEA				75.00	75.00
FOUND COND UNIT NOT RUNNING AND TSTAT TELL UNIT TO RUN. PULLED THE REVERSING VALVE PLUG OFF UNIT CONTROL BOARD TO DE ENERGIZE THE REVERSING VALVE SOLENOID. PUT PLUG BACK ONTO CONTROL BOARD TO ENERGIZE REVERSING VALVE SOLENOID. UNIT FIRED UP. HAD MAINTENANCE TURN UNIT OFF AT TSTAT AND THEN TURN IT BACK ON. COND STARTED AND RAN AS DESIGNED. IT IS UNKNOWN AT THIS TIME WHAT CAUSED THE REVERSING VALVE TO STICK IN A PARTIALLY OPEN/CLOSED POSITION. COMPLETED 06/19/18								
SUBTOTAL								390.00
TOTAL								390.00
IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206  TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330								

CARRIER CORPORATION, A DELAWARE CORP.  
F.E.I.N. 06-0991716

NET 30 DAYS

DUE 07/19/18 NET

390.00

AMOUNT



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ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF ...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS  
RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

09LAV-0028

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
KATHY LONG Y				07/09/18		B002636523	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	SHIP METHOD
N26286	A		016U15594	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH INC DBA CLARKSDALE RMC  
**TO:** ATTN ACCOUNTS PAYABLE  
P O BOX 1218  
CLARKSDALE MS 38614

CARRIER CORPORATION  
P.O. BOX # 93844  
CHICAGO, IL 60673-3844  
INCLUDE YOUR CUSTOMER CODE  
WHEN SUBMITTING PAYMENT

**SHIP** CLARKSDALE REGIONAL MEDICAL CENTER-  
**TO:**

1970 HOSPITAL DR  
CLARKSDALE  
MS

**MARK  
FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	07/09/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
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IMUM RATE ALLOWABLE BY LAW ON  
AMOUNTS PAST DUE



**UNITED  
TECHNOLOGIES  
CARRIER**

CARRIER PARKWAY  
P.O. BOX 4808  
SYRACUSE, NEW YORK USA 13221  
DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	11.5	LABOR - STRAIGHT TIME	HRS-1.0	EA			126.00	1449.00
002	4	LABOR - TIME AND 1/2	HRS-1.5	EA			189.00	756.00
003	1	TRUCK CHARGE	TRK-CHGLEA				75.00	75.00
		FOUND BAD REVERSING VALVE. REMOVED REVERSING VALVE.EF17BZ271. INSTALLED NEW VALVE AND SWEATED IN. LEAKED CHECKED OK. STARTED VACUUM. ASSEMBLED UNIT. ADDED RECOVERED FREON BACK TO SYSTEM. STARTED UNIT ALLOWED TO RUN. SUCTION 135 HEAD 300. SUPERHEAT 14DEGREES. CHECKED SPACED 72 AND COOLING. LOADED UP TOOLS. UNIT IS RUNNING OK AT THIS TIME. JOB COMPLETE COMPLETED 07/09/18						
							SUBTOTAL	2280.00
							TOTAL	2280.00
			IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206 TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330					

CARRIER CORPORATION, A DELAWARE CORP.  
F.E.I.N. 06-0991716

NET 30 DAYS

DUE 08/08/18 NET

2280.00

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

8/91

09LAV-0028



## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
00484 N				07/11/18		B002636744	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	PAGE
SF022049	X22104		016B17392	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH C/O PANOLA MEDICAL CTR  
**TO:** ACCOUNTS PAYABLE  
 303 MEDICAL CENTER DRIVE  
 BATESVILLE MS 38606

CARRIER CORPORATION  
 P.O. BOX # 93844  
 CHICAGO, IL 60673-3844  
 INCLUDE YOUR CUSTOMER CODE  
 WHEN SUBMITTING PAYMENT

**SHIP** BATESVILLE REGIONAL MEDICAL CENTER,  
**TO:**  
 303 MEDICAL CENTER DR  
 BATESVILLE  
 MS

**MARK  
 FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	07/11/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
 ASSESS INTERESTS AT THE MAX-  
 IMUM RATE ALLOWABLE BY LAW ON  
 AMOUNTS PAST DUE



**UNITED  
 TECHNOLOGIES  
 CARRIER**

CARRIER PARKWAY  
 P.O. BOX 4808  
 SYRACUSE, NEW YORK USA 13221  
 DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	1	QUOTED PRICE OIL AND FILTER CHANGE PER APPROVED QUOTE # 00412735. COMPLETED 07/10/18	QUOT-PR EA				3016.00	3016.00
							SUBTOTAL	3016.00
							TOTAL	3016.00
<p>IF QUESTIONS CONTACT: ACCOUNTING            AT PHONE: 501-945-6000            715 E ROOSEVELT            LITTLE ROCK, ARKANSAS 72206</p> <p>TO PAY BY M/C,VISA,AMEX CALL            NICOLE MUNN @ 315-432-7330</p>								

CARRIER CORPORATION, A DELAWARE CORP.  
 F.E.I.N. 06-0991716

NET 30 DAYS

DUE 08/10/18 NET

3016.00

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

09LAV-0028

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
6629026094 N				07/19/18		B002638200	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	SHIP METHOD
N26286	A		017B10717	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH INC DBA CLARKSDALE RMC  
**TO:** ATTN ACCOUNTS PAYABLE  
 P O BOX 1218  
 CLARKSDALE MS 38614

CARRIER CORPORATION  
 P.O. BOX # 93844  
 CHICAGO, IL 60673-3844  
 INCLUDE YOUR CUSTOMER CODE  
 WHEN SUBMITTING PAYMENT

**SHIP** CLARKSDALE REGIONAL MEDICAL CENTER-  
**TO:**

1970 HOSPITAL DR  
 CLARKSDALE  
 MS

**MARK  
 FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	07/19/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
 ASSESS INTERESTS AT THE MAX-  
 IMUM RATE ALLOWABLE BY LAW ON  
 AMOUNTS PAST DUE



**UNITED  
 TECHNOLOGIES  
 CARRIER**

CARRIER PARKWAY  
 P.O. BOX 4808  
 SYRACUSE, NEW YORK USA 13221  
 DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	5	LABOR - STRAIGHT TIME	HRS-1.0 EA				126.00	630.00
002	6	LABOR - TIME AND 1/2	HRS-1.5 EA				189.00	1134.00
003	1	PARTS - OTHER	PTS-ZZZ EA				5530.14	5530.14*
		210 # R22						
004	1	TRUCK CHARGE	TRK-CHGLEA				75.00	75.00
		CHILLER HAD TRIPPED ON LOW EVAPORATOR TEMPERATURE. CHECKED TRANSDUCER ON EVAPORATOR BARREL READING 52PSI WHEN ON GAUGES READING 90PSI. REPLACED TRANSDUCER WITH SPARE ON SITE THAT WAS CUSTOMERS. READING 90 PSI. STARTED CHILLER. ADDED 120 LBS OF R22 TO CHILLER. LEFT 90LBS TO CUSTOMER. REACHED DESIGN APPROACH TEMPERATURE AND STARTING TO RETURN OIL. CHILLER IS OPERATING PROPERLY. COMPLETED 07/17/18						
							SUBTOTAL	7369.14
							TOTAL	7369.14
			IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206 TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330					

CARRIER CORPORATION, A DELAWARE CORP.  
 F.E.I.N. 06-0991716

NET 30 DAYS

DUE 08/18/18 NET

7369.14

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION  
 ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS  
 RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

09LAV-0028

## INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
JEFF TANKERSLEY N				07/27/18		B002640698	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	SHIP METHOD
SF022049	X22104		016B17192	600860			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH C/O PANOLA MEDICAL CTR  
**TO:** ACCOUNTS PAYABLE  
 303 MEDICAL CENTER DRIVE  
 BATESVILLE MS 38606

CARRIER CORPORATION  
 P.O. BOX # 93844  
 CHICAGO, IL 60673-3844  
 INCLUDE YOUR CUSTOMER CODE  
 WHEN SUBMITTING PAYMENT

**SHIP** BATESVILLE REGIONAL MEDICAL CENTER,  
**TO:**  
 303 MEDICAL CENTER DR  
 BATESVILLE  
 MS

**MARK  
 FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		012		0.000	N
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
			0001	07/27/18	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		86A	CBSE		EX10--

CARRIER RESERVES THE RIGHT TO  
 ASSESS INTERESTS AT THE MAX-  
 IMUM RATE ALLOWABLE BY LAW ON  
 AMOUNTS PAST DUE



**UNITED  
 TECHNOLOGIES  
 CARRIER**

CARRIER PARKWAY  
 P.O. BOX 4808  
 SYRACUSE, NEW YORK USA 13221  
 DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001	11	LABOR - STRAIGHT TIME	HRS-1.0	EA			115.00	1265.00
002	1	PARTS - OTHER	PTS-ZZZ	EA			776.00	776.00*
		OIL (3GAL)						
003	1	TRUCK CHARGE	TRK-CHGLEA				75.00	75.00
		PUT 1GAL OF POE OIL IN CHILLER 2. SHUT CHILLER 1 OFF AND STARTED CHILLER 2. CHILLER TRIPPED AFTER 5MINS OF RUN TIME ON LOW COND WATER FLOW. CHECKED DIFF PRESS ON CHILLER CONTROLS WITH CONS WATER PUMP RUNNING. CLEANED BOT TRANSDUCERS AND INSTALLED THEM BACK ON MACHINE. STARTED CHILLER AND LET IT RUN FULLY LOADED FOR SEVERAL HOURS. OIL LEVEL CAME UP TO HALF OF THE LOWER SIGHT GLASS. NOT ENOUGH OIL HAS RETURNED TO REMOVE OIL.						
							SUBTOTAL	2116.00
							TOTAL	2116.00
			IF QUESTIONS CONTACT: ACCOUNTING AT PHONE: 501-945-6000 715 E ROOSEVELT LITTLE ROCK, ARKANSAS 72206 TO PAY BY M/C,VISA,AMEX CALL NICOLE MUNN @ 315-432-7330					

CARRIER CORPORATION, A DELAWARE CORP.  
 F.E.I.N. 06-0991716

NET 30 DAYS

DUE 08/26/18 NET

2116.00

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION  
 ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF ...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS  
 RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

09LAV-0028

## SERVICE AGREEMENT INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
SIGNED AGREEMENT				08/01/18		T001210777	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	PAGE
SF022049	X22104		003A16787	703086			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH C/O PANOLA MEDICAL CTR  
**TO:** ACCOUNTS PAYABLE  
 303 MEDICAL CENTER DRIVE  
 BATESVILLE MS 38606

CARRIER CORPORATION  
 P.O. BOX # 93844  
 CHICAGO, IL 60673-3844  
 INCLUDE YOUR CUSTOMER CODE  
 WHEN SUBMITTING PAYMENT

**SHIP** BATESVILLE REGIONAL MEDICAL CENTER,  
**TO:**

303 MEDICAL CENTER DR  
 BATESVILLE  
 MS

**MARK**  
**FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		000		0.000	
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		TRA	01T0		EX10--

CARRIER RESERVES THE RIGHT TO  
 ASSESS INTERESTS AT THE MAX-  
 IMUM RATE ALLOWABLE BY LAW ON  
 AMOUNTS PAST DUE



**UNITED  
 TECHNOLOGIES  
 CARRIER**

CARRIER PARKWAY  
 P.O. BOX 4808  
 SYRACUSE, NEW YORK USA 13221  
 DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001		SERVICE AGREEMENT EFFECTIVE 02/01/17 FR 08/01/18-10/31/18						2463.00
							SUBTOTAL	2463.00
							TOTAL	2463.00
<p>IF QUESTIONS CONTACT: ACCOUNTING            AT PHONE: 501-945-6000            715 E ROOSEVELT            LITTLE ROCK, ARKANSAS 72206</p> <p>TO PAY BY M/C,VISA,AMEX CALL            NICOLE MUNN @ 315-432-7330</p>								

CARRIER CORPORATION, A DELAWARE CORP.  
 F.E.I.N. 06-0991716

0%0 DAYS NET 30 DAYS

DUE ON RECEIPT

2463.00

AMOUNT



WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION  
 ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS  
 RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

0VLAV-0028

## SERVICE AGREEMENT INVOICE

CUSTOMER ORDER NO.-FINAL BILL INDICATOR				DATE		INVOICE NUMBER	
SIGNED CONTRACT				08/01/18		T001211147	
CUSTOMER CODE	CUSTOMER SHIP TO	CUSTOMER'S RESALE OR EXPORT NUMBER	WORK ORDER NO.	BRANCH	PRIORITY	TRANSACTION	PAGE
N26286	A		063A00156	703086			1

703 086 CONTR. LIC. #A-083007

## PLEASE REMIT PAYMENT TO:

**SOLD** CURAE HEALTH INC DBA CLARKSDALE RMC  
**TO:** ATTN ACCOUNTS PAYABLE  
 P O BOX 1218  
 CLARKSDALE MS 38614

CARRIER CORPORATION  
 P.O. BOX # 93844  
 CHICAGO, IL 60673-3844  
 INCLUDE YOUR CUSTOMER CODE  
 WHEN SUBMITTING PAYMENT

**SHIP** CLARKSDALE REGIONAL MEDICAL CENTER-  
**TO:**

1970 HOSPITAL DR  
 CLARKSDALE  
 MS

**MARK  
 FOR:**

REGION	SALESMAN	TERMS	DAYS ALLOWED	DISCOUNT	INSURANCE
086		000		0.000	
BILL OF LADING NUMBER			SHIPMENT WEIGHT	CONTAINER TYPE	NO. OF CONTAINERS
SHIPPED VIA			DESTINATION CODE	SHIPPED DATE	
O.P.	CONTROL NO.	WHSE	TP SALE	PACKING LIST	TAX CODE
		TRA	01T0		EX10--

CARRIER RESERVES THE RIGHT TO  
 ASSESS INTERESTS AT THE MAX-  
 IMUM RATE ALLOWABLE BY LAW ON  
 AMOUNTS PAST DUE



**UNITED  
 TECHNOLOGIES  
 CARRIER**

CARRIER PARKWAY  
 P.O. BOX 4808  
 SYRACUSE, NEW YORK USA 13221  
 DIVISION OF CARRIER CORPORATION

## NOTES:

LINE	QTY. SHIPPED	PART NUMBER/NOTES	DESCRIPTION	U/M	UNIT LIST PRICE	MULTIPLIER	UNIT NET PRICE	EXTENDED AMOUNT
001		SERVICE AGREEMENT EFFECTIVE 02/01/18 FR 08/01/18-10/31/18						3308.25
							SUBTOTAL	3308.25
							TOTAL	3308.25
<p>IF QUESTIONS CONTACT: ACCOUNTING            AT PHONE: 501-945-6000            715 E ROOSEVELT            LITTLE ROCK, ARKANSAS 72206</p> <p>TO PAY BY M/C,VISA,AMEX CALL            NICOLE MUNN @ 315-432-7330</p>								

CARRIER CORPORATION, A DELAWARE CORP. F.E.I.N. 06-0991716	0%0 DAYS NET 30 DAYS	DUE ON RECEIPT	3308.25	AMOUNT
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WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 & 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED AND OF REGULATION ORDERS OF THE U.S. DEPT. OF LABOR ISSUED UNDER SEC. 14 THEREOF...ANY DIFFERENCES BETWEEN QUANTITIES ORDERED AND QUANTITIES SHIPPED HAVE BEEN BACK ORDERED AND WILL BE SHIPPED AS SOON AS RECEIVED. ANY CLAIM FOR SHORTAGE OR ADJUSTMENT MUST BE MADE WITHIN 30 DAYS.

CUSTOMER ORIGINAL

8/91

0VLAV-0028

# 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:* (6717926)  
CARRIER COMMERCIAL  
SYSTEMS AND  
PO BOX 93844  
CHICAGO, IL 60673-3844

**Claim No:** 71  
*Original Filed*  
*Date:* 10/04/2018  
*Original Entered*  
*Date:* 10/04/2018

*Status:*  
*Filed by:* CR  
*Entered by:* admin  
*Modified:*

Amount claimed: \$18065.14

*History:*

[Details](#) [71-1](#) 10/04/2018 Claim #71 filed by CARRIER COMMERCIAL SYSTEMS AND, Amount claimed: \$18065.14 (admin)

*Description:*

*Remarks:* (71-1) Account Number (last 4 digits):2733

### 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>	\$18065.14
<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.**

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