Fill in this information to identify the case:

Debtor 1: MERIT HEALTH NORTHWEST MISSISSIPPI

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: _____ District of _____

Case number: 18-05665

FILED

OCT 05 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

12/15

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?**
   Precision Dynamics Corporation
   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?**
   ☑ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

   Where should notices to the creditor be sent?
   Precision Dynamics Corporation
   Name
   27770 N Entertainment Drive Suite
   Number Street
   200 Valencia CA 91355
   City State ZIP Code
   Contact phone 888-684-1901 / 877.395.6808
   Contact email pdc_credit@bradycorp.com

   Where should payments to the creditor be sent? (if different)
   Name
   PO Box 71549
   Number Street
   Chicago IL 60694
   City State ZIP Code
   Contact phone 888-684-1901 / 877.395.6808
   Contact email pdc_credit@bradycorp.com

   Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?**
   ☑ No
   ☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
   ☑ No
   ☐ Yes. Who made the earlier filing? _____

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

6. **Do you have any number you use to identify the debtor?**
   - ☐ No
   - ☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8 9 0 1

7. **How much is the claim?** $ 3,711.41. **Does this amount include interest or other charges?**
   - ☑ No
   - ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**
   Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
   Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
   Limit disclosing information that is entitled to privacy, such as health care information.
   Goods Purchased

9. **Is all or part of the claim secured?**
   - ☑ No
   - ☐ Yes. The claim is secured by a lien on property.

   Nature of property:
   - ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
   - ☐ Motor vehicle
   - ☐ Other. Describe: _____

   Basis for perfection: _____
   Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

   Value of property: $_____
   Amount of the claim that is secured: $_____
   Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

   Amount necessary to cure any default as of the date of the petition: $_____

   Annual Interest Rate (when case was filed) _____%
   - ☐ Fixed
   - ☐ Variable

10. **Is this claim based on a lease?**
    - ☑ No
    - ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**
    - ☑ No
    - ☐ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$
☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$

* Amounts are subject to adjustment on 4/01/16 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 09/10/2018
MM / DD / YYYY

Merry McCollum
Signature

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

Name: Merry McCollum
First name Middle name Last name

Title: Credit & Collection Supervisor

Company: Precision Dynamics Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 27770 N Entertainment Drive Suite 200
Number Street

Valencia CA 91455
City State ZIP Code

Contact phone: 888-684-1901 / 877-395-68(Email: pdc_credit@bradycorp.com

pdc
27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No.	Invoice Date	Order Date	Page
4056641	25-JAN-18	23-JAN-18	1
Customer P.O.		Order No.	Customer No.
749-6648290		3869800	38901

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1928495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Salesperson	Please enclose paperwork for any short ship or pricing debits with your payment.
NET 30	CUSTOMER SERVICE	
Carrier		Freight Terms
FEDEX-Parcel-Ground		Third Party Billing

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
59701528	LABEL "A MEMO FROM UTILIZATION 2-1/2X2-1/2 FL YELLOW 500 RL R Customer Part: 55367 Customer P.O.: 749-6648290	QTY ROLL	4	4	15.53	62.12

Subtotal	62.12
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	62.12
Payments	0.00
Adjustments	0.00
Balance Due	62.12

Products not shipped in full have been backordered. USD

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** HATRUS44

All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

pdc

Invoice

Invoice No	Invoice Date	Order Date	Page
4105271	14-MAR-18	12-MAR-18	1
Customer P.O		Order No.	Customer No
749-6688210		3924106	38901

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1216
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	424135759110	Third Party Billing
Ordered By		Ordered For
YATASHA MUSKIN		

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
SDM-SS25	SPEE-D-STRETCH 2.5MM LEAD-FREE STRETCH 100/BX Contract#: 597	BOX	10	10	28.94	289.40
SDM-SS612	SPEE-D-LINE 1MM SEMI-OPAQUE MAM NO BURNOUT STRETCH 120"/BX Contract#: 597	BOX	10	10	30.91	309.10

Subtotal	598.50
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	598.50
Payments	0.00
Adjustments	0.00
Balance Due	598.50
Products not shipped in full have been backordered.	USD

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All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3710358 **SWIFT Code:** HATRUS44
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Invoice

Invoice No	Invoice Date	Order Date	Page
4117894	22-MAR-18	21-MAR-18	1
Customer P.O.		Order No.	Customer No
749-6695540		3936896	88901

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Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996762358	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
WECAAA-5	WB CONFIDENT "ALLERGY ALERT" ADULT 250 CS RED Contract#: 5608 Customer Part: 289411		CASE	1	1	16.84	16.84

Subtotal	16.84
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	16.84
Payments	0.00
Adjustments	0.00
Balance Due	16.84

Products not shipped in full have been backordered. USD

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All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** HATRUS44
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Invoice

Invoice No.	Invoice Date	Order Date	Page
4118704	23-MAR-18	13-MAR-18	1
Customer P.O.		Order No.	Customer No.
749-6659934		3926530	35901

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Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996770702	Third Party Billing
Ordered By		Ordered For
TASHA MUSKIN		

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
6741-16-PDL-I	6741 - IDENT-A-BLOOD RECIPIENT BAND, 2-LINE, ADULT - RED Contract#: 5608 Customer Part: 259795		BOX	1	1	49.68	49.68

Subtotal	49.68
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	49.68
Payments	0.00
Adjustments	0.00
Balance Due	49.68

Products not shipped in full have been backordered. USD

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Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** HATRUS44
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Invoice

Invoice No.	Invoice Date	Order Date	Page
4123376	28-MAR-18	26-MAR-18	1
Customer P.O		Order No.	Customer No.
749-6695472		3942007	38901

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Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996782305	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
WBCAAA-5	WB CONFIDENT "ALLERGY ALERT" ADULT 250 CS RED Contract#: 5608 Customer Part: 289411	CASE	1	1	16.84	16.84

Subtotal	16.84
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	16.84
Payments	0.00
Adjustments	0.00
Balance Due	16.84

Products not shipped in full have been backordered. USD

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Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** HATRUS44
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Invoice

Invoice No.	Invoice Date	Order Date	Page
4126699	30-MAR-18	13-MAR-18	1
Customer P.O.		Order No.	Customer No.
749-6689934		3926590	38901

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996794754	Third Party Billing
Ordered By		Ordered For
TASHA MUSKIN		

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
6310-A02-PDG-SI	STD,BLOOD LBL,A02,8 UNIT,2 TUBE Contract#: HFG5608CUSTOM13 Customer Part: 273621	BOX	4	4	118.70	474.80

Subtotal	474.80
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	474.80
Payments	0.00
Adjustments	0.00
Balance Due	474.80
Products not shipped in full have been backordered.	USD

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All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3710358 **SWIFT Code:** HATRUS44
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Invoice

Invoice No.	Invoice Date	Order Date	Page
4129075	03-APR-18	02-APR-18	1
Customer P.O.		Order No.	Customer No.
749-6703892		3949359	38901

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1595
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996806935	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
59705743	LABEL "CLEAN INITIALS DATE" 4X2-1/8 FL GREEN 500 RL R Contract#: 597 Customer Part: 228936	QTY ROLL	3	3	7.51	22.53

Subtotal	22.53
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	22.53
Payments	0.00
Adjustments	0.00
Balance Due	22.53

Products not shipped in full have been backordered. USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX

All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** HATRUS44
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Invoice

Invoice No.	Invoice Date	Order Date	Page
4130044	03-APR-18	02-APR-18	1
Customer P.O		Order No	Customer No
749-6703652		3949079	38901

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1210
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	435083403642	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
SIER-21	LABEL MEDICATION STERILE 1-1/2X1/2 10/SHT 100 SHT/PK Contract#: 597 Customer Part: 230994	PACKAGE	1	1	68.41	68.41

Subtotal	68.41
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	68.41
Payments	0.00
Adjustments	0.00
Balance Due	68.41

Products not shipped in full have been backordered.

USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX

All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3710358 **SWIFT Code:** HATRUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.pdcorp.com/terms. Our terms and conditions are also available upon request.

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Invoice

Invoice No	Invoice Date	Order Date	Page
4135075	05-APR-18	02-APR-18	1
Customer PO		Order No	Customer No
749-6703021		3948657	35901

E-mail your remittance or payment advice to pdc_remittances@bradycorp.com

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71545
Chicago, IL 60694-1595
FED ID # 95-1929455

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	422996823927	Third Party Billing
Ordered By		Ordered For
YATASHA MUSKIN		

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
MV02FG3196P	STROKE ALERT 1-7/16 X 3/8 Cordis# 597		QTY ROLL	2	2	10.24	20.48

Subtotal	20.48
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	20.48
Payments	0.00
Adjustments	0.00
Balance Due	20.48

Products not shipped in full have been backordered.

USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX

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Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #** 3719358 **SWIFT Code:** HATRUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.pdcorp.com/terms. Our terms and conditions are also available upon request.

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Invoice

Invoice No	Invoice Date	Order Date	Page
4144943	16-APR-18	16-APR-18	1
Customer PO		Order No	Customer No
749-6713395		3963537	38901

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BILL TO:
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ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	See Below	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
THERMD19	Tracking Numbers 432996858792,432996858781 LABEL DIRECT THERMAL 1" CORE 2-1/2X1 WHITE 1300/RL 8/CS P Contract# 597 Customer Part 257626		CASE	6	6	26.80	160.80

Subtotal	160.80
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	160.80
Payments	0.00
Adjustments	0.00
Balance Due	160.80

Products not shipped in full have been backordered. USD

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Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #** 3719358 **SWIFT Code** HATRUS44
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Invoice

Invoice No.	Invoice Date	Order Date	Page
4151283	24-APR-18	16-APR-18	1
Customer P.O.		Order No.	Customer No.
749-6713395		3563537	38901

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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996880656	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
THERMD19	LABEL DIRECT THERMAL 1" CORE 2-1/2X1 WHITE 1300/RL 8/CS P Contract#: 597 Customer Part: 257626	CASE	4	4	26.80	107.20

Subtotal	107.20
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	107.20
Payments	0.00
Adjustments	0.00
Balance Due	107.20

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4166763	09-MAY-18	08-MAY-18	1
Customer P.O		Order No.	Customer No
749-6728540		3986841	88901

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PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
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ATTN: PO# 749-6728540
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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	432996936360	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
PPMS28	LABEL "IDENTI-MIDE"_ 4X3 WHITE 500 RL P Contract#: 597 Customer Part: 236583		QTY ROLL	1	1	8.65	8.65

Subtotal	8.65
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	8.65
Payments	0.00
Adjustments	0.00
Balance Due	8.65

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4179616	22-MAY-18	15-MAY-18	1
Customer P.O.		Order No.	Customer No.
749-6733174		3993812	38901

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PO BOX 1218
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SHIP TO:
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ATTN: PO# 749-6733174
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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	422996984060	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
6741-16-PDL-I	6741 - IDENT-A-BLOOD RECIPIENT BAND, 2-LINE, ADULT - RED Contract#: 5608 Customer Part: 259795	BOX	1	1	49.68	49.68

Subtotal	49.68
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	49.68
Payments	0.00
Adjustments	0.00
Balance Due	49.68

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4185602	01-JUN-18	15-MAY-18	1
Customer P.O.		Order No.	Customer No.
749-6733174		3993612	38901

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CLARKSDALE MS 38614

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ATTN: PO# 749-6733174
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NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	435937908128	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
6310-A02-PDG-SI	STD,BLOOD LBL,A02,8 UNIT,2 TUBE Contract#: HPG5605CUSTOM13 Customer Part: 273621	BOX	4	4	118.70	474.80

Subtotal	474.80
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	474.80
Payments	0.00
Adjustments	0.00
Balance Due	474.80

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4194365	06-JUN-18	29-MAY-18	1
Customer P.O.		Order No.	Customer No.
749-6741786		4008965	35901

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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	781306332140	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty.	Ship Qty.	Price	Extended
WEX73	LABEL LASER PORTRAIT 2-5/8X1 30/SHT 1000/CS Note: WEX73 Contract#: 597 Customer Part: 210037	CASE	2	2	54.39	108.78

Subtotal	108.78
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	108.78
Payments	0.00
Adjustments	0.00
Balance Due	108.78

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4198120	11-JUN-18	04-JUN-18	1
Customer P.O.		Order No.	Customer No.
749-6745962		4015920	39901

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PO BOX 1218
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SHIP TO:
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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	435937941701	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
THERMD19	LABEL DIRECT THERMAL 1" CORE 2-1/2X1 WHITE 1300/RL 8/CS P Contract#: 597 Customer Part: 257626	CASE	4	4	26.80	107.20

Subtotal	107.20
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	107.20
Payments	0.00
Adjustments	0.00
Balance Due	107.20

Products not shipped in full have been backordered. USD

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Invoice

Invoice No	Invoice Date	Order Date	Page
4198379	11-JUN-18	06-JUN-18	1
Customer P.O		Order No.	Customer No.
749-6747704		4018988	38901

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ATTN: ACCOUNTS PAYABLE
PO BOX 1215
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	781268437359	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
WBW73	LABEL LASER PORTRAIT 2-5/8X1 30/SHT 1000/CS Note: WBW73 Contract#: 597 Customer Part: 210037		CASE	10	10	54.39	543.90

Subtotal	543.90
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	543.90
Payments	0.00
Adjustments	0.00
Balance Due	543.90
	USD

Products not shipped in full have been backordered.

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4209513	21-JUN-18	20-JUN-18	1
Customer P.O.		Order No.	Customer No.
749-6756203		4037006	38901

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SHIP TO:
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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	435937985435	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
PPM342	LABEL DIR THERM MCKESSON HBOC 3-1/2X1 WHT/NOTCH 5M/RL 2RL/CS Contract#: 597 Customer Part: DT390138	CASE	1	1	31.84	31.84

Subtotal	31.84
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	31.84
Payments	0.00
Adjustments	0.00
Balance Due	31.84

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4215520	26-JUN-18	27-JUN-18	1
Customer P.O.		Order No.	Customer No.
749-6759672		4042548	28901

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PO BOX 1218
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SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: PO# 749-6759672
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	435936010299	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
SDM-BB50	SPEE-D-MARK 5.0MM LEAD-FREE R/O 50/BX Contract#: 597 Customer Part: 442226	BOX	2	2	48.00	96.00

Subtotal	96.00
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	96.00
Payments	0.00
Adjustments	0.00
Balance Due	96.00
	USD

Products not shipped in full have been backordered.

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Invoice

Invoice No	Invoice Date	Order Date	Page
4232445	16-JUL-18	09-JUL-18	1
Customer P.O.		Order No.	Customer No.
749-6765588		4053998	38901

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SHIP TO:
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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	451206052312	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
STER-21	LABEL MEDICATION STERILE 1-1/2X1/2 10/SHT 100 SHT/PK Contacts: 597 Customer Part 230994		PACKAGE	1	1	68.41	68.41

Subtotal	68.41
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	68.41
Payments	0.00
Adjustments	0.00
Balance Due	68.41

Products not shipped in full have been backordered.

USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4235163	16-JUL-18	16-JUL-18	1
Customer P.O.		Order No.	Customer No.
749-6770053		4062618	38901

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SHIP TO:
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Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	See Below	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
THERMD19	Tracking Numbers: 435938074977, 435938074999 LABEL DIRECT THERMAL 1" CORE 2-1/2X1 WHITE 1300/RL 8/CS P Contract#: 597 Customer Part: 257626	CASE	6	6	26.80	160.80

Subtotal	160.80
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	160.80
Payments	0.00
Adjustments	0.00
Balance Due	160.80

Products not shipped in full have been backordered. USD

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4250000	02-AUG-18	01-AUG-18	1
Customer P.O.		Order No.	Customer No.
749-6779145		4050025	35901

E-mail your remittance or payment advice to pdc_remittances@bradycorp.com

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	435935126224	Third Party Billing
Ordered By		Ordered For

Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
SDM-SS25	SPEE-D-STRETCH 2.5MM LEAD-FREE STRETCH 100/BX Contract#: 597 Customer Part: 216246	BOX	10	10	28.94	289.40
SDG-M612	SPEE-D-RING 1/2 ID SEMI-OPAQUE MAM NO BURNOUT 100/BX Contract#: 597 Customer Part: 485326	BOX	5	5	24.47	122.35

Subtotal	411.75
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	411.75
Payments	0.00
Adjustments	0.00
Balance Due	411.75

Products not shipped in full have been backordered. USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX

All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** HATRUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.pdcorp.com/terms. Our terms and conditions are also available upon request.

pdc

Invoice

Invoice No.	Invoice Date	Order Date	Page
4261040	15-AUG-18	14-AUG-18	1
Customer P.O		Order No.	Customer No.
749-6756323		4094343	35901

E-mail your remittance or payment advice to pdc_remittances@bradycorp.com

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Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	452410857247	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
LAN-11	LIDOCAINE 1-1/2 X 1/2 GREY Contract: 597		QTY ROLL	4	4	4.43	17.72

Subtotal	17.72
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	17.72
Payments	0.00
Adjustments	0.00
Balance Due	17.72

Products not shipped in full have been backordered. USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX

All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3718358 **SWIFT Code:** HATRUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.pdcorp.com/terms. Our terms and conditions are also available upon request.

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Invoice

Invoice No.	Invoice Date	Order Date	Page
4263301	16-AUG-18	15-AUG-18	1
Customer P.O		Order No.	Customer No.
749-6787163		4095590	38901

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614

SHIP TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms	Account Manager	Please enclose paperwork for any short ship or pricing debits with your payment.
NET DUE 30 DAYS	MORSE, HEATHER	
Carrier	Tracking Number	Freight Terms
FEDEX-Parcel-Ground	453410865201	Third Party Billing
Ordered By		Ordered For

Product Number	Description		Unit	Order Qty	Ship Qty	Price	Extended
WBCAAA-5	WB CONFIDENT "ALLERGY ALERT" ADULT 250 CS RED Contract#: 5608 Customer Part: 289411		CASE	2	2	16.84	33.68

Subtotal	33.68
Other Charges	0.00
Shipping and Handling	0.00
Tax	0.00
Grand Total	33.68
Payments	0.00
Adjustments	0.00
Balance Due	33.68

Products not shipped in full have been backordered. USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX

All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3719368 **SWIFT Code:** HATRUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.pdcorp.com/terms. Our terms and conditions are also available upon request.

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: (6756592)
PRECISION DYNAMICS CORPORATION
27770 N ENTERTAINMENT DRIVE SUITE
200 VALENCIA CA
91355

Claim No: 73
Original Filed Date: 10/05/2018
Original Entered Date: 10/05/2018

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: $3711.41

History:

Details	73-1	10/05/2018	Claim #73 filed by PRECISION DYNAMICS CORPORATION, Amount claimed: $3711.41 (Intake1)

Description: (73-1) Goods Purchased

Remarks:

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*	$3711.41
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		