

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?	<u>Precision Dynamics Corporation</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?	☒ No ☐ Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Name: <u>Precision Dynamics Corporation</u> Address: <u>27770 N Entertainment Drive Suite</u> Number: <u>200</u> Street: <u>Valencia</u> City: <u>CA</u> State: <u>91355</u> ZIP Code: Contact phone: <u>888-684-1901 / 877.395.6808</u> Contact email: <u>pd_credit@bradycorp.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Address: <u>PO Box 71549</u> Number: _____ Street: _____ City: <u>Chicago</u> State: <u>IL</u> ZIP Code: <u>60694</u> Contact phone: <u>888-684-1901 / 877.395.6808</u> Contact email: <u>pd_credit@bradycorp.com</u> Uniform claim identifier for electronic payments in chapter 12 (if you use one): _____
4. Does this claim amend one already filed?	☒ No ☐ Yes. Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>	
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: <u>8 9 0 1</u>
7. How much is the claim? \$ <u>3,711.41</u>	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. <u>Goods Purchased</u>
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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . ☐ 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


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 / 877-395-681 Email pdcc_credm@bradycorp.com



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 NET 30		Salesperson CUSTOMER SERVICE		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground				Freight Terms Third Party Billing			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
8970182E	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 60661 ABA #: 071000266 Account #: 3719358 SWIFT Code: HAHUUS33

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.



Precision Dynamics Corporation
111 West Monroe Street, Chicago, IL 60603
Tel: 800-847-6690 or 847-333-3333
Website: www.pdc.org

Invoice

Invoice No 4208271	Invoice Date 14-MAR-18	Order Date 12-MAR-18	Page 1
Customer P.O. 749-6688210	Order No. 3924106	Customer No 38901	

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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 424138789110		Freight Terms Third Party Billing			
Ordered By YATASHA MUSKIN				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
SDM-8825	SPEE-D-STRETCH 2.5MM LEAD-FREE STRETCH 100/BX Contract# 597	BOX	10	10	28.94	289.40	
SDM-88612	SPEE-D-LINE 1MM SEMI-OPAQUE MM NO BURNOUT STRETCH 120"/EX 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	

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 #: 07100288 Account #: 3710358 SWIFT Code: HATRUS44

For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.org/terms. Our terms and conditions are also available upon request.



37779 N. Broadway Blvd. Ste. 201
Channahon, IL 61615-1042
Tel: 815-467-0870 or 815-497-5515
www.pdc.org or pdc.com

Invoice

Invoice No. 4117894	Invoice Date 22-MAR-18	Order Date 21-MAR-18	Page 1
Customer P.O. 749-6695540	Order No. 3936896	Customer No. 28201	

E-mail your remittance or payment advice to pdc_remittance@pdc.org

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
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 NET DUE 30 DAYS	Account Manager MORSE, HEATHER	Please enclose paperwork for any short ship or pricing debits with your payment.					
Carrier FEDEX-Parcel-Ground	Tracking Number 432996762358	Freight Terms 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	

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: SMO 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.pdc.org/terms. Our terms and conditions are also available upon request.



27770 N. Broadway, Suite 200
 California, CA 94533-1234
 Tel: 925.456.7890 Fax: 925.456.7891
 Website: www.pdc.org

Invoice

Invoice No. 4118704	Invoice Date 23-MAR-18	Order Date 13-MAR-18	Page 1
Customer P.O. 749-6699924	Order No. 3926930	Customer No. 31901	

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
 Precision Dynamics Corporation
 PO Box 71549
 Chicago, IL 60684-1995
 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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment			
Carrier FEDEX-Parcel-Ground		Tracking Number 432996770702		Freight Terms Third Party Billing			
Ordered By TASHA MUSKIN				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
6741-16-FDL-I	6741 - IDENT-A-BLOOD RECIPIENT BAND, 2-LINE, ADULT - RED Contract# 5608 Customer Part: 259795	BOX	1	1	49.88	49.88	
						Subtotal	49.88
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	49.88
						Payments	0.00
						Adjustments	0.00
						Balance Due	49.88
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 Bank N.A.
 Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 07100288 Account #: 3719359 SWIFT Code: HATRUS44
 For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.com/terms. Our terms and conditions are also available upon request.



Invoice No. 4123376	Invoice Date 26-MAR-18	Order Date 26-MAR-18	Page 1
Customer P.O. 749-6698472		Order No. 3942007	Customer No. 38901

E-mail your remittance or payment advice to psa_remittance@psa.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

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

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

Wire and ACH Payment Details:
Beneficiary Name: Precision Dynamics Corporation **Bank Name:** BMO Harris Control N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60663 **ABA #:** 071000288 **Account #:** 3719358 **SWIFT Code:** MATRUS44
 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.



237 FD by Precision Dynamics Corp. Mar. 2018
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Tel: 800-847-6699 ext 413 & 4147-3333
www.pdc-corp.com

Invoice

Invoice No. 4126899	Invoice Date 30-MAR-18	Order Date 13-MAR-18	Page 1
Customer P.O. 749-6689934	Order No. 3926530	Customer No. 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 NET DUE 30 DAYS	Account Manager MORSE, HEATHER	Please enclose paperwork for any short ship or pricing debits with your payment.					
Carrier FEDEX-Parcel-Ground	Tracking Number 432996794754	Freight Terms Third Party Billing					
Ordered By TASHA MUSKIN		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# 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 #: 07100288 Acosunt #: 3719358 SWIFT Code: HATRUS44

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Invoice

Invoice No. 4129076	Invoice Date 03-APR-18	Order Date 02-APR-18	Page 1
Customer P.O. 749-6703892	Order No. 3949359	Customer No. 38901	

E-mail your remittance or payment advice to ram@precisiondynamics.com

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60654-1995
FED ID # 95-1925495

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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 432996806935		Freight Terms 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 Cartoon 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 Bank N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 **ABA #:** 071000280 **Account #:** 3719359 **SWIFT Code:** HADUUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.precisiondynamics.com/terms. Our terms and conditions are also available upon request.



Invoice No. 4130044	Invoice Date 03-APR-18	Order Date 02-APR-18	Page 1
Customer P.O. 749-6703652		Order No. 3949079	Customer No. 35901

E-mail your remittance or payment advice to pdf_remittances@radyump.com

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

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

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 #: 071000220 Account #: 3710355 SWIFT Code: HATRU544
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 is a subsidiary of PDC
 6000 W. 111th Street, Suite 100
 Overland Park, KS 66204
 Tel: 913.241.1000 Fax: 913.241.1001
 www.pdc.com

Invoice

Invoice No. 0123075	Invoice Date 05-APR-18	Order Date 02-APR-18	Page 1
Customer P.O. 749-6702021	Order No. 3548657	Customer No. 38901	

E-mail your statement of payment advice to: ramdances@pdc.com

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
 Precision Dynamics Corporation
 PO Box 71545
 Chicago, IL 60694-1545
 FED ID # 95-1929435

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: NET DUE 20 DAYS		Account Manager: MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier: FEDEX-Parcel-Ground		Tracking Number: 422F96822927		Freight Terms: Third Party Billing			
Ordered By: YATASHA MUSKIN				Ordered For:			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
WV02FG3196P	STROKE ALERT 1-7/16 X 3/8 Contract# 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

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 Bank N.A.

Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 073000288 Account #: 3749358 SWIFT Code: HATHUS44

For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.com/terms. Our terms and conditions are also available upon request.



PRECISION DYNAMICS CORPORATION
111 West Monroe Street, Chicago, IL 60603
Tel: 800.337.6670 or 773.697.3333
www.pdc.com

Invoice

Invoice No 4144343	Invoice Date 16-APR-18	Order Date 16-APR-18	Page 1
Customer P.O. 745-6713395	Order No 3863527	Customer Tab 38901	

Email your invoice or payment advice to: meritnsw@pdc.com

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60654-1595
FED ID # 95-1525495

BILL TO:
MERIT HEALTH NORTHWEST MISSISSIPPI
ATTN: ACCOUNTS PAYABLE
PO BOX 1219
CLARKSDALE MS 38614

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

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

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: BMD Harris Contract A

Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 071000288 Account #: 3719358 SWIFT Code: HATFUS44

For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.com/terms. Our terms and conditions are also available upon request.



27700N LINDENWOOD DR. SW 450
CANANDAigua NY 13155-1004
TEL 800 847 7400, OR 315 857 1111
WWW.PDCORP.COM

Invoice

Invoice No. 4151282	Invoice Date 24-APR-18	Order Date 16-APR-18	Page 1
Customer P.O. 749-6712395	Order No. 3563537	Customer No. 38901	

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

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71548
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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 432956880655		Freight Terms 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

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 #: 07100268 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.



PRECISION DYNAMICS CORPORATION
111 West Madison Street, Chicago, IL 60603
Tel: 800.847.0570 or 812.897.4112
www.pdc-corp.com

Invoice

Invoice No. 4166763	Invoice Date 09-MAY-18	Order Date 08-MAY-18	Page 1
Customer P.O. 749-6728540	Order No. 3986E41	Customer No. 88901	

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PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60634-1555
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
ATTN: PO# 749-6728540
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 432986938360		Freight Terms Third Party Billing				
Ordered By				Ordered For				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
PFMS28		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	

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:** DMO Harris Central N.A.

Bank Address: 111 West Madison Street, Chicago, IL 60603 **ABA #:** 071000288 **Account #:** 3710359 **SWIFT Code:** 166TRUS344

For our complete terms and conditions, which apply to your order, please visit our website: www.pdc-corp.com/terms. Our terms and conditions are also available upon request.



Precision Dynamics Corporation
111 West Monroe Street, Chicago, IL 60603
Tel: 773.442.7000 Fax: 773.442.7001
www.pdcbradycorp.com

Invoice

Invoice No. 4175615	Invoice Date 22-MAY-18	Order Date 15-MAY-18	Page 1
Customer P.O. 749-6738174	Order No. 8993812	Customer No. 88901	

E-mail your reference or payment advice to [pdcbradycorp.com](mailto:remittance@pdcbradycorp.com)

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
Precision Dynamics Corporation
PO Box 71548
Chicago, IL 60684-1955
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
ATTN: PO# 749-6738174
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 482996584060		Freight Terms 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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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 Capital M.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 071000288 Account #: 3719358 SWIFT Code: HATRUS44

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PRECISION DYNAMICS CORPORATION
111 West Monroe Street, Chicago, IL 60603
Tel: 800-837-2440 Fax: 800-837-2440
www.pdc.org

Invoice

Invoice No. 4189602	Invoice Date 01-JUN-18	Order Date 15-MAY-18	Page 1
Customer P.O. 749-6738174	Order No. 3998812	Customer No. 33501	

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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
ATTN: PO# 749-6738174
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 435937908128		Freight Terms 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# H5G5608CUSTOM13 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: SMO 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.pdc.org/terms. Our terms and conditions are also available upon request.



3770 N. Broadway, Suite 200
Chicago, IL 60641-1000
Tel: 800.647.4000 ext. 850 800.3333
www.pdc.com

Invoice

Invoice No. 4194265	Invoice Date 06-JUN-18	Order Date 29-MAY-18	Page 1
Customer P.O. 749-6741786	Order No. 4008965	Customer No. 38901	

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PO Box 71549
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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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 781306332140		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
WSX73	LABEL LASER PORTRAIT 2-5/SX1 30/SHT 1000/CS Note: WSX73 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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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: SMO Harris Central N.A.

Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 07100288 Account #: 3719358 SWIFT Code: HATRUS44

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Invoice

Invoice No. 4198120	Invoice Date 11-JUN-18	Order Date 04-JUN-18	Page 1
Customer P.O. 749-6745962	Order No. 4019920	Customer No. 33901	

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Remit To:
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 PO Box 71549
 Chicago, IL 60684-1995
 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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435937941701		Freight Terms 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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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: HATRLUS44
 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.



2220 W. Lake Street, Suite 100, Chicago, IL 60604
Tel: 800-847-0676 or 773-857-1111
www.pdc.org

Invoice

Invoice No 419E379	Invoice Date 11-JUN-18	Order Date 06-JUN-18	Page 1
Customer P.O. 749-6747704	Order No. 4018988	Customer No. 38901	

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PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

BILL TO:
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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 NET DUE 30 DAYS		Account Manager NORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 781368437359		Freight Terms 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
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: GMO Harris Central N.A.
Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 071003289 Account #: 3719356 SWIFT Code: HATRUS44

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27720 to: 800-451-0000 or 800-451-0001
 Customer Care 800-451-0000
 Fax 800-451-0000 or 800-451-0001
 www.pdc.com

Invoice

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

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Remit To:
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 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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435937985435		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
PPM342	LABEL DIR THERM MCKESSON HB0C 3-1/2X1 WHT/NOTCH SM/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	

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 #: 071000298 Account #: 3719358 SWIFT Code: HATRUS44

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PDC is a Precision Dynamics Corporation. 111 West Monroe Street, Chicago, IL 60603
Tel: 773-399-1111 Fax: 773-399-1112
www.precisiondynamics.com

Invoice

Invoice No. 4215820	Invoice Date 28-JUN-18	Order Date 27-JUN-18	Page 1
Customer P.O. 748-6759672	Order No. 4042548	Customer No. 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
ATTN: PO# 748-6759672
1970 HOSPITAL DR
CLARKSDALE MS 38614

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 435936010299		Freight Terms 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	
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 #: 3719368 SWIFT Code: HATRUS44

For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.com/terms. Our terms and conditions are also available upon request.



OFFICE OF THE SECRETARY OF HEALTH
111 West Madison Street, Chicago, IL 60603
Tel: 312.462.1100 or 878.8122 FAX: 312.462.1110
www.pdc.com

Invoice

Invoice No. 4232445	Invoice Date 16-JUL-16	Order Date 09-JUL-16	Page 1
Customer P.O. 749-6765555	Order No. 4052998	Customer No. 88901	

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Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 55-1929495

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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 451206052312		Freight Terms 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 Contract: 5B7 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 Madison Street, Chicago, IL 60603 ABA #: 071000298 Account #: 3719365 SWIFT Code: BATHUS44

For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.com/terms. Our terms and conditions are also available upon request.



27750 N. Progress Avenue Dr. Wm. 6014
Valerius, IL 60655-1240
Tel: 800-847-0070 or 815-897-3333
www.pdc.com/pdc-usa

Invoice

Invoice No. 4235163	Invoice Date 18-JUL-18	Order Date 16-JUL-18	Page 1
Customer P.O. 749-6770053	Order No. 4062618	Customer No. 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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number See Below		Freight Terms 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 1200/RL 8/CS F 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

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.pdc.com/terms. Our terms and conditions are also available upon request.



Invoice

Invoice No. 4250000	Invoice Date 02-AUG-18	Order Date 01-AUG-18	Page 1
Customer P.O. 745-6779145	Order No. 4050025	Customer No. 38901	

E-mail your remittance or payment advice to pdc_remittances@precisioncorp.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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Trading Number 435938126224		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty.	Ship Qty.	Price	Extended	
SDM-S825	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 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@PRADYCORP.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 AB4 #: 071000298 Account #: 3719359 SWIFT Code: HATRUS44
For our complete terms and conditions, which apply to your order, please visit our website: www.pdc.com/terms. Our terms and conditions are also available upon request.



27770 SE Fremont Avenue Dr. - Box 200
Vancouver, WA 98686-1726
Tel 800-647-2670, 360-534-8333
www.pdc-corp.com

Invoice

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

E-mail your remittance or payment advice to psa_remittance@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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 453410857247		Freight Terms 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

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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 #: 07100288 Account #: 3719359 SWIFT Code: HATRU344
For our complete terms and conditions, which apply to your order, please visit our website: www.pdc-corp.com/terms. Our terms and conditions are also available upon request.



27770 PDC Environmental Services Co., Inc. 800
 Valerius, IL 60555-1000
 Tel: 800 867 7000 or 815 497 1111
 Website: pdcusa.com

Invoice

Invoice No. 4263201	Invoice Date 16-AUG-18	Order Date 15-AUG-18	Page 1
Customer P.O. 749-6787163	Order No. 4095590	Customer No. 38801	

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

PLEASE NOTE OUR REMIT TO ADDRESS HAS CHANGED

Remit To:
 Precision Dynamics Corporation
 PO Box 71549
 Chicago, IL 60684-1995
 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 NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 453410865201		Freight Terms Third Party Billing				
Ordered By				Ordered For				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
WBAAA-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.								

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 #: 071002288 Account #: 3719358 SWIFT Code: HATRUS44
 For our complete terms and conditions, which apply to your order, please visit our website: www.pdcusa.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		