

Fill in this information to identify the case:

Debtor 1

Care Health (Northwest Mississippi Reg Med Ctr)

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of TennesseeCase number 3:18-bk-05665**FILED**

OCT 05 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?

BioMerieux, Inc

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?

BioMerieux, Inc

Name

100 Rodolphe Street

Number Street

Durham N.C. 27712

City State ZIP Code

Contact phone 919-479-3571Contact email clay.cheston@biomerieux.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone

Contact email

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: 4213

7. How much is the claim? \$ 13,495.13 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 & services

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)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

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

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

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

Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 10 01 2018
MM / DD / YYYY

Chay O. Henry
Signature

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

Name

Chay

O'Henry

Cheston

First name

Middle name

Last name

Title

Sr. Credit Analyst

Company

Bio Merieux, Inc

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

100 Rodolphe St

Number

Street

Durham

N.C.

27712

City

State

ZIP Code

Contact phone

919-479-3571

Email

chay.cheston@bio-merieux.com

DEFAULT--NORTHWEST MISSISSIPPI REG MED CIR - 0004004213-0021									
					Total:				
					\$13,495.13				

Inv #	Flex 6	Flex 7	Original Invoice #	Bill Date	Order Type	Due Date	Amount	Tracking Number	PO Number	Reference#
1211995582-001	1211995582	0.00	1211995582	06-13-18	YOR	07-13-18	2,488.17	444620026524	7496751306	0105329755
1211998221-001	1211998221	0.00	1211998221	06-19-18	YOR	07-19-18	1,490.98	444620062897	7496754359	0105343718
1212011795-001	1212011795	0.00	1212011795	07-11-18	YOR	08-10-18	4,018.92	385613673548373	7496765727	0105387372
2000079990-001	1211986347	0.00	1211986347	07-20-18	YOR	08-19-18	332.30	437894456063	7496741758	000061528
1212019104-001	1212019104	0.00	1212019104	07-24-18	YOR	08-23-18	1,239.50	451253083898	7496773636	0105419022
1212028883-001	1212028883	0.00	1212028883	08-09-18	YOR	09-08-18	2,488.17	451253180343	7496783960	0105454255
1212029178-001	1212029178	0.00	1212029178	08-10-18	YOR	09-09-18	92.75	385613673612135	7496783992	0105454598
1212030825-001	1212030825	0.00	1212030825	08-14-18	YOR	09-13-18	1,344.34	451253209130	7496785678	0105461960

INVOICE
1211995582



DUPLICATE

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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
13-JUN-2018	1211995582	7496751306	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
12-JUN-2018	105329755	30 DAYS NET	
TOTAL		2,488.17	USD

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
7496751306
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight

Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	30450-01	2 ST	1,200.00	1,200.00	1	2,400.00
VIDAS BRAHMS PROCALCITONIN 60T						
Batch: 1006329490 Expiry Date: 21-FEB-2019 Country of Origin: FR						
Delivery: 8006436434 / Date: 13-JUN-2018						

Surcharges	
Shipping & Handling Fee	88.17
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	2,400.00
SURCHARGES	88.17
TOTAL	2,488.17 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

bioMérieux, Inc.

INVOICE
1211998221



DUPLICATE

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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

INVOICE DATE	INVOICE #	PO #	CUSTOMER
19-JUN-2018	1211998221	7496754359	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
19-JUN-2018	105343718	30 DAYS NET	
TOTAL		1,490.98	USD

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
PO# 7496754359
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	30507 PIPETTE TIPS 0.5 - 250UL	10 ST	4.68 Batch: 17321P0 Delivery: 8006461858 / Date: 19-JUN-2018	4.68 Expiry Date: 30-NOV-2022	1 Country of Origin: FI	46.80
21	21341 GN TEST KIT VTK2 20CARDS	8 ST	49.78 Batch: 2410551203 Delivery: 8006461859 / Date: 19-JUN-2018	49.78 Expiry Date: 31-MAY-2019	1 Country of Origin: US	398.24
31	21342 GP TEST KIT VTK2 20CARDS	4 ST	49.78 Batch: 2420732203 Delivery: 8006461859 / Date: 19-JUN-2018	49.78 Expiry Date: 28-NOV-2019	1 Country of Origin: US	199.12
41	21343 YST TEST KIT VTK2 20CARDS	2 ST	65.95 Batch: 2430716103 Delivery: 8006461859 / Date: 19-JUN-2018	65.95 Expiry Date: 12-NOV-2019	1 Country of Origin: US	131.90
51	413401 AST-GN70 TEST KIT 20 CARDS	8 ST	63.62 Batch: 5900727403 Delivery: 8006461859 / Date: 19-JUN-2018	63.62 Expiry Date: 23-NOV-2019	1 Country of Origin: US	508.96

Surcharges	
Shipping & Handling Fee	205.96
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	1,285.02
SURCHARGES	205.96
TOTAL	1,490.98 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

INVOICE
1212011795



DUPLICATE

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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

INVOICE DATE	INVOICE #	PO #	CUSTOMER
11-JUL-2018	1212011795	7496765727	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
09-JUL-2018	105387372	30 DAYS NET	
TOTAL		4,018.92	USD

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
PO# 7496765727
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	21341 GN TEST KIT VTK2 20CARDS	6 ST	49.78 Batch: 2410567203 Delivery: 8006558768 / Date: 11-JUL-2018	49.78 Expiry Date: 16-JUN-2019	1 Country of Origin: US	298.68
21	21342 GP TEST KIT VTK2 20CARDS	4 ST	49.78 Batch: 2420743203 Delivery: 8006558768 / Date: 11-JUL-2018	49.78 Expiry Date: 09-DEC-2019	1 Country of Origin: US	199.12
31	22226 AST-GP67 TEST KIT 20 CARDS	6 ST	63.62 Batch: 1320760213 Delivery: 8006558768 / Date: 11-JUL-2018	63.62 Expiry Date: 26-DEC-2019	1 Country of Origin: US	381.72
51	413401 AST-GN70 TEST KIT 20 CARDS	6 ST	63.62 Batch: 5900755403 Delivery: 8006558768 / Date: 11-JUL-2018	63.62 Expiry Date: 21-DEC-2019	1 Country of Origin: US	381.72
61	30450-01 VIDAS BRAHMS PROCALCITONIN 60T	2 ST	1,200.00 Batch: 1006384990 Delivery: 8006558768 / Date: 11-JUL-2018	1,200.00 Expiry Date: 15-MAR-2019	1 Country of Origin: FR	2,400.00
63	69285 UNSENSITIZED TUBES 1X2000	1 ST	74.92 Batch: E18023JQ Delivery: 8006558769 / Date: 11-JUL-2018	74.92 Expiry Date:	1 Country of Origin: FR	74.92

Surcharges	
Shipping & Handling Fee	282.76
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept. in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	3,736.16
SURCHARGES	282.76
TOTAL	4,018.92 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

INVOICE
1211986347



DUPLICATE

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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
30-MAY-2018	1211986347	7496741758	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
29-MAY-2018	105298021	30 DAYS NET	
TOTAL		2,098.60	USD

332.30

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
PO# 7496741758
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	30507 PIPETTE TIPS 0.5 - 250UL	10 ST	4.68 Batch: 17299P0 Delivery: 8006374748 / Date: 30-MAY-2018	4.68 Expiry Date: 31-OCT-2022 Country of Origin: FI	1	46.80
21	21341 GN TEST KIT VTK2 20CARDS	8 ST	49.78 Batch: 2410518203 Delivery: 8006374749 / Date: 30-MAY-2018	49.78 Expiry Date: 28-APR-2019 Country of Origin: US	1	398.24
31	21342 GP TEST KIT VTK2 20CARDS	6 ST	49.78 Batch: 2420706403 Delivery: 8006374749 / Date: 30-MAY-2018	49.78 Expiry Date: 02-NOV-2019 Country of Origin: US	1	298.68
41	21343 YST TEST KIT VTK2 20CARDS	2 ST	65.95 Batch: 2430667203 Delivery: 8006374749 / Date: 30-MAY-2018	65.95 Expiry Date: 24-SEP-2019 Country of Origin: US	1	131.90
51	22226 AST-GP67 TEST KIT 20 CARDS	6 ST	63.62 Batch: 1320704213 Delivery: 8006374749 / Date: 30-MAY-2018	63.62 Expiry Date: 31-OCT-2019 Country of Origin: US	1	381.72
61	413401 AST-GN70 TEST KIT 20 CARDS	8 ST	63.62 Batch: 5900705403 Delivery: 8006374749 / Date: 30-MAY-2018	63.62 Expiry Date: 01-NOV-2019 Country of Origin: US	1	508.96

Surcharges	
Shipping & Handling Fee	332.30
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	1,766.30
SURCHARGES	332.30
TOTAL	2,098.60 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

bioMérieux, Inc.

INVOICE
1212019104



ORIGINAL
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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

INVOICE DATE	INVOICE #	PO #	CUSTOMER
24-JUL-2018	1212019104	7496773636	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
24-JUL-2018	105419022	30 DAYS NET	
TOTAL		1,239.50	USD

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
PO #7496773636
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	21341 GN TEST KIT VTK2 20CARDS	6 ST	49.78 Batch: 2410587403 Delivery: 8006612904 / Date: 24-JUL-2018	49.78 Expiry Date: 06-JUL-2019	1 Country of Origin: US	298.68
21	22226 AST-GP67 TEST KIT 20 CARDS	6 ST	63.62 Batch: 1320766413 Delivery: 8006612904 / Date: 24-JUL-2018	63.62 Expiry Date: 01-JAN-2020	1 Country of Origin: US	381.72
31	413401 AST-GN70 TEST KIT 20 CARDS	6 ST	63.62 Batch: 5900772203 Delivery: 8006612904 / Date: 24-JUL-2018	63.62 Expiry Date: 07-JAN-2020	1 Country of Origin: US	381.72

Surcharges	
Shipping & Handling Fee	177.38
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	1,062.12
SURCHARGES	177.38
TOTAL	1,239.50 USD

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bioMérieux, Inc.

INVOICE
1212028883



ORIGINAL
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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
09-AUG-2018	1212028883	7496783960	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
09-AUG-2018	105454255	30 DAYS NET	
TOTAL		2,488.17	USD

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
RECEIVING PO 7496783960
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	30450-01 VIDAS BRAHMS PROCALCITONIN 60T	2 ST	1,200.00	1,200.00	1	2,400.00
Batch: 1006455600 Expiry Date: 12-APR-2019 Country of Origin: FR Delivery: 8006687976 / Date: 09-AUG-2018						

Surcharges	
Shipping & Handling Fee	88.17
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	2,400.00
SURCHARGES	88.17
TOTAL	2,488.17 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

INVOICE
1212029178



ORIGINAL

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BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
10-AUG-2018	1212029178	7496783992	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
09-AUG-2018	105454598	30 DAYS NET	
TOTAL		92.75	USD

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
PO# 7496783992
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	69285 UNSENSITIZED TUBES 1X2000	1 ST	74.92 Batch: E18033BU Delivery: 8006690332 / Date: 10-AUG-2018	74.92 Expiry Date:	1 Country of Origin: FR	74.92

Surcharges	
Shipping & Handling Fee	17.83
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

**Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA**

NET PRICE	74.92
SURCHARGES	17.83
TOTAL	92.75 USD

The sale of bioMérieux, Inc products is governed exclusively by the bioMérieux, Inc terms and conditions as set forth in the sales agreement with purchaser or as set forth in the bioMérieux catalog. Purchaser's terms and conditions shall not apply to the sale of bioMérieux, Inc products.

INVOICE
1212030825



ORIGINAL

Page 1 / 1

BILLING ADDRESS 4004213
NORTHWEST MISSISSIPPI REG MED CTR
ACCTS PAYABLE
PO BOX 1218
CLARKSDALE MS 38614-1218
US UNITED STATES

Phone 6626273211
Fax 6626243508

SOLD-TO ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

INVOICE DATE	INVOICE #	PO #	CUSTOMER
14-AUG-2018	1212030825	7496785678	4004213
ORDER DATE	SALES ORDER #	PAYMENT TERMS	
14-AUG-2018	105461960	30 DAYS NET	
TOTAL		1,344.34	USD

SHIPPING ADDRESS 1013158
NORTHWEST MISSISSIPPI MED CTR
PO# 7496785678
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202
US UNITED STATES

Incoterms: CFR -Costs and freight						
Line	Material	QTY UOM	Unit Price	Unit Net Price	Per	Amount
11	30507 PIPETTE TIPS 0.5 - 250UL	10 ST	4.68 Batch: 17345B0 Delivery: 8006704615 / Date: 14-AUG-2018	4.68 Expiry Date: 31-DEC-2022	1	46.80 Country of Origin: FI
21	21341 GN TEST KIT VTK2 20CARDS	8 ST	49.78 Batch: 2410609103 Delivery: 8006704616 / Date: 14-AUG-2018	49.78 Expiry Date: 28-JUL-2019	1	398.24 Country of Origin: US
31	21342 GP TEST KIT VTK2 20CARDS	4 ST	49.78 Batch: 2420777403 Delivery: 8006704616 / Date: 14-AUG-2018	49.78 Expiry Date: 12-JAN-2020	1	199.12 Country of Origin: US
41	413401 AST-GN70 TEST KIT 20 CARDS	8 ST	63.62 Batch: 5900792403 Delivery: 8006704616 / Date: 14-AUG-2018	63.62 Expiry Date: 27-JAN-2020	1	508.96 Country of Origin: US

Surcharges	
Shipping & Handling Fee	191.22
Minimum Order Fee	0.00
Expedite Fee	0.00
ATCC Fee	0.00
Ice Surcharge	0.00

Federal ID 43-1109770 / DUNS # 08-678-5110

To remit payment via ACH (ABA# 081000032) or Wire (ABA# 0260-0959-3), contact the Credit/AR Dept.in Durham, NC at 1 (800) 682-2666, opt 5.

Remit To: PO Box 500308
St. Louis, MO 63150-0308, USA

NET PRICE	1,153.12
SURCHARGES	191.22
TOTAL	1,344.34 USD

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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: (6756642)

Claim No: 75

Status:

BIOMERIEUX INC

Original Filed

Filed by: CR

100 RUDOLPHE ST

Date: 10/05/2018

Entered by: Intake1

DURHAM NC 27712

Original Entered

Modified:

Date: 10/05/2018

Amount claimed: \$13495.13

History:

[Details](#) [75-1](#) 10/05/2018 Claim #75 filed by BIOMERIEUX INC, Amount claimed: \$13495.13 (Intake1)

Description: (75-1) Goods + services

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*	\$13495.13
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		