Fill in this in	formation to identify the case:
Debtor 1	Curae Health Inc - Panola Medical Center
Debtor 2 (Spouse, if filing)	na na seconda e a companya de la comp
United States	Bankruptcy Court for the: Middle District of Tennessee
Case number	3:18-bk-05665

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?	Merry X-Ray 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?	Where should not		r be sent?	Where should p different)	ayments to the creditor	be sent? (if	
	Federal Rule of	Merry X-ray Co	rporation					
14.00	Bankruptcy Procedure (FRBP) 2002(g)	Name Name 8020 Tyler Blvd						
	((((())))))))))))))))))))))))))))))))))	Number Street		Number Stre	eet			
		Mentor	OH	44060				
		City	State	ZIP Code	City	State	ZIP Code	
		Contact phone 440-701-1200			Contact phone	atura colleccitato ny accordina		
		Contact email			Contact email		3 - 114 A	
		Uniform claim identifie	er for electronic payme	ents in chapter 13 (if you u	use one):			
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim nui	mber on court claim	ns registry (if known) _		Filed on	D / ΥΥΥΥ	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes, Who mad	te the earlier filing?					

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FILED

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

OCT 2 2 2018

6.	Do you have any number you use to identify the debtor?	\square No \checkmark Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor; <u>5</u> <u>2</u> <u>1</u> <u>5</u>
7.	How much is the claim?	\$\$ 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).
	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 sold
	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)%
10	. Is this claim based on a	2 No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	. Is this claim subject to a	1 No
	right of setoff?	Yes. Identify the property:

 \mathbf{x}

2. Is all or part of the claim	No No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,850* of deposits 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 aft	er the date of adjustment.

Part 3: Sign Below

The person completing

Check the appropriate box:

 \square

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.

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 10/11/2018

MM / DD / YYYY

Worm Byon Signature

12

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

Name	Brittany	A	Byomin
and a	First name	Middle name	Last name
Title	Credit & Collecti	on Supervisor	
Company	and the second second		
	Identify the cornorate s	ervicer as the company if the authorized	agent is a servicer.
	identity are corporate o		
Address	8020 Tyler Blvd		
Address	8020 Tyler Blvd		H 44060
Address	8020 Tyler Blvd Number Stree	ət	

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Customer Statement

DATE	ACCT.NO	PAGE
10/11/2018	1025215	1 of 1

 Please Refer to above number in all correspondence

BILL TO:

PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA REMIT TO:

MERRY X-RAY CORPORATION 4909 MURPHY CANYON RD STE 120 SAN DIEGO CA 92123 USA

ANY QUESTION REGARDING THIS STATEMENT CALL: 866-326-1362

DATE	SAP DOC. / INV.	BILLING REFERENCE	PURCHASE ORDER NO.	TERMS OF SALE	INVOICE AMOUNT	CURR	CASH/CRED. PROC.	OPEN AMOUNT
09/08/2017	100003782				0.00	USD	-4.23	-4.23
11/28/2017	8800166003	0090167801	701-6586086	Net 30 Days	0.00	USD	-640.86	-640.86
11/28/2017	8800166004	0090167802	701-6586086	Net 30 Days	246.97	USD	0.00	246.97
05/02/2018	8800255832	0090255666	00112	Net 30 Days	64.09	USD	0.00	64.09
06/12/2018	8800277300	0090276633	00378	Net 30 Days	93.56	USD	0.00	93.56
06/18/2018	8800280082	0090279528	00423	Net 30 Days	64.17	USD	0.00	64.17
07/18/2018	8800296143	0090294676	00593	Net 30 Days	462.97	USD	0.00	462.97
08/03/2018	8800306208	0090303644	00685	Net 30 Days	236.58	USD	0.00	236.58
09/13/2018	8800327769	0090324487	0090324487	Net 30 Days	0.00	USD	-35.05	-35.05
								-
							7 7	
Balanca As C	of: 10/11/2018				SE	PTEMBER	R STATEMENT B	ALANCE 488.2

0.00 -35.05 699.55 157.73	-334.03 488.20

Merry X-Ray Caser 3:18-bk-05665 Claim 103-1 Filed 10/22/18 Desc Main Document Page 4 of

CREDIT NOTE



PURCHAS	E ORDER		INVOICE/FID	INVOICE DAT	E ACCOUNT NO	SOLD TO:1025215
701-65860	86/88001613		8800166003	11/28/2017	1025215	PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR
SALES OF	FICE ORDER DATE	DIVISION	PAYMENT TE	RMS	DUE DATE	BATESVILLE MS 38606
116	11/28/2017	30	Net 30 Days		12/28/2017	USA

SILL IO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606
JSA

SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No: 60002964 Original Invoice No: 90162946		
1	CA	116758	10X12 DRYVIEW MAMMO 2/CA 1050806	-\$609.97	-\$609.97
1	001	FRT30	Freight	-\$15.89	-\$15.89
1	001	DELFEECC30	Delivery Fee - Common Carrier	-\$15.00	-\$15.00
				SubTotal: Tax: Total:	-\$640.86 -\$0.00 -\$640.86
			Additional Information: Credit issued on invoice 8800161311 fo	or item 116758	
A SERVICE CI	HARGE	OF 1.5% PER MONTH WILL BE CH/	ARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNT	TS NOT PAID WHEN DUE	PAGE: 1 OF 1
GUUDS MAY	UH MAY	NOT CONTAIN REMANIFACTURE	DUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARD D COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH THORIZED BY MERRY X-RAY CORPORATION, PRIOR TO TH E. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUI	CONFORM TO NEW COMPONENTAND SY	ONS THERE UNDER. SUCH
			RETURN THIS PORTION WITH PAYMENT FOR PRO		
*NOTICE: Y	OU MA	Y BE REQUIRED TO REPORT	DISCOUNTS ON ITEMS/SERVICES PAID FOR	REMIT TO:	
		FEDERAL HEALTH CARE PRO	DGRAM (REF. 42 CFR 1001.952(h)) w Remit-To address**	MERRY X-RAY CORPO 4909 MURPHY CANYON	RATION NRD STE 120
*WHEN PAY	ING BY	CREDIT CARD A 3% CONVE		SAN DIEGO, CA 92123 USA	n na na mandrid (1977) (1977) (1977) - 1977 - 1977) (1977) - 1977)

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
701-6586086/88001613	8800166003	11/28/2017	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90167801

AMOUNT PAID	AMOUNT DUE

ANY QUESTIONS REGARDING THIS INVOICE CALL :

-\$640.86

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PURCHASE	ORDER		INVOICE/FID INVOICE DATE		E ACCOUNT NO	SOLD TO:1025215
701-6586086/88001613		8800166004	11/98/9017 11095915		PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR	
SALES OFFI	ICE ORDER DATE	DIVISION	PAYMENT TER	vis li	DUE DATE	BATESVILLE MS 38606
116	11/28/2017	30	Net 30 Days		12/28/2017	USA



SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 70016534 Outbound Delivery: 80124425		
			Carrier: FEDEX GROUND Tracking No.: 406652531705 Carton Count: 1 Weight: 17.250	Ship Date: 11/16/2017	
1	CA	116758	10X12 DRYVIEW MAMMO 2/CA 1050806	\$216.08	\$216.08
1	001	FRT30	Freight	\$15.89	\$15.89
1	001	DELFEECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal: Tax: Total:	\$246.97 \$0.00 \$246.97
			Additional Information: Invoice to correct original invoice 880016	1311 for item 116758	
SERVICE CH	ARGE	OF 1.5% PER MONTH WILL BE CH	ARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS	NOT PAID WHEN DUE	PAGE: 1 OF 1
ODS MAY	DR MAY	NOT CONTAIN REMANUEACTUR	DDUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH C UTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THE 3E. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBM	ONFORM TO NEW COMPONENTAND SY	STEM PERFORMANCE

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h)) **Please note new Remit-To address**

REMIT TO:
MERRY X-RAY CORPORATION 4909 MURPHY CANYON RD STE 120 SAN DIEGO, CA 92123 USA

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

			No. of the second se	and a memory of the second
PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
	Intrologia	Introno E Brite	1000011110	o o o romer rimite
701 0500000/00001010	0000100001	1110010017	1025215	BANGLA MEDICAL OFNITED
701-6586086/88001613	8800166004	11/28/2017		PANOLA MEDICAL CENTER

BILLING REF: 90167802

MOUNT PAID	AMOUNT DUE

\$246.97

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ANY QUESTIONS REGARDING THIS INVOICE CALL :

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PURCHASE ORDER			INVOICE/FID INVOICE DATE		E ACCOUNT NO		SOLD TO:1025215	
00112		8800255832	05/02/2018		05/02/2018 11025215		1025215	PANOLA MEDICAL CENTER
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERM	//S	DU	E DATE	BATESVILLE MS 38606	
116	05/01/2018	30	Net 30 Days		06/	01/2018	USA	

BILL TO:	
PANOLA MEDICAL CENTI	ER
303 MEDICAL CENTER DF	2
BATESVILLE MS 38606	•
USA	

SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFE	ERENCE/ EM NO		DESCRIPTIO	N	UNIT PRICE	EXTENDED AMT
				Sales Order No Outbound Deliv				
				Carrier: FEDE> Tracking No.: 4: Carton Count:	34523452425	000	Ship Date: 05/02/2018	
1	DZ	112323		SCAN ULTRAS	OUND GEL		\$35.05	\$35.05
1	001	FRT30		Freight			\$14.04	\$14.04
1	001	DELFEECO	030	Delivery Fee - C	Common Carrier		\$15.00	\$15.00
							SubTotal: Tax: Total:	\$64.09 \$0.00 \$64.09
A SERVICE CH	ARGE (OF 1.5% PER MO	NTH WILL BE CHAR	GED FROM THE DATE	OF THE INVOICE ON			PAGE: 1 OF 1
WE HEREBY C GOODS MAY C SPECIFICATIO CORRECTLY A	ERTIFY OR MAY NS. ALL ARE SUL	THAT THESE G NOT CONTAIN F RETURNED GO BJECT TO A RES	OODS WERE PROD REMANUFACTURED ODS MUST BE AUTI TOCKING CHARGE.	UCED IN COMPLIANCE COMPONENTS FOLLO HORIZED BY MERRY X ALL REQUESTS FOR F	WITH THE FAIR LABC WING LIMITED PRIOF RAY CORPORATION, PROOF OF DELIVERY	OR STANDARDS USE WHICH C PRIOR TO THE MUST BE SUBM	ACT AS AMENDED, AND OF REGULATI ONFORM TO NEW COMPONENTAND SY IR RETURN. ALL RETURNS OF MERCH/ MITTED WITHIN 30 DAYS OF INVOICE D/	ONS THERE UNDER. SUCH STEM PERFORMANCE ANDISE SHIPPED ATE.
				RETURN THIS P	ORTION WITH PAYME	NT FOR PROPE		
		FEDERAL HEA	LTH CARE PROG	DISCOUNTS ON ITEM RAM (REF. 42 CFR Remit-To address**	1001.952(h))	FOR	REMIT TO: MERRY X-RAY CORPO 4909 MURPHY CANYOI	RATION N RD STE 120
*WHEN PAYI	NG BY			ENCE FEE WILL BE			SAN DIEGO, CA 92123 USA	
PURCHASE	ORD	ER	INVOICE/FID	INVOICE DATE	ACCOUNT NO		CUSTOMER NAME	
00112			8800255832	05/02/2018	1025215	PANOLA N	IEDICAL CENTER	

BILLING REF: 90255666

AMOUNT DAID	AMOUNT DUE
AMOUNT PAID	AMOUNT DUE
	\$64.09
	φ04.05

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

Case 3:18-bk-05665 Claim 103-1

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PURCHASE ORDER			INVOICE/FID	INVOICE DAT	NVOICE DATE ACCOUNT NO		SOLD TO:1025215
00378			8800277300	06/12/2018		1025215	PANOLA MEDICAL CENTER
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERM	ИS	DU	E DATE	BATESVILLE MS 38606
116	06/06/2018	30	Net 30 Days		07/	12/2018	USA



SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M		ERENCE/ EM NO		DESCRIPTION	١	UNIT PRICE	EXTENDED AMT
				Sales Order No. Outbound Delive			AN ENCLOSED FROM THE ENCLOSE OF THE REPORT	
				Carrier: Tracking No.: Carton Count:	Weight: 0.000		Ship Date:	
1	вх	121312		14X17 CASS CO CCL-14	OVERS 100/BX		\$65.00	\$65.00
1	001	FRT30		Freight			\$13.56	\$13.56
1	001	DELFEECO	030	Delivery Fee - C	ommon Carrier		\$15.00	\$15.00
							SubTotal: Tax: Total:	\$93.56 \$0.00 \$93.56
A SERVICE CH	ARGE	OF 1.5% PER MC	ONTH WILL BE CHAR	GED FROM THE DATE	OF THE INVOICE ON /	ALL ACCOUNTS	S NOT PAID WHEN DUE	PAGE: 1 OF 1
GOODS MAY C SPECIFICATIC	OR MAY	L RETURNED GO	REMANUFACTURED	COMPONENTS FOLLO HORIZED BY MERRY X-	WING LIMITED PRIOR RAY CORPORATION.	USE WHICH C PRIOR TO THE	CACT AS AMENDED, AND OF REGULAT ONFORM TO NEW COMPONENTAND S IR RETURN, ALL RETURNS OF MERCH MITTED WITHIN 30 DAYS OF INVOICE D	YSTEM PERFORMANCE ANDISE SHIPPED
				RETURN THIS PO	ORTION WITH PAYME	NT FOR PROPE	ER CREDIT REMIT TO:	
		FEDERAL HE	ALTH CARE PROG	RAM (REF. 42 CFR Remit-To address**	1001.952(h))	FOR	MERRY X-RAY CORPC 4909 MURPHY CANYO	N RD STE 120
*WHEN PAY	ING BY			ENCE FEE WILL BE			SAN DIEGO, CA 92123 USA	
PURCHASE		DER	INVOICE/FID	INVOICE DATE	ACCOUNT NO		CUSTOMER NAME	
00378		a secold dat	8800277300	06/12/2018	1025215	PANOLA N	IEDICAL CENTER	

BILLING REF: 90276633

AMOUNT PAID	AMOUNT DUE

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

- 1			

\$93.56

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PURCHASE ORDER			INVOICE/FID	INVOICE DAT	E	ACCOUNT NO	SOLD TO:1025215
00423			8800280082	06/18/2018		1025215	PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TEF	MS	DU	E DATE	BATESVILLE MS 38606
116	06/15/2018	30	Net 30 Days		07/	18/2018	USA



SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 202735 Outbound Delivery: 80198515		
			Carrier: FEDEX GROUND Tracking No.: 443193829987 Carton Count: 1 Weight: 8.000	Ship Date: 06/18/2018	
1	DZ	112323	SCAN ULTRASOUND GEL	\$35.05	\$35.05
1	001	FRT30	Freight	\$14.12	\$14.12
1	001	DELFEECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal: Tax: Total:	\$64.17 \$0.00 \$64.17
				Total.	\$04.1
E HEREBY C	ERTIFY	THAT THESE GOODS WERE PR	HARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUN ODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARI	DS ACT AS AMENDED, AND OF REGULATI	PAGE: 1 OF 1 ONS THERE UNDER, SUC
OODS MAY (PECIFICATIO	NS. ALL	NOT CONTAIN REMANUFACTUR RETURNED GOODS MUST BE A	RED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH NUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO TI GE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SU	CONFORM TO NEW COMPONENTAND SY HEIR RETURN, ALL RETURNS OF MERCH/	STEM PERFORMANCE
			RETURN THIS PORTION WITH PAYMENT FOR PRO		
			T DISCOUNTS ON ITEMS/SERVICES PAID FOR ROGRAM (REF. 42 CFR 1001.952(h))	REMIT TO: MERRY X-RAY CORPO 4909 MURPHY CANYOI	RATION
			ew Remit-To address**	SAN DIEGO, CA 92123	N RD STE 120
WHEN PAY	NG BY	CREDIT CARD A 3% CONV	ENIENCE FEE WILL BE ADDED	USA	

 PURCHASE ORDER
 INVOICE/FID
 INVOICE DATE
 ACCOUNT NO
 CUSTOMER NAME

 00423
 8800280082
 06/18/2018
 1025215
 PANOLA MEDICAL CENTER

BILLING REF: 90279528

MOUNT PAID	AMOUNT DUE

\$64.17

Case 3:18-bk-05665 Claim 103-1

ANY QUESTIONS REGARDING THIS INVOICE CALL :

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PURCHASE ORDER			INVOICE/FID	INVOICE DAT	ΓE	ACCOUNT NO	SOLD TO:1025215
00593			8800296143	07/18/2018		1025215	PANOLA MEDICAL CENTER
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERM	MS	DU	EDATE	BATESVILLE MS 38606
116	07/17/2018	30	Net 30 Days		08/	17/2018	USA



SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 213827 Outbound Delivery: 80208825		
			Carrier: FEDEX GROUND Tracking No.: 450675953178 Carton Count: 4 Weight: 29.720	Ship Date: 07/18/2018	
2	вх	103179	ECLIPSE PROBE COVER 38-01	\$66.87	\$133.74
1	CA	111963	4100 BIOPSY TRAY W/1% LIDO 5ML 600602	\$134.04	\$134.04
1	DZ	112323	SCAN ULTRASOUND GEL 11-08	\$35.05	\$35.05
1	CA	124833	SONO ULTRASOUND WIPES SONOWIPES	\$89.00	\$89.00
1	001	FRT30	Freight	\$56.14	\$56.14
1	001	DELFEECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal: Tax: Total:	\$462.97 \$0.00 \$462.97
A SERVICE C	HARGE	OF 1.5% PER MONTH WILL BE CH.	ARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS	NOT PAID WHEN DUE	PAGE: 1 OF 1
GOODS MAY	OR MAY	NOT CONTAIN REMANUFACTURE RETURNED GOODS MUST BE AU	DDUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CO JTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEI SE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBM	NFORM TO NEW COMPONENTAND SY R RETURN. ALL RETURNS OF MERCHA	STEM PERFORMANCE
			RETURN THIS PORTION WITH PAYMENT FOR PROPER		
		FEDERAL HEALTH CARE PRO	DISCOUNTS ON ITEMS/SERVICES PAID FOR DGRAM (REF. 42 CFR 1001.952(h)) W Remit-To address**	REMIT TO: MERRY X-RAY CORPO 4909 MURPHY CANYOI SAN DIEGO, CA 92123	RATION N RD STE 120
WHEN PAY	ING BY	CREDIT CARD A 3% CONVE	NIENCE FEE WILL BE ADDED	USA	

Case 3:18-bk-05665 Claim 103-1

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00593	8800296143	07/18/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90294676

AMOUNT PAID	AMOUNT DUE	
	\$462.9	7

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

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PURCHASE ORDER			INVOICE/FID	INVOICE DAT	ΓE	ACCOUNT NO	SOLD TO:1025215
00685			8800306208	08/03/2018		1025215	PANOLA MEDICAL CENTER
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TEP	RMS	DU	E DATE	BATESVILLE MS 38606
116	08/02/2018	30	Net 30 Days		09/	02/2018	USA

BILL TO: PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA

SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AM
			Sales Order No.: 219919 Outbound Delivery: 80214865		
			Carrier: FEDEX GROUND Tracking No.: 450675981064 Carton Count: 2 Weight: 25.000	Ship Date: 08/03/2018	
1	вх	103179	ECLIPSE PROBE COVER 38-01	\$66.87	\$66.8
1	DZ	112323	SCAN ULTRASOUND GEL	\$35.05	\$35.0
1	CA	124833	SONO ULTRASOUND WIPES SONOWIPES	\$89.00	\$89.0
1	001	FRT30	Freight	\$30.66	\$30.6
1	001	DELFEECC30	Delivery Fee - Common Carrier	\$15.00	\$15.0
				SubTotal: Tax: Total:	\$236. \$0. \$236.
				-	
			ARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS		PAGE: 1 OF 1
ODS MAY	OR MAY	NOT CONTAIN REMANUFACTUR	DDUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CC UTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEI 3E. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBM	INFORM TO NEW COMPONENTAND SY	STEM PERFORMANCE

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE:	YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR
	UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))
	Please note new Remit-To address

	EMIT TO:
MERRY 4909 MU SAN DIE USA	X-RAY CORPORATION RPHY CANYON RD STE 120 GO, CA 92123

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
00685	8800306208	08/03/2018	1025215	PANOLA MEDICAL CENTER

BILLING REF: 90303644

AMOUNT PAID	AMOUNT DUE
	\$236.58

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

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PURCHASE OR	DER		INVOICE/FID	INVOICE DAT	E		SOLD TO:1025215
00830			8800327769	09/13/2018	-	1025215	PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERM	MS	DUE		BATESVILLE MS 38606
116	09/13/2018	30	Net 30 Days		10/1	3/2018	USA

BILL TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606
USA

SHIP TO:1025215 PANOLA MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606 USA Pharm lic#00480

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No: 60007108 Original Invoice No:		
1	DZ	112323	SCAN ULTRASOUND GEL 11-08	-\$35.05	-\$35.05
				SubTotal: Tax: Total:	-\$35.05 -\$0.00 -\$35.05
			5		
A SERVICE CH	ARGE	OF 1.5% PER MONTH WILL BE CHAP	RGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT	PAID WHEN DUE	PAGE: 1 OF 1
GOODS MAY O SPECIFICATIO	NS. AL	NOT CONTAIN REMANUFACTURED RETURNED GOODS MUST BE AUT	UCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT A COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFOI HORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RE . ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED	RM TO NEW COMPONENTAND SY FURN. ALL RETURNS OF MERCH.	YSTEM PERFORMANCE ANDISE SHIPPED
MOTIOE: V				REMIT TO:	

WHEN PAYING BY CREDIT	L HEALTH CARE PRO **Please note new	MERRY X-RAY CORPORA 4909 MURPHY CANYON I SAN DIEGO, CA 92123 USA	ATION RD STE 120		
PURCHASE ORDER	INVOICE/FID 8800327769	INVOICE DATE 09/13/2018	ACCOUNT NO 1025215	CUSTOMER NAME PANOLA MEDICAL CENTER	

BILLING REF: 90324487

AMOUNT PAID	AMOUNT DUE

-\$35.05

ANY QUESTIONS REGARDING THIS INVOICE CALL : 866-326-1362

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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	e claims:
Trustee:	Last Date to file	e (Govt):
<i>Creditor:</i> (6768221)	Claim No: 103	Status:
MERRY X RAY	Original Filed	Filed by: CR
CORPORATION	Date: 10/22/2018	Entered by: Intake1
8020 TYLER BLVD	Original Entered	Modified:
MENTOR OH 44060	Date: 10/22/2018	

Amount claimed: \$488.20

History:

Details 10/22/2018 Claim #103 filed by MERRY X RAY CORPORATION, Amount claimed: \$488.20 (Intake1)

Description: (103-1) goods sold *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* \$488.20

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		