

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
 Case number: 18-05665

FILED

U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE

11/6/2018

MATTHEW T. LOUGHNEY, Clerk

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Stryker Orthopaedics</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Stryker Orthopaedics</u> Name c/o Lori L Purkey Purkey & Associates, PLC 5050 Cascade Road, SE, Ste. A Grand Rapids, MI 49546 Contact phone <u>616-940-0553</u> Contact email <u>purkey@purkeyandassociates.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">7192</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>24221.42</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Sale of goods</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies \$ 24221.42</p>	Amount entitled to priority
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* 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 11/6/2018
MM / DD / YYYY

/s/ Lori L Purkey

Signature

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

Name	<u>Lori L Purkey</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Purkey & Associates, PLC</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer		
Address	<u>5050 Cascade Road, SE, Suite A</u>		
	Number Street		
	<u>Grand Rapids, MI 49546</u>		
	City State ZIP Code		
Contact phone	<u>616-940-0553</u>	Email	<u>purkey@purkeyandassociates.com</u>

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker[®]

Orthopaedics

Reprint

Invoice Number: 8840362	Invoice Date: 07-AUG-18	Page: 1 of 1
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Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17871346	Purchase Order Number: 01775
Customer Number: 37192	Customer Contact:
Terms: NET 30	Sales Representative: COBIA, JOHN-028-97-4702
Payment Due Date: 06-SEP-18	Location Number: 54279

Ship Date: 07-AUG-18	Ship Via: FEDEX	Shipping Reference:	Freight Terms:
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ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
HT-00002	MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	1	0	0	1	1,194.00	1,194.00

Invoice Comments:

Sub-Total:	1,194.00
Tax:	0.00
Freight:	0.00
Total:	1,194.00

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

Stryker agrees to provide technical training, including both initial training for new users and supplemental training for existing users, as needed to promote the safe and effective use of the products sold under this Agreement. Such technical training shall be provided for any health care practitioner who uses or intends to use the product and is employed by, or is on the active medical staff of, the Customer. If Stryker provides the technical training to a health care practitioner, it may pay for or reimburse the reasonable expenses, including meals, lodging and transportation, actually incurred by eligible recipients in connection with the technical training provided under this paragraph.

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Please Remit To: STRYKER ORTHOPAEDICS
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8840506

Invoice Date:
07-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17872643
Customer Number: 37192
Terms: NET 30
Payment Due Date: 06-SEP-18

Purchase Order Number: 01777
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
07-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.00

Invoice Comments: REPLENISHED BY S. LEWIS

Sub-total: 1,280.00
Tax: 0.00
Freight: 0.00
Total: 1,280.00

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131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Invoice Number:
8840563

Invoice Date:
07-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17879177
Customer Number: 37192
Terms: NET 30
Payment Due Date: 06-SEP-18

Purchase Order Number: 01778
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
07-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
HT-00001	SMALL HAMMERTOE IMPLANT; GTIN:07613327356366	1	0	0	1	1,194.00	1,194.00

Invoice Comments:

Sub-Total: 1,194.00
Tax: 0.00
Freight: 0.00
Total: 1,194.00

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Chicago, IL 60603

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Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8841726

Invoice Date:
07-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17887744
Customer Number: 37192
Terms: NET 30
Payment Due Date: 06-SEP-18

Purchase Order Number: 01789
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
07-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.00

Invoice Comments:

Sub-Total: 1,280.00
Tax: 0.00
Freight: 0.00
Total: 1,280.00

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CHICAGO, IL 60673-3213

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131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Invoice Number:
8843097

Invoice Date:
08-AUG-18

Page:
1 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17888174
Customer Number: 37192
Terms: NET 30
Payment Due Date: 07-SEP-18

Purchase Order Number: 01790
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
08-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-1205	ALLOGRAFT DBM PLUS PUTTY 5CC; GTIN:07613327176957	1	0	0	1	1,078.00	1,078.00
45-27010	DRILL 2.0mm X 102mm WL50mm AO-SHAFT; GTIN:04546540645791	1	0	0	1	80.94	80.94
45-35010	DRILL 2.6mm X 122mm WL70mm AO-SHAFT; GTIN:04546540645807	1	0	0	1	95.38	95.38
40-27614	LOCKING SCREW T7 2.7X14mm; GTIN:07613154628261	1	0	0	1	107.44	107.44
40-35012	BONE SCREW T10 3.5X12mm; GTIN:07613154628421	2	0	0	2	54.40	108.80
40-35010	BONE SCREW T10 3.5X10mm; GTIN:07613154628414	1	0	0	1	54.40	54.40
40-35026	BONE SCREW T10 3.5X26mm; GTIN:07613154628490	1	0	0	1	54.40	54.40
40-15043	BROAD STRAIGHT PLATE LONG; GTIN:07613154627578	1	0	0	1	551.76	551.76
40-35900	WASHER FOR 3.5mm SCREW; GTIN:07613154629008	2	0	0	2	55.76	111.52
AGK16150	ANCHORAGE 1.6 X 150 MM GUIDE WIRE; GTIN:07613252257905	1	0	0	1	25.84	25.84

This invoice may be subject to discount

Continued

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8843654

Invoice Date:
08-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17893286
Customer Number: 37192
Terms: NET 30
Payment Due Date: 07-SEP-18

Purchase Order Number: 01779
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
08-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:
FOB: Mahwah

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
AGK09070M	FIXO'S GUIDE WIRE 0.9MM X 70MM; GTIN:07613252257851	11	0	0	11	24.32	267.52
SV30	SV30 S-FIX SCREW 2.5LG 30mm; GTIN:07613252263746	3	0	0	3	360.76	1,082.28
XFO051201	CANNULATED DRILL BIT & COUNTERSINK A 1.7MM L12MM AO; GTIN:07613252265481	2	0	0	2	144.40	288.80
Sub-Total:							1,638.60

Invoice Comments:

Tax: 0.00
Freight: 0.00
Total: 1,638.60

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325 Corporate Drive
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Orthopaedics

Reprint

Invoice Number:
8859124

Invoice Date:
15-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17930136
Customer Number: 37192
Terms: NET 30
Payment Due Date: 14-SEP-18

Purchase Order Number: 01880
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
15-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:
FOB: Mahwah

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
40-30136	3.0 mm ASNIS MICRO, CANNULATED SCREW, 36/7 mm; GTIN:07613154578122	1	0	0	1	149.94	149.94
40-30140	3.0 mm ASNIS MICRO, CANNULATED SCREW, 40/8 mm; GTIN:07613154578146	3	0	0	3	149.94	449.82

Invoice Comments:

Sub-Total: 599.76
Tax: 0.00
Freight: 0.00
Total: 599.76

The price shown on this invoice is net of discounts provided at the time of purchase. In order to allocate the price of individual products that have been listed on an aggregated or capitulated basis, please reference the applicable agreement between Customer and Stryker that provides for the current pricing for such products. If no such agreement exists, please reference the list prices for such products at www.stryker.com/pricelist. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which separate documentation is provided by Stryker. You must (1) claim the value of all discounts in the buyer fiscal year earned or the immediately following fiscal year, (2) properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

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Please Remit To: STRYKER ORTHOPAEDICS
BOX 93213
CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213
131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

stryker

Orthopaedics

Reprint

Invoice Number:
8859990

Invoice Date:
15-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17925357
Customer Number: 37192
Terms: NET 30
Payment Due Date: 14-SEP-18

Purchase Order Number: 01881
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
15-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.00

Invoice Comments: REPLENISHED BY S. LEWIS

Sub-Total: 1,280.00
Tax: 0.00
Freight: 0.00
Total: 1,280.00

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CHICAGO, IL 60673-3213

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131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8878926

Invoice Date:
23-AUG-18

Page:
1 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17957648
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01950
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
45-80300	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511	1	0	0	1	28.12	28.12
45-35010	DRILL 2.6mm X 122mm WL70mm AO-SHAFT; GTIN:04546540645807	1	0	0	1	95.38	95.38
40-35614	LOCKING SCREW T10 3.5X14mm; GTIN:07613154628681	1	0	0	1	107.44	107.44
40-35616	LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698	1	0	0	1	107.44	107.44
40-35620	LOCKING SCREW T10 3.5X20mm; GTIN:07613154628711	2	0	0	2	107.44	214.88
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	1	0	0	1	93.86	93.86
625832	CP LAG SCREW A 4.1MM, L32MM (T10); GTIN:07613327131277	1	0	0	1	210.56	210.56
626894	POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645	1	0	0	1	1,756.16	1,756.16
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	458.00	458.00
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	2	0	0	2	24.32	48.64
3102-1101	ALLOGRAFT DBM GEL 1CC; GTIN:07613327177022	1	0	0	1	287.00	287.00
HT-00001	SMALL HAMMERTOES IMPLANT; GTIN:07613327356366	1	0	0	1	1,194.00	1,194.00
703895	SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm); GTIN:07613327070040	1	0	0	1	150.40	150.40

This invoice may be subject to discount

Continued

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8878926

Invoice Date:
23-AUG-18

Page:
2 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMCRY, MS 38821-5500
United States

Sales Order Number:	17957648
Customer Number:	37192
Terms:	NET 30
Payment Due Date:	22-SEP-18

Purchase Order Number: 01950
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED

Invoice Comments:

Sub-Total:	4,751.88
Tax:	0.00
Freight:	0.00
Total:	4,751.88

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CHICAGO, IL 60673-3213

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131 South Dearborn - 6th Floor Mallroom
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Invoice

325 Corporate Drive
Mahwah, NJ 07430

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Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8879022

Invoice Date:
23-AUG-18

Page:
1 of 1

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17957750
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01951
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
1910-1273S	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7; GTIN:07613327096149	1	0	0	1	381.60	381.60
1910-1270S	DRILL D2.8; GTIN:07613327095371	1	0	0	1	240.00	240.00
1910-1273S	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7; GTIN:07613327096149	1	0	0	1	381.60	381.60

Invoice Comments:

Sub-Total: 1,003.20
Tax: 0.00
Freight: 0.00
Total: 1,003.20

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CHICAGO, IL 60673-3213

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131 South Dearborn - 6th Floor Mailroom
Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8879811

Invoice Date:
23-AUG-18

Page:
1 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17905022
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01899
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
656314	LOCKING SCREW T8 FULL THREAD 2.7mm / L14mm; GTIN:07613327068672	2	0	0	2	129.80	259.60
703891	SPEEDGUIDE DRILL AO, DIA 2.0mm (L = 30mm); GTIN:07613327070019	1	0	0	1	150.40	150.40
45-27010	DRILL 2.0mm X 102mm WL50mm AO-SHAFT; GTIN:04548540645791	1	0	0	1	80.94	80.94
XFR004220	CONVEX REAMER - 020; GTIN:07613252265726	1	0	0	1	402.80	402.80
XFR004120	CONCAVE REAMER - 020; GTIN:07613252265627	1	0	0	1	402.80	402.80
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	1	0	0	1	93.86	93.86
45-80200	K-WIRE SMOOTH 1.4mm X 100mm; GTIN:07613154629022	1	0	0	1	14.82	14.82
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	2	0	0	2	24.32	48.64
626892	POLYAXIAL LOCKING PLATE MTP CROSS-PLATE, RIGHT (T8); GTIN:07613327130614	1	0	0	1	1,756.16	1,756.16
626922	CP LAG SCREW A 3.6MM, L22MM (T8); GTIN:07613327130850	1	0	0	1	175.84	175.84
626926	CP LAG SCREW A 3.6MM, L28MM (T8); GTIN:07613327130867	1	0	0	1	175.84	175.84
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	458.00	458.00
HT-00001	SMALL HAMMERTOES IMPLANT; GTIN:07613327356366	3	0	0	3	1,194.00	3,582.00
656318	LOCKING SCREW T8 FULL THREAD 2.7mm / L18mm; GTIN:07613327068696	1	0	0	1	129.80	129.80

This Invoice may be subject to discount

Continued

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Invoice

325 Corporate Drive
Mahwah, NJ 07430

Telephone: 201-831-5000
Fax: 201-831-6567

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Orthopaedics

Reprint

Invoice Number:
8879811

Invoice Date:
23-AUG-18

Page:
2 of 2

Bill To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
ATTN: ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Ship To:
GILMORE MEMORIAL REGIONAL MEDICAL CENTER
1105 EARL FRYE BLVD
AMORY, MS 38821-5500
United States

Sales Order Number: 17905022
Customer Number: 37192
Terms: NET 30
Payment Due Date: 22-SEP-18

Purchase Order Number: 01899
Customer Contact:
Sales Representative: COBIA, JOHN-028-97-4702
Location Number: 54279

Ship Date:
23-AUG-18

Ship Via:
FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	
						Sub-Total: 7,731.50
						Tax: 0.00
						Freight: 0.00
						Total: 7,731.50

Invoice Comments:

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Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

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: (6780101)

Claim No: 117

Status:

Stryker Orthopaedics

Original Filed

Filed by: CR

c/o Lori L Purkey

Date: 11/06/2018

Entered by: admin

Purkey & Associates, PLC

Original Entered

Modified:

5050 Cascade Road, SE, Ste. A

Date: 11/06/2018

Grand Rapids, MI 49546

Amount claimed: \$24221.42

Priority claimed: \$24221.42

History:

[Details](#) [117-1](#) 11/06/2018 Claim #117 filed by Stryker Orthopaedics, Amount claimed: \$24221.42 (admin)

Description:

Remarks: (117-1) Account Number (last 4 digits):7192

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*	\$24221.42
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	\$24221.42	
Administrative		