Fill in this information to identify the case:					
Debtor 1 Curae Health Inc.					
Debtor 2					
(Spouse, if filing)					
United States Bankruptcy Court M	IDDLE 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 Clair	n							
1.Who is the current creditor?	Stryker Orthopaedics, A Division of Stryker Corp							
	Name of the current creditor (the person or entity to be paid for	or 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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)						
creditor be sent?	Stryker Orthopaedics, A Division of Stryker Corp							
Federal Rule of	Name	Name						
Bankruptcy Procedure (FRBP) 2002(g)	c/o Lori L Purkey Purkey & Associates, PLC 5050 Cascade Road, SE, Ste. A Grand Rapids, MI 49546							
	Contact phone616-940-0553	Contact phone						
	Contact email purkey@purkeyandassociates.com	Contact email						
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  ———————————————————————————————————								
4.Does this claim amend one already filed?	<ul><li>✓ No</li><li>Yes. Claim number on court claims registry (if known)</li></ul>	) Filed on						
		MM / DD / YYYY						
5.Do you know if anyone else has filed a proof of claim for this claim?	<ul><li>✓ No</li><li>☐ Yes. Who made the earlier filing?</li></ul>							

Official Form 410 Proof of Claim page 1

5.Do you have any number you use to identify the debtor?	<b>☑</b>	No Yes. Last 4 digits of the debtor's a	account or any number you use	to identify the debtor:	7192
7.How much is the claim?	\$		Does this amount includ  ✓ No	le interest or other ch	arges?
		ı	Yes. Attach statement other charges required	itemizing interest, fees by Bankruptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	amples: Goods sold, money lo th, or credit card. Attach reda akruptcy Rule 3001(c). it disclosing information that i	acted copies of any docun	nents supporting the cla	nim required by
		Sale of goods			
9. Is all or part of the claim secured?		No Yes. The claim is secured by Nature of property: Real estate. If the clai Proof of 0 Motor vehicle Other. Describe:	a lien on property. m is secured by the debto Claim Attachment (Official	or's principal residence, Form 410–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		Attach redacted copies of cinterest (for example, a modocument that shows the li	rtgage, lien, certificate of	title, financing statemer	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that secured:	is <u></u>		
		Amount of the claim that unsecured:	is <u>\$</u>	unsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cur date of the petition:	e any default as of the	\$	
		Annual Interest Rate (whe	en case was filed)	<u></u> %	
		☐ Fixed ☐ Variable			
0.Is this claim based on a lease?		No Yes. <b>Amount necessary t</b>	o cure any default as of	the date of the petitio	n.\$
11.Is this claim subject to a right of setoff?	<b>y</b>	No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under	<b>Y</b>	No Yes. Check all that apply:		Amount entitled to priority		
11 U.S.C. § 507(a)?  A claim may be partly		_	ons (including alimony and child support)	· · · · ·		
priority and partly nonpriority. For example	Θ,	under 11 U.S.C. § 507(a)(	1)(A) or (a)(1)(B).	\$		
in some categories, the law limits the amount entitled to priority.		Up to \$2,850* of deposits property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of rsonal, family, or household use. 11	\$		
		180 days before the bankr	issions (up to \$12,850*) earned within uptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$		
			o governmental units. 11 U.S.C. §	\$		
		☐ Contributions to an employ	yee 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 adjustmen of adjustment.	t on 4/01/19 and every 3 years after that for case	es begun on or after the date		
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.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	I am a guarantor, surety, end erstand that an authorized signature	r, or their authorized agent. Bankruptcy lorser, or other codebtor. Bankruptcy Rulon this Proof of Claim serves as an acknowledge	e 3005.		
A person who files a	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					
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	and correct.  I declare under penalty of perjury that the foregoing is true and correct.					
years, or both. 18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date 11/6/2018				
		MM / DD /	YYYY			
		Lori L Purkey				
	Ū	ature t the name of the person who	is completing and signing this claim:			
	Nan	•	Lori L Purkey			
	Title	;	First name Middle name Last name Attorney			
	Company		Purkey & Associates, PLC			
	۸ ـ ا ـ ا	la	Identify the corporate servicer as the company is servicer	f the authorized agent is a		
	Add	lress	5050 Cascade Road, SE, Ste. A			
			Number Street Grand Rapids, MI 49546			
	Con	ntact phone 616–940–0553	City State ZIP Code  Email purkey@purkey	andassociates.com		

Official Form 410 Proof of Claim page 3

325 Corporate Drive Mahwah, NJ 07430

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



Orthopsedics

Reprint

Invoice Number: 8351006

Invoice Date: 24-JAN-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:

16906907

Purchase Order Number: 754-6650509

Customer Number: Terms:

37192 **NET 30** 

**Customer Contact:** Sales Representative:

BUCHANAN30/EVANS53/OPEN17-033-97-

Payment Due Date:

23-FEB-18

Location Number:

Ship Date:

Ship Via: Shipping Reference: Freight Terms: 24-JAN-18 **FEDEX** FOB: Manwah ITEM NUMBER ITEM DESCRIPTION PREVIOUSLY OTY QTY BACK QTY UNIT EXTENDED ORDERED SHIPPED SHIPPET PRICE PRICE ORDERED USD XFO012002 2 MM CALIBRATED REAMER: 0 0 1 127.68 127.68 GTIN:07613252265320 AGK09070M FIXO'S GUIDE WIRE 0.9MM X 6 0 O 6 23.52 141.12 70MM; GTIN:07613252257851

Invoice Comments:

Sub-Lote: Tax: Freight:

Total:

268.80 18.82 0.00 287.62

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 ail 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.

This invoice is only to be used for purpose of payment. The information in this invoice is confidential and may not be disclosed to any third party without Stryker's prior written consent. The acceptance of this invoice reflects agreement by the recipient and its agent and employees to retain the invoice information as confidential, to be used for payment purposes.

Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, IL 80673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

# stryker\*

**Orthopaedics** 

Reprint

Invoice Number: 8394492

Invoice Date: 09-FEB-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:

16965885

Customer Number:

37192

Purchase Order Number: 754-6664300

Terms:

**NET 30** 

**Customer Contact:** Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

11-MAR-18

Location Number:

54279

Ship Date: 09-FEB-18

Ship Via: **FEDEX** 

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE	PRIC
626891	POLYAXIAL LOCKING PLATE MTP CROSS-PLATE, LEFT (T8);	1	o	0	1	usb 1,740.00	us 1,740.0
	GTIN:07613327129830		. !	13			
626924	CP LAG SCREW A 3.6MM, L24MM	1	a				İ
	(T8); GTIN:07613327130874	'	• }	0	1	150.00	150.0
40-27610	LOCKING SCREW T7 2.7X10mm;	2	οĺ	0			
	GTIN:07613154628247	- 1	١	U	2	162.40	324.8
40-27612	LOCKING SCREW T7 2.7X12mm;	2	اه	٥			
	GTiN:07613154628254	-1	٠,	١	2	162.40	324.8
-T-00001	SMALL HAMMERTOE IMPLANT;	1	٥	اه	1	1 127 00	
	GTIN:07613327356366	- 1	٦,	٦	' 1	1,137.00	1,137.0
EZS-08	STEP STAPLE 8MM;	2	0	ol	2	1 700 25	
	GTIN:07613327135220	_	ı,	٠,	2	1,706.25	3,412.5
705233	UNTHREADED GUIDE WIRE A 1.4mm	2	ol	o	2	62.40	484.8
	x 150mm; GTiN:07613252708551		-	1	-	52.40	124.8
5-80200	K-WIRE SMOOTH 1.4mm X 100mm;	3	0	اه	3	13.92	
	GTIN:07613154629022		_	1	٦	13.52	41.7
5-27010	DRILL 2.0mm X 102mm WL50mm	1	ol	اه	1	76.80	70.0
	AO-SHAFT; GTIN:04546540645791	ł	1	-	'	70.00	76.8
NGK16150	ANCHCRAGE 1.6 X 150 MM GUIDE	2	0	o	2	25,44	FO 0
/DD00450-	WIRE; GTIN:07613252257905	ļ	i	- [	-1	23,44	50.8
(BR001002	ANCHORAGE FIXATION PIN;	1	ol	اه	1	91.20	01.7
/FD004044	GTIN:07613252264552		1		1	31,20	91.2
FR004216	CONVEX REAMER -C16;	7	0	اه	11	403.20	402.2
ED004400	GTIN:07613252265672	į	}	_	.1	703.20	403.2
FRC04120	CONCAVE REAMER - 020;	্য	o	0	1	403.20	A02 0
CDDies	GTIN:07613252265627		[	-	· !	703.20	403.20
GB2120	POSITIONING PIN Å 2.1MM,	1	o	.0	1	100.80	100.80
F0499999	L48MM; GT!N:07613327170757	1		- 1	- !	100.00	100.80
FO130022	DRILL BIT WITH STOP A 2.2MM;	1	0	0	1	300.00	300.00
00100	GTIN:07613327170726				1	300.00	300.00
90192	K-WIRE TROCAR POINT - 10 PACK;	2	0	0	2	6.72	13.44
	GTIN:07613327072600	ì	1	- 1	~	0.72	13.44

This invoice may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

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Invoice Number:

8394492

Invoice Date: 09-FEB-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: **Customer Number:** 

16965885

37192

Terms.

**NET 30** 

11-MAR-18

Purchase Order Number: 754-6664300

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

8.786.60

Location Number: 54279

Total:

Payment Due Date: Ship Date: Ship Via: Shipping Reference: Freight Terms: 09-FEB-18 **FEDEX** ITEM NUMBER ITEM DESCRIPTION ממ PREVIOUSLY SHIPPED QTY SHIPPED ORDERED Invoice Comments: Sub-Total 8,695.18 Tax: 91,42 Freight: 0.00

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.

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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 Malkroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

stryker	*
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**Orthopaedics** 

Reprint

Invoice Number:

8542908

Invoice Date: 10-APR-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: 17289864

**Customer Number:** Terms: Payment Due Date: 37192

**NET 30** 

10-MAY-18

Purchase Order Number: 00386

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

**Location Number:** 

Freight:

Total:

54279

Ship Date: Ship Via: Shipping Reference: Freight Terms: 10-APR-18 **FEDEX** 

	, held w/t				FOE	: Mahwah	
TEM 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	16	0	0	16	23.52	376.32
SV30	SV30 S-FIX SCREW 2.5LG 30mm; GTIN:07613252263746	3	a	0	3	355.60	1,066.80
		į.			į		
				1			
				ine e ura e	. 1954 5 1.		
voice Comments:	RESTOCK FOR OR				Sub-Total:		1,443.12
					Tax:		0.00

1,443.12 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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopaedics** 

Reprint

Invoice Number: 8543841

Invoice Date: 10-APR-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:

**United States** 

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Sales Order Number:

17289864

Purchase Order Number: 00386

**Customer Number:** Terms:

37192 **NET 30** 

**Customer Contact:** Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

10-MAY-18

Location Number:

54279

				LOCAUON N	intunet: 2	4279	
Ship Date: 10-APR-18	Ship Via: FEDEX		Shipping Re	ference:		ght Terms: 3: Mahwah	
TEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE USD	EXTENDED PRICE USC
SV28	SV28 S-FIX SCREW 2.5LG 28mm; GTIN:07613252263722	2	0	0	2	355.60	711.20
			Minimum and American				
voice Comments:	RESTOCK FOR OR				Sub-Total:		
							/11.20
					Tax:		0.00
					Freight:		0.00
					Total:		711.20

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

Express Mail Delivery:

JP Morgan - 93213

131 Scuth Dearborn - 6th Floor Mailroom

Chicago, iL 60603

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8548537

Invoice Date:

Page:

12-APR-18

1 of 1

Bill To-

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

Shin To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

**United States** 

Sales Order Number:

17289943

37192

**Customer Number:** Terms: Payment Due Date:

**NET 30** 

12-MAY-18

Purchase Order Number: 00435

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

1.137.00

Location Number;

54279

Ship Date:

Ship Via:

Freight Terms:

Shipping Reference: 12-APR-18 **FEDEX** ITEM NUMBER ITEM DESCRIPTION QTY ORDERED PREVIOUSLY SHIPPED QTY UNIT EXTENDED SHIPPED PRICE ORDERED USD USD HT-00001 SMALL HAMMERTOE IMPLANT: 0 0 1,137.00 1.137.00 GTIN:07613327356366 Invoice Comments: Sub-Total 1.137.00 Tax: 0.00 Freight:

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.

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BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery: JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

# stryker\*

Orthopaedics

Reprint

Invoice Number: 8552160

Invoice Date: 13-APR-18

Page:

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:

17307928

Purchase Order Number: 00434

Total:

Customer Number:

37192 NET 30

Customer Contact: Sales Representative:

COBIA, JOHN-028-97-4702

2,864.50

Payment Due Date:

13-MAY-18

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

13-APR-18	FEDEX		ompang ne	iloratioe.		rreigni rerms:	
TEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT   PRICE USD	EXTENDED PRICE USE
705235	UNTHREADED GUIDE WIRE Ā 3.2mm x 230mm; GTIN:07613252708575	1	o	0	1	67.20	67.20
705262	CANNULATED COUNTERSINK À 7.0mm LARGE AO FITTING; GTIN:07613252708698	7	0	0	1	240.00	240.00
705234	UNTHREADED GUIDE WIRE Â 2.0mm x 150mm; GTIN:07613252708568	2	0	С	2	62.40	124.80
558380	HEADLESS COMPRESSION SCREW A 7.0mm / L80mm SHORT THREAD; GTIN:076132527G7929	1	0	С	1	682.50	682.50
102-1210	ALLOGRAFT DBM PLUS PUTTY 10CC; GTIN:07613327176988	*a	О	0	1	1,750.00	1,750.00
	×						
nvoice Comments:					Sub-Total:		2,864.50
					Tax:		0.00
					Freight:		0.00

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, technical training provided under this paragraph.

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery: j

JP Morgan - 93213 131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number: 8568451

Invoice Date: 20-APR-18

Page: 1 of 1

Bill To:

**United States** 

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

United States

Sales Order Number:

17343924

Purchase Order Number: 00539

Tax:

Freight:

Total:

**Customer Number:** Terms:

37192 NET 30

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

0.00

563.92

Payment Due Date:

20-MAY-18

**Location Number:** 

54279

Shin Date: 20-APR-18

Ship Via:

Shipping Reference:

Freight Terms:

TEM NUMBER	I ITEM DESCRIPTION						
		QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USE
AGK09070M	F!XO'S GUIDE WIRE 0.9MM X 70MM; GTiN:07613252257851	3	0	0	3	23.52	70.56
(FO051201	CANNULATED DRILL BIT & COUNTERSINK Å 1.7MM L12MM AO; GTiN:07613252265481	1	0	0	4	137.76	137.76
SV16	SV16 S-FIX SCREW 2.5LG 16mm; GTIN:07613252263609	1,	0	0	1	355.60	355.60
	1	: :			4		
<u> </u>							
cice Comments:	3.				Sub-   otal:		563.92

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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

325 Corporate Drive Mahwah, NJ 07430

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



**Orthopaedics** 

Reprint

Invoice Number: 8570974

Invoice Date: 20-APR-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:

GIEMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY. MS 38821-5500

**United States** 

Sales Order Number:

17329984

Purchase Order Number: 00507

Customer Number: Terms:

37192 NET 30

**Customer Contact:** 

Sales Representative:

Payment Due Date:

20-MAY-18

Location Number:

COBIA, JOHN-028-97-4702 54279

137.76

Total;

Ship Date:

Shin Min.

20-APR-18	FEDEX		Shipping Reference:			Freight Terms: FOB: Mahwah		
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE USD	
XFO051201	CANNULATED DRILL BIT & COUNTERSINK À 1.7MM L12MM AO; GTIN:07613252265481	1	0	٥	1	137.76	137.76	
		***				The second secon		
		· · ·						
rvoice Comments:					Sub-Total:		¥37.76	
					Tax:		0.00	
					Freight:		0.00	

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

<i>s</i> tryker'	'rvker'
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**Orthopaedics** 

Reprint

Invoice Number:

8571162

**United States** 

Invoice Date: 20-APR-18

Page: 1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

Sales Order Number:

17329984

**Customer Number:** Terms:

37192

Payment Due Date:

NET 30

20-MAY-18

Purchase Order Number: 00507

Freight:

Total:

**Customer Contact:** 

Sales Representative: **Location Number:** 

COBIA, JOHN-028-97-4702

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

20-APR-18	FEDEX					: Mahwah	
TEM NUMBER 40-30126	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT   PRICE   USD	EXTENDED PRICE USD
10-30126	3.0 mm ASNIS MICRO, CANNULATED SCREW, 26/6 mm; GTIN:07613154578078	1	0	0	1	147.00	147.00
vaice Comments:					Sub-Total:		147.00
					Tax:		0.00

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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 Wailroom

Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

0.00

147.00

325 Corporate Drive Mahwah, NJ 07430

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

# *s*tryker

Orthopaedics

Reprint

invoice Number: 8573786

Invoice Date: 23-APR-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:

17322590

**Customer Number:** Terms: Payment Due Date: 37192 **NET 30** 

23-MAY-18

Purchase Order Number: 00556

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702 Location Number:

54279

Ship Date: 23-APR-18

Ship Via:

Shipping Reference:

Freight Terms:

23-APK-18	FEDEX					r roight renns;	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDE PRIC
705233	UNTHREADED GUIDE WIRE À 1.4mm x 150mm; GTIN:07613252708551	3	0	0	3	62.40	ียร์ 187,2
705250	CANNULATED DRILL Å 2.7mm AO FITTING; GTIN:07613252708599	1	0	0	1	227.50	227.5
658042	HEADLESS COMPRESSION SCREW A 4.0mm / L42mm;	1	0	0	1.	385.CC	385.0
HT-00002	GTIN:07613252707028 MEDIUM HAMMERTOE IMPLANT: GTIN:07613327356359	1	0	0	1	1,137.00	1,137.00
HT-00001	SMALL HAMMERTOE IMPLANT; GTIN:07613327356366	2	0	0	2	1,137.00	2,274.00
705234	UNTHREADED GUIDE WIRE A 2.0mm x 150mm; GTIN:07613252708568	1	o	0	1	62.40	62.40
705251	CANNULATED DR!LL Å 3.5mm AO FITTING; GTIN:07613252708643	3	.0	0	1	227.50	227,50
558155	HEADLESS COMPRESSION SCREW Å 5.0mm / L55mm; GTIN:07613252707578	2	0	o	2	385.00	770.00
						11	
					_	1	

This involce may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

strv	ker
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**Orthopaedics** 

Invoice Number: 8573786

Invoice Date: 23-APR-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:

17322590

Purchase Order Number: 00556

**Customer Number:** Terms:

37192 NET 30

**Customer Contact:** Sales Representative:

COBIA, JCHN-028-97-4702

Payment Due Date:

23-MAY-18

Location Number:

Freight Terms:

54279

Ship Date: 23-APR-18

Ship Via: **FEDEX** 

Shipping Reference:

ITEM NUMBER ITEM DESCRIPTION PREVIOUSLY SHIPPED QTY QTY SHIPPED ORDERED ORDERED

Invoice Comments:

Sub-Total Tax:

5 270 60 0.00

Freight: Total:

0.00 5,270.60

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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

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number: 8575267

Invoice Date: 24-APR-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:

17290484

Purchase Order Number: 00433

Customer Number: Terms:

37192 **NET 30** 

**Customer Contact:** Sales Representative:

COBIA, JCHN-028-97-4702

Payment Due Date:

24-MAY-18

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

34 ADD 46	onip via:		Shipping R	Shipping Reference:		Freight Terms:	
24-APR-18	FEDEX					•	
ITEM NUMBER	ITEM DESCRIPTION	QTY	PREVIOUSLY	I QTY	0777		
		ORDERED	SHIPPED	BACK ORDERED	SHIPPED	UNIT PRICE USD	PRICE
626830	CP LAG SCREW Ã 4.1MM, L30MM (T10); GTIN:07613327131345	1	С	0	1	180.00	
62 <b>683</b> 2	CP LAG SCREW Å 4.1MM, L32MM (T10); GTIN:07613327131277	1	0	0	1	180.00	180.00
3102-1205	ALLOGRAFT DBM PLUS PUTTY 5CC; GTIN:07613327176957	1	0	0	1	1,078.00	1,078.00
705233	UNTHREADED GUIDE WIRE Ā 1.4mm x 150mm; GTIN:07613252708551	2	o	0	2	62.40	124.80
45-80300	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511	.2	0	О	2	26.40	52.80
626892	POLYAXIAL LOCKING PLATE MTP CROSS-PLATE, RIGHT (TB);	1 ,	o	0	1	1,740.00	1,740.00
626924	GTIN:07613327130614 CP LAG SCREW Å 3.6MM, L24MM		_				
40-27014	(T8); GTIN:07613327130874	1	O'	0	1:	150.00	150.00
	BONE SCREW T7 2.7X14mm; GTIN:07613154628070	1	0	0	1	66.50	66.50
40-27614	LOCKING SCREW T7 2.7X14mm; GTIN:07613154628261	3	C	0	3	162.40	487.20
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	2	0	0	2	91.20	182.40
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	462.00	462.00
AGK16100	ANCHORAGE 1.6MM X 100MM GUIDE WIRE; GTIN:07613252257899	3	0	E 0	3	25.44	76.32
45-27010	DRILL 2.0mm X 102mm WL50mm AO-SHAFT; GTIN:04546540645791	1	0	0	1	76.80	76.80
XFR004216	CONVEX REAMER -016:	1	0	0	1	403.20	403.20
XFR004118	GTIN:07613252265672 CONCAVE REAMER - 018;	1	0	o	1	403.20	403.20
	GTIN:07613252265634						403.20
					a contract to the second	and the second of the second	

This Invoice may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

stryke	r°
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Orthopsedics

Dn	nt
on	

Invoice Number: 8575267

Invoice Date: 24-APR-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:

17290484

Purchase Order Number: 00433

Total:

**Customer Number:** Terms:

37192 NET 30

**Customer Contact:** Sales Representative: Location Number:

COBIA, JOHN-028-97-4702

5.663.22

Payment Due Date:

Chin Date

24-MAY-18

54279

Ship Date: 24-APR-18	Ship Via: FEDEX			ference:	Freight 1	Freight Terms:	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	OTY BACK ORDERED	QTY SHIPPED		
voice Comments:				_			
Total Continging.					Sub-Total: Tax:	5,663.22 0.00	
					Freight:	0.00	

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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

325 Corporate Drive Mahwah, NJ 07430

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

strv	/ker

Orthopaedics

Reprint

Invoice Number:

8575333

Invoice Date: 24-APR-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:

Payment Due Date:

17339980

**Customer Number:** 

37192

**NET 30** 

24-MAY-18

Purchase Order Number: 00577

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 54279

Erniaht Tarma

Ship Date:

Terms.

Ship Via:

Shipping Reference:

24-APR-18	FEDEX		ampang re	nerence.	· F	reight Terms:	
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		0	0	1	1,137.00	1,137.00
			<b></b>			*	
			British Co.				
voice Comments:					Sub-Total:		1,137.00
					Tax:		0.00
					Freight: Total:		0.00 1,137.00

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/priceist. 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 relmburse the reasonable expenses, including meals, lodging and transportation, actually incurred by eligible recipients in connection with the technical training provided under this paragraph.

This invoice is only to be used for purpose of payment. The information in this invoice is confidential and may not be disclosed to any third party without Stryker's prior written consent. The acceptance of this invoice reflects agreement by the recipient and its agent and employees to retain the invoice information as confidential, to be used for payment purposes.

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

325 Corporate Drive Mahwah, NJ 07430

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

*s*trvker

**Orthopaedics** 

Reprint

Invoice Number: 8575334

Invoice Date: 24-APR-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:

17303792

Purchase Order Number: 00579

Tax:

Freight:

Total:

Customer Number: Terms:

37192 NET 30

**Customer Contact:** 

COBIA, JOHN-028-97-4702

0.00

0.00

2,220.00

Payment Due Date:

24-MAY-18

Sales Representative: **Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

24-APR-18	FEDEX						
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT   PRICE   USD	EXTENDEI PRICI USI
3102-2002	2X2cm AlloWrap DS, WET	1 1	0	0			-
1910-1271S	SON!CANCHOR KIT 2.5X10 MM /	1 1	o l	اه	- 1	1,280.00	1,280.00
	FORCE FIBRE #2-0 / C-2; GTIN:07613327096170		١	3	1	357.50	357.50
1910-12725	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #0 / C-2;	1	0	0	1	357.50	357.50
	GTIN:07613327096163	1					207.00
1910-1270\$	DRILL D2.8; GTIN:07613327095371	1	0	С	1	225.00	225.00
			i				
					-		
voice Comments:		11	<u> </u>				
					Sub-Total:	-	2,220.00

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.

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, !L 60673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8575335

Invoice Date: 24-APR-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:

17322741

Customer Number: Terms:

37192 NET 30

Payment Due Date:

24-MAY-18

Purchase Order Number: 00578

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

3.411.00

Location Number:

54279

Ship Date: 24-APR-18

Ship Via: **FFDFX** 

**Shipping Reference:** 

Freight Terms:

ITEM NUMBER ITEM DESCRIPTION PREVIOUSLY QTY QTY QTY LINIT EXTENDED ORDERED SHIPPED PRICE ORDERED USD HT-00002 MEDIUM HAMMERTOE IMPLANT; 1 0 C 1 1,137.00 1,137.00 GTIN:07613327356359 HT-00001 SMALL HAMMERTOE IMPLANT; 0 0 1 1,137.00 1.137.00 GTIN:07613327356366 HT-00001 SMALL HAMMERTOE IMPLANT; 1 ۵ 0 1 1,137.00 1,137.00 GTIN:07613327356366 Invoice Comments: Sub-Tota 3,411.00 Tax: 0.00 Freight: 0.00 Total:

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopaedics** 

Reprint

Invoice Number: 8576685

Invoice Date: 24-APR-18

Page: 7 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:

Payment Due Date:

17361453

37192

**Customer Number:** 

**NET 30** 

24-MAY-18

Purchase Order Number: 00582

Tax:

Freight:

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

0.00

**Location Number:** 54279

Ship Date:

Terms:

Shin Via

24-APR-18	FEDEX		Shipping Re	eference:	Fre FO	ight Terms: B: Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
SV26	SV26 S-FIX SCREW 2.5LG 26mm; GTIN:07613252263715	3	O:	0	3	355.60	1,066.80
					- PC-STEP - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
nvoice Comments:		L			Sub-Total:		1,066.80

1.066.80 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.

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, !L 60673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, !L 60603

325 Corporate Drive Mahwah, NJ 07430

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

stry	ke	P°
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Orthopaedics

Reprint

Invoice Number:

8577453

Invoice Date:

24-APR-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: **Customer Number:** 

Payment Due Date:

17361453

37192

Terms:

**NET 30** 

24-MAY-18

Purchase Order Number: 00582

Tax:

Freight:

Total:

**Customer Contact:** 

Sales Representative: Location Number:

COBIA, JOHN-028-97-4702

0.00

0.00

54279

Ship Date: ADD 10

Ship Via:

Shipping Reference:

Freight Terms:

24-APR-18	FEDEX		<del>-</del>			FOB: Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
40-20122	2.0 mm ASNIS MICRO, CANNULATED SCREW, 22/5 mm; GTiN:07613154577910	3	0	0	3	147.00	441.00
45-20015S	2.0 mm ASNIS MICRO K-WIRE 0.8 mm X 100 mm STERILE; GTIN:04546540534200	6	0	0	6	24.00	144.00
				·	. 9		
nvoice Comments:							
					Sub-Total		585.00

585.00 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.

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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

325 Corporate Drive Mahwah, NJ 07430

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



**Orthopaedics** 

Reprint

Invoice Number: 8581351

Invoice Date: 25-APR-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:

17362755

37192

**Customer Number:** Terms:

**NET 30** 

Payment Due Date:

25-MAY-18

Purchase Order Number: 00581

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date: 25-APR-18 Ship Via: FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	1 QTY	PREVIOUSLY				
		ORDERED	SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE USD	PRICE USD
3102-1101	ALLOGRAFT DBM GEL 1CC; GTIN:07613327177022	1	0	0	1	287.00	287.00
40-35014	BONE SCREW T10 3.5X14mm; GTIN:07613154628438		0	0	1	73.50	73.50
626822	CP LAG SCREW Ā 4.1MM, L22MM (T10); GTIN:07613327131239	1	0	Ō	1	180.00	180.00
40-15042	BROAD STRAIGHT PLATE MEDIUM; GTIN:07613154627899	1	0	0	1	620.90	620.90
40~35010	BONE SCREW T10 3.5X10mm; GTIN:07613154628414	2	0	0	2	73.50	147.00
45-80200	K-WIRE SMOOTH 1.4mm X 100mm; GTIN:07613154629022	1	٥	o	1	13.92	13.92
45-35010	DRILL 2.6mm X 122mm WL70mm AO-SHAFT; GTIN:04546540645807	1	0	o	1	90.24	90.24
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	3	0	0	1	91.20	91.20
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This invoice may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopsedics** 

Reprint

Invoice Number:

8581351

Invoice Date: 25-APR-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:

17362755

Customer Number:

37192 **NET 30** 

Terms: Payment Due Date:

25\_MAN 10

Purchase Order Number: 00583

**Customer Contact:** 

Sales Representative: COBIA, JOHN-028-97-4702

rayment Due Dat	#: Z5-MAY-#8			Location N	umber:	54279	
Ship Date: 25-APR-18	Ship Via: FEDEX		Shipping Re	ference:	***************************************	Freight Terms:	
TEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED		<del>- Arabina a anjua a a</del>
		13					
				***************************************		s .	
		0.00					
oice Comments: A	L LLREADY REPLENISHED ON ORDER 17261141.				Sub-Total:		
					Tax:		1,503.76
					Freight:		0.00
					Total:		0.00 1,503.76

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 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/Medicald 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 Mallroom

Chicago, IL 60603

325 Coroprate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number: 8581501

Invoice Date: 25-APR-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:

17373053

Purchase Order Number: 00589

Customer Number:

37192

**Customer Contact:** 

Terms:

NET 30

Sales Representative: **Location Number:** 

COBIA, JCHN-028-97-4702 54279

1,280.00

Payment Due Date:

25-MAY-18

Shipping Reference:

Freight Terms:

Ship Date:

Ship Via:

25-APR-18	FEDEX		11. 3			.g. a rema.	
TEM NUMBER	FTEM DESCRIPTION	QTY ORDERED	PREVIOUSLY	OTY BACK ORDERED	SHIPPED	UNIT   PRICE   USD	EXTENDE PRIC US
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.0
				: .			
						***	
						vww.	
		· · · · · · · · · · · · · · · · · · ·					
					7 (8)	: :	
ivoice Comments:	REPLENISHED BY S. LEWIS				Sub- lotal:		1,280.0
					Tax:		0.0
					Freight:		0.0

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 ari 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.

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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

Total:

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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



Orthopaedics

Reprint

Invoice Number:

8605847

Invoice Date: 03-MAY-18

Page: 1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE

1105 EARL FRYE BLVD AMCRY, 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:

17399593

**Customer Number:** Terms:

37192 **NET 30** 

Payment Due Date:

02-JUN-18

Purchase Order Number: 00656

Tax:

Freight:

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

0.00

**Location Number:** 

54279

Ship Date: 03-MAY-18

Ship Via: **FEDEX** 

**Shipping Reference:** 

Freight Terms:

TEM NUMBER ITEM DESCRIPTION OTY PREVIOUSLY SHIPPED QTY QTY UNIT EXTENDED ORDERED SHIPPED ORDERED USD 1910-12715 SONICANCHOR KIT 2.5X10 MM / 0 1 0 1 357.5C 357.50 FORCE FIBRE #2-0 / C-2; GTIN:07613327096170 1910-1270S DRILL D2.8; 1 C 0 1 225.00 225.00 GTIN:07613327095371 2X2cm AlloWrap DS, WET 3102-2002 0 0 1,280.00 1.280.00 Invoice Comments Sub-Total: 1.862.50

1,862.50 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.

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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

325 Corporate Drive Mahwahi, NJ 07430

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

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**Orthopsedics** 

Reprint

Invoice Number: 8614427

Invoice Date: 08-MAY-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:

17432837

Purchase Order Number: 00729

**Customer Number:** Terms:

37192 **NET 30** 

Customer Contact: Sales Representative:

COBIA, JOHN-028-97-4702

0.00

449.82

Payment Due Date:

07-JUN-18

Location Number:

54279

Ship Date: Ship Via: Shipping Reference: Freight Terms: 08-MAY-18 **FEDEX** FOB: Mahwah ITEM NUMBER ITEM DESCRIPTION OTY PREVIOUSLY QTY QTY EXTENDED ORDERED SHIPPED PRICE ORDERED 40-30136 3.0 mm ASNIS MICRO. 3 n 0 3 CANNULATED SCREW, 36/7 mm; 149.94 449.82 GTIN:07613154578122 Invoice Comments: Sub-Total 449.82 Tax: 0.00 Freight:

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.

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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

Total:

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ C7430

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



**Orthopaedics** 

Reprint

Invoice Number:

8615404

Invoice Date: 08-MAY-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:

17432837

37192

**Customer Number:** Terms: Payment Due Date:

NET 30 C7-JUN-18 Purchase Order Number: 00729

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

449.82

**Location Number:** 

Freight:

Total:

54279

Ship Date:

Ship Via:

Shipping Bofospage

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08-MAY-18	FEDEX		Snipping Re	rerence:		ght Terms: : Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY   SHIPPED	UNIT   PRICE   USD	EXTENDED PRICE USD
40-30130	3.0 mm ASNIS MICRO, CANNULATED SCREW, 30/6 mm; GTIN:07613154578092	3	0	0	3	149.94	449.82
				The second secon			
voice Comments:				<u> </u>	Sub-∓otal: Tax:		449.82 0.00

The price shown on this involce 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.

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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 Maliroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number: 8619193

Invoice Date: 09-MAY-18

Page: 1 of 1

Bill To:

**United States** 

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

**United States** 

Sales Order Number: **Customer Number:** 

Payment Due Date:

17446599

37192

**NET 30** 

08-JUN-18

Purchase Order Number: 00753

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

1.115.94

Location Number:

Freight:

Total:

54279

Ship Date: 00-MAV 40

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

U9-WAY-18	FEDEX					3	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDE PRIC US
40-20124	2.0 mm ASNIS MICRO, CANNULATED SCREW, 24/6 mm; GTIN:07613154577927	2	0	٥	2	149.94	299.8
40-20900	2.0 mm ASNIS MICRO, WASHER 2.0mm; GTIN:07613154577972	7	o	0	7	48.72	341.0
40-30108	3.0 mm ASNIS MICRO, CANNULATED SCREW, 8/4 mm; GTIN:07613154577989	1	٥	0	1	149.94	149.94
10-30900	3.0 mm ASNIS MICRO, WASHER 3.0mm; GTIN:07613154578207	6	٥	o	6	54.18	325.08
						4	
						, i), i)	
voice Comments:		-			Sub-Total:		1,115.94
					Tax:		0.00

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/pricellist. 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

325 Corporate Drive Mahwah, NJ 07430

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

## *s*tryker\*

Orthopaedics

Reprint

Invoice Number: 8619432

Invoice Date: 10-MAY-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 3882 -5500

**United States** 

Sales Order Number: Customer Number:

17399793

37192

Terms:

NET 30

Payment Due Date: 0

09-JUN-18

Purchase Order Number: 00756

**Customer Contact:** 

Sales Representative:

COBIA, JCHN-028-97-4702

Location Number:

54279

Ship Date: 10-MAY-18

Ship Via:

Shipping Reference:

Freight Terms:

IU-MAY-18	FEDEX					rieigin terms;	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	SHIPPED	PRICE	PRIC
626894	POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645	1	o	С	1	1,740.00	į
626828	CP LAG SCREW A 4.1MM, L28MM (710); GTIN:07613327131246	1	o	c	1	180.00	180.0
40-35614	LOCKING SCREW T10 3.5X14mm; GTIN:07613154628681	2	0	0	2	165.20	330.40
40-35618	LOCKING SCREW T30 3.5X18mm; GTIN:07613154628704	2	0	0	2	165.20	330.40
HT-00002 HT-00002	MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	2	0	0	2	1,137.00	2,274.00
HT-00002	MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	1	O"	0	1	568.50	568.50
15-27010	SMALL HAMMERTOE IMPLANT; GTIN:07613327356366 DRILL 2.0mm X 102mm WL50mm	<b>1</b>	0	0	1	1,137.00	1,137.00
15-35010	AO-SHAFT; GTIN:04546546645791 DRILL 2.6mm X 122mm WL70mm		C	0	1	76.80	76.80
5-80300	AC-SHAFT; GTIN:04546540645807 STEINMANN PIN SMOOTH 2.5mm X	1	0	0	1	90.24	90.24
(BR001002	100mm; GTiN:04546540605511 ANCHORAGE FIXATION PIN:	2	0	o c	1	26.40	26.40
05172	GTIN:07613252264552 REAMER FOR CROSS-PLATES:	1		c	2	91.20	182.40
05233	GTM:07613327131055 UNTHREADED GUIDE WIRE À 1.4mm	1	٥	c	1	462.00 62.40	462.00
	x 150mm; GTIN:07613252708551	*.				62.40	62.40
			ĺ				

This Invoice may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopaedics** 

Reprint

Invoice Number: 8619432

Invoice Date: 10-MAY-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:

17399793

**Customer Number:** 

37192

Terms: Payment Due Date: **NET 30** 

09-JUN-18

Purchase Order Number: 00756

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

7,460.54

**Location Number:** 

54279

Ship Date: Ship Via: **Shipping Reference:** Freight Terms: 10-MAY-18 **FEDEX** ITEM NUMBER ITEM DESCRIPTION PREVIOUSLY OTY QTY QTY SHIPPED ORDERED SHIPPED ORDERED Invoice Comments: Sub-Total 7,460.54 Tax: 0.00 Freight:

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number: 8619503

Invoice Date: 10-MAY-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: **Customer Number:** 

Payment Due Date:

17444894

37192

NET 30 81-NUL-90

Purchase Order Number: 00755

Freight:

Total:

**Customer Contact:** 

Sales Representative: **Location Number:** 

COBIA, JOHN-028-97-4702

0.00

776.48

54279

Ship Date:

Terms:

Shin Via

10-MAY-18	FEDEX		Shipping Reference:		Freight Terms:		
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
MV44A	FIXOS MV SCREW 4.0 X 44 mm; GTIN:07613252260165	1	0	o	1	360.76	360.76
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	1	0	0	1	24.32	24.32
XFO094501	FIXOS CANULATED REAMER 2.5 X 45 MV 4.0; GTIN:07613252265542	1	0	0	1	391.40	391.40
nvoice Comments:					Sub-Tota:		776.48
					Tax:		0.60

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, !L 50673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number: 8626794

Invoice Date: 14-MAY-18

Page: 1 of 1

Bill To:

**United States** 

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

Sales Order Number:

17450390

37192

**Customer Number:** Terms: Payment Due Date:

**NET 30** 

13-JUN-18

Purchase Order Number: 00784

Tax:

Freight:

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

0.00

Location Number:

54279

Ship Date: 14-MAY-18

Ship Via:

Shipping Reference:

Freight Terms:

TEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY	QTY BACK	QTY	UNIT	EXTENDE
ACV034 44 F0			J , C.D	ORDERED	SHIPPED	PR:CE USD	PRICE USE
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	1	0	0	1	24.32	24.32
(FO094501	FIXOS CANULATED REAMER 2.5 X 45 MV 4.0; GTIN:07613252265542	1	0	0	1	391.40	391.40
MV42A	FIXOS MV SCREW 4.0 X 42 mm; GTIN:07613252260172	1	С	0	1	360.76	360.76
		.,					
						4	
voice Comments:		<u> </u>			Sub-Tota:		

776.48 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.

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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 Maliroom

Chicago, IL 60603

325 Comprate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number: 8628303

Invoice Date: 15-MAY-19

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:

17466688

Purchase Order Number: 00803

**Customer Number:** Terms:

37192

**Customer Contact:** 

**NET 30** 

Sales Representative: **Location Number:** 

COBIA, JOHN-028-97-4702

Payment Due Date:

14-JUN-18

Freight Terms:

54279

Ship Date: 15-MAY-18 Ship Via: **FEDEX** 

Shipping Reference:

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

Invoice Comments: S. LEWIS ORDERED.

Sub-Total: Tax: Freight: Total:

0.00 0.00 1,280,00

1,280.00

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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

325 Corporate Drive Mahwah, NJ 07430

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



**Orthopaedics** 

Reprint

Invoice Number:

8632727

Invoice Date: 16-MAY-18

Page:

1 of 1

Bill To:

**United States** 

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number: Customer Number:

Payment Due Date:

17469306

37192

**NET 30** 

15-JUN-18

Purchase Order Number: 00780

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

Terms:

16-MAY-18 **FEDEX** ITEM NUMBER ITEM DESCRIPTION QTY ORDERED PREVIOUSLY SHIPPED QTY BACK QTY UNIT EXTENDED PRICE ORDERED USD USD 0 0 1,540.00 1,540.00 3102-1908 ALLOGRAFT EVANS WEDGE 8X22X20MM 1 Sub-Tetal 1.540.00 ALREADY REPLENISHED Invoice Comments: Tax: 0.00 Freight: 0.00 Total: 1,540.00

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, locging 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

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number: 8634607

Invoice Date: 16-MAY-18

Page: 1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

United States

United States

Sales Order Number: **Customer Number:** 

Payment Due Date:

17482782

37192

**NET 30** 

15-JUN-18

Purchase Order Number: 30840

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 54279

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

**FEDEX** 16-MAY-18 FOB: Mahwah ITEM NUMBER ITEM DESCRIPTION QTY PREVIOUSLY SHIPPED QTY BACK QTY EXTENDED PRICE ORDERED USD EZ18-14-14 EASYCLIP FIXATION DEVICE 18 x 0 Ω 1 1,176,45 1,176.45 14 x 14; GTIN:07613252259312 REQUEST FROM STORAGE AREA Sub-Total: 1,176,45 Invoice Comments: Tax: 0.00 Freight: 0.00

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/Medicald 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

1,176.45

325 Corporate Drive Mahwah, NJ 07430

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

str	'yk	er°
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Orthopsedics

Reprint

Invoice Number:

8634802

Invoice Date: 16-MAY-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:

17482782

Customer Number: Terms:

37192 **NET 30** 

15-JUN-18

Purchase Order Number: 0840

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Shin Dato

Payment Due Date:

16-MAY-18	Ship Via: FEDEX		Shipping Re	ference:		ght Terms: : Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
XFO012002	2 MM CALIBRATED REAMER; GTIN:07613252265320	<b>1</b>	0	0	1	133.76	1,33.76
					1		
			3 · · ·				
nvoice Comments:	REQUEST FROM STORAGE AREA				Sub-Total:		133.76
					Tax: Freight: <b>Total</b> :		0.00 0.00 133.76

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 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/priceiist. 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

325 Corporate Drive Mahwah, NJ 07430

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

st	ryk	er°
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**Orthopaedics** 

Reprint

invoice Number:

8669863

Invoice Date:

30-MAY-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: **Customer Number:** 

Payment Due Date:

17545811

37192

**NET 30** 29-JUN-18 Purchase Order Number: 00983

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

0.00

1,371.08

Location Number: 54279

Tax:

Freight:

Total:

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

ITEM DESCRIPTION	QTY	PREVIOUSLY I				
•	ORDERED	SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
CANNULATED DRILL BIT & COUNTERSINK À 1.7MM L12MM AO; GTIN:07613252265481	2	0	0	2	144.40	288.80
SV18 S-FIX, 2.5LG SCREW 18mm; GTIN:07613252263623	3	0	0	3	360.76	1,082.28
	ş				ti d	
		2			:"3	
		1 1 1 1				
	COUNTERSINK Ā 1.7MM L12MM AO; GTIN:07613252265481 SV18 S-FIX, 2.5LG SCREW 18mm;	COUNTERSINK Ā 1.7MM L12MM AO; GTIN:07613252265481 SV18 S-FIX, 2.5LG SCREW 18mm; 3	COUNTERSINK Ā 1.7MM L12MM AO; GTIN:07613252265481 SV18 S-FIX, 2.5LG SCREW 18mm; 3 0	COUNTERSINK Ā 1.7MM L12MM AO; GTIN:07613252265481 SV18 S-FIX, 2.5LG SCREW 18mm; 3 0 0	COUNTERSINK Ā 1.7MM L12MM AO; GTIN:07613252265481 SV18 S-FIX, 2.5LG SCREW 18mm; 3 0 0 3 GTIN:07613252263623	COUNTERSINK Ā 1.7MM L12MM AO; GTIN:07613252265481 SV18 S-FIX, 2.5LG SCREW 18mm; 3 0 0 3 360.76

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 fisted 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,

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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

325 Corporate Drive Mahwah, NJ 07430

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



Orthopaedics

Reprint

Invoice Number:

8670209

Invoice Date:

Page:

3C-MAY-18

1 of 1

Bill To:

G!LMORE 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: **Customer Number:** 

17545811

37192

**NET 30** 

Payment Due Date:

29-JUN-18

Purchase Order Number: 00983

**Customer Contact:** 

Sales Representative:

COBiA, JOHN-028-97-4702

1,443,04

**Location Number:** 

Total:

54279

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

30-MAY-18	FEDEX				FOB	: Mahwah	
ITEM NUMBER	TEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USI
SV24	SV24 S-FIX SCREW 2.5EG 24mm; GTIN:07613252263685	4	0	0	4	360.76	1,443.04
Invoice Comments:					Sub-lota:		1,443.04
					Tax:		0.00
					Freight:		0.00

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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

325 Corporate Drive Mahwah, NJ 07430

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

# *s*trvker

Orthopaedics

Reprint

Invoice Number:

8670704

Invoice Date: 31-MAY-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: Customer Number:

Payment Due Date:

Terms:

17527864

37192

**NET 30** 

30-JUN-18

Purchase Order Number: 00976

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

1,194,00

Location Number:

Total:

54279

						14670	
Ship Date: 31-MAY-18	Ship Via: FEDEX		Shipping Re	ference:	Fre	ight Terms:	
TEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
-:	MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	1	C	0	1	1,194.00	1,194.00
					v.		
		,					
voice Comments:	CASE# 3838939 DR. CHRISTENSEN / 5.17.2018 / RL						
roice Comments:	CASE# 3838939 DR. CHRISTENSEN / 5.17.2018 / RL				Sub-Total:		1,194.00
					Tax:		0.00
					Freight:		0.00

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213

13? South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

stryker'
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Orthopaedics

Reprint

Invoice Number: 8670777 Invoice Date: 31-MAY-18

Page:

Bill To:

**United States** 

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

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number: Customer Number: 17504631

Purchase Order Number: 00982

37192

**Customer Contact:** 

Terms:

NET 30

Sales Representative:

COBIA, JOHN-028-97-4702 54279

Payment Due Date:

30-JUN-18

Location Number:

Freight Terms:

Ship Date: 31-MAY-18 Ship Via:

Shipping Reference:

31-MAY-18	FEDEX		Simpping Re	iidi Ciiliç.	rie.	igit reims:	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT   PRICE   USD	EXTENDED PRICE USD
3102-2002	2X2cm AlioWrap DS, WET	1	0	0	1	1,280.00	1,280.00
					:		
			4	An and the Anna Control of the Contr			
voice Comments:	ORDERED BY S. LEWIS AND SHIPPED TO JOYCE	MCCAINE @ GILMORE.			Sub-Total:		1,280.00
					Tax:		0.00
					Freight:		0.00
					Total:		1,280.00

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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

325 Corporate Drive Mahwah, NJ 07430

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

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			-	-

**Orthopaedics** 

Reprint

Invoice Number: 8671012

Invoice Date: 31-MAY-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:

17470747

Purchase Order Number: 00808

Tax:

Freight:

Total:

**Customer Number:** Terms:

37192 **NET 30** 

**Customer Contact:** Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

30-JUN-18

**Location Number:** 

Freight Terms:

54279

Ship Date: 31-MAY-18 Ship Via:

**Shipping Reference:** 

**FEDEX** ITEM NUMBER ITEM DESCRIPTION QTY PREVIOUSLY QTY BACK QT LIMIT EXTENDED SHIPPED SHIPPED PRICE ORDERED 3100-D EPF-D; GTIN:07613327356168 n n 660.00 660.00 Invoice Comments: DO NOT REPLENISHED PER JOHN COBIA/MEMPHIS INVENTORY. Sub-Total 660.00

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.

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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

0.00

0.00

660.00

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number: 8671256

Invoice Date: 31-MAY-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:

17503238

Purchase Order Number: 00979

**Customer Number:** Terms:

37192

**Customer Contact:** 

NET 30 30-JUN-18

Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

**Location Number:** 

54279

Ship Date: 31-MAY-18

Ship Via: **FEDEX** 

Shipping Reference:

Freight Terms:

626830 C	POLYAXIAL LOCKING PLATE .APIDUS CROSS-PLATE, RIGHT T10); GTIN:C7613327130645 CP LAG SCREW A 4.1MM, L30MM T10); GTIN:07613327131345	1	0	ORDERED 0	1	uso 1,756.16	USD
626830	T10); GTIN:07613327130645 CP LAG SCREW Ā 4.1MM, L30MM	1		_		1 /46 16	1,756.16
626830	CP LAG SCREW Ā 4.1MM, L30MM	1			•	1,700.10	1,730.10
(		1					
	T10); GTIN:07613327131345	· •	0	0	. 1	210.56	210.56
			Į				210.00
	REAMER FOR CROSS-PLATES;	1	0	0	1	458.00	458.00
I .	GTIN:07613327131055		Į.			11.11 14 1211	
	ANCHORAGE FIXATION PIN;	2	0	0	2	93.86	187.72
	STIN:07613252264552		_	_ İ			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JNTHREADED GUIDE WIRE Å 1.4mm 150mm; GTIN:07613252708551	2	0	0.	2	104.12	208.24
	SPEEDGUIDE DRILL AO, DIA 2.6mm			ام			
	L = 30mm); GTIN:07613327070057	1	0	0	1.1	150.40	150.40
	ORILL BIT, AO DIA 2.6mm x	4	0	0	, !	115.80	110.00
	35mm, SCALED:	• 1	1	· ·	'	115.60	116.80
C	STIN:07613327069860	I	i				
45-80300 S	STEINMANN PIN SMOOTH 2.5mm X	11	ol	ol	1	28.12	28.12
	0Cmm; GTIN:04546540605511		- 1	-	- 1	20.12	20.12
	OCKING SCREW T10 3.5X22mm;	4	0	0	4	107.44	429.76
	GTIN:07613154628728	i					123.70
	MEDIUM HAMMERTOE IMPLANT;	1	oj	0 [	1	1,194.00	1,194.00
	TIN:07613327356359		I				
	MALL HAMMERTOE IMPLANT;	2	0	0	2	1,194.00	2,388.00
ا و	STIN:07613327356366	- 1	ļ	•			
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This Invoice may be subject to discount

325 Corporate Drive Mahwah, NJ 07430

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

stryker*	st	ſУ	KE	۶Ľ,
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Orthopaedics

Reprint

Invoice Number: 8673551

Invoice Date: 31-MAY-18

Page: 1 of 1

Bill To:

**United States** 

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

United States

Ship To:

Sales Order Number:

17548427

Purchase Order Number: 00979

**Customer Number:** 

37192

**Customer Contact:** 

Terms: Payment Due Date:

**NET 30** 30-JUN-18 Sales Representative:

Tax:

Freight:

Total:

COBiA, JOHN-028-97-4702

0.00

0.00

2,121.00

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDES PRICE USO
3102-1908	ALLOGRAFT EVANS WEDGE 8X22X20MM	1	0	0	1	1,540.00	1,540.00
3102-1002	ALLOGRAFT DBM PUTTY 2.5CC; GTIN:07613327176940	1	0	0	1	581.00	581.00
		ë.					
				4	:		

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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

325 Corporate Drive Mahwah, NJ 07430

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

# stryker\*

Orthopaedics

Reprint

Invoice Number: 8678630

Invoice Date: 31-MAY-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:

17554352

Purchase Order Number: 00994

Customer Number: Terms: 37192 NET 30

Customer Contact: Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

30-JUN-18

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

31-MAY-18	FEDEX		., •				
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USE
626901	POLYAXIAL LOCKING PLATE 1MM STEP LAPIDUS CROSS-PLATE, LEFT (T10); GTIN:07613327130768	1	0	0	1	1.756.16	1,756.16
626832	CP LAG SCREW Ā 4.1MM, L32MM (T10); GTIN:07613327131277	1	0	0	1	210.56	210.56
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	458.00	458.00
40-35618	LOCKING SCREW T10 3.5X18mm; GTIN:07613154628704	2	С	٥	2	107.44	214.88
40-35616	LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698	1	0	0	1	107.44	107.44
40-35624	LOCKING SCREW T10 3.5X24mm; GTIN:07613154628735	1	0	0	1	107.44	107,44
703691	DRILL BIT, AO DIA 2.6mm x 135mm, SCALED; GTIN:07613327069860	1	0	0	-1	116.80	116.80
703894	SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 30mm); GTIN:07613327070057	1	0	0	1	150.40	150.40
45-80300	STEINMANN PIN SMOOTH 2.5mm X 190mm; GTIN:04546540605511	2	0	0	2	28.12	56.24
AGK02141 <b>0</b> 0	FIXOS - GUIDE WIRE 1.4 X 100 MM; GTIN:07613252257813	1	0	0	1	23.94	23.94
XFO082001	ANCHORAGE 2.0 MM X 110 MM CALIBRATED REAMER; GTIN:07613252265511	1	O	С	1	128.44	128.44
HT-00002	MEDIUM HAMMERTOE :MPLANT; GTIN:07613327356359	1	0	0	1	1,194.00	1,194.00
1941.						<u></u>	ttiktissa ja ja saan ja tiita

This invoice may be subject to discount

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Invoice Number: 8678630 Invoice Date: 31-MAY-18

Page: 2 of 2

Bill To:

United States

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

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY. MS 38821-5500

**United States** 

Sales Order Number:

17554352

Purchase Order Number: 00994

Customer Number: Terms: 37192 NET 30 Customer Contact: Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

30-JUN-18

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

TIEM NUMBER ITEM DESCRIPTION ORDERED SHIPPED O

Tax:
Freight:
Total:

0.00 0.00 4,524.30

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Please Remit To: STRYKER ORTHOPAEDICS BOX 93213 Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

CHICAGO, IL 60673-3213

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

# **s**tryker\*

Orthopaedics

Reprint

Invoice Number: 8678992

Invoice Date: 31-MAY-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:

17554336

Purchase Order Number: 00992

Customer Number: Terms: 37192 NET 30

Customer Contact: Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

30-JUN-18

Location Number:

54279

Ship Date: 31-MAY-18 Ship Via:

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	1 QTY	PREVIOUSLY	QTY	QTY:	UMIT	I EXTENDED
		ORDERED	SHIPPED	BACK ORDERED	SHIPPED	PRICE USD	PRICE
626832	CP LAG SCREW Ã 4.1MM, L32MM (T10); GTIN:07613327131277	1	0	C	1	210.56	210.56
626838	CP LAG SCREW A 4.1MM, L38MM (T30); GTIN:07613327131338	1	0	0	1	210.56	210.50
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	0	0	1	458.00	458.00
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	7	0	0	1	107.44	107.44
40- <b>35622</b>	LOCKING SCREW T10 3.5X22mm; GT:N:07613154628728	1.	o	٥	1	107.44	107.44
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	3	o	0	3	93.86	281.58
45-80300	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511	2	0	c	2	28.12	56.24
45-27010	DRILL 2.0mm X 102mm WL50mm AO-SHAFT; GT!N:04546540645791	7	0	o	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
703894	SPEEDGUIDE DRILL AO, DIA 2.6mm	1	c	o	-1	150.40	150.40
526893	(L = 30mm); GTIN:07613327070057 POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, LEFT	1	c	0	1	1,756.16	1,756.26
	(T10); GTIN:07613327130669				ļ		
						1.	

This Invoice may be subject to discount

325 Corporate Drive Mahwah, NJ 07430

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

stry	ke	r°
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Orthopaedics

Rep	

Invoice Number:

8678992

Invoice Date: 31-MAY-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:

17554336

37192

**Customer Number:** 

**NET 30** 

Payment Due Date:

Terms:

30-JUN-18

Purchase Order Number: 00992

Total:

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

3,729.58

54279

**Location Number:** Ship Date: Ship Via: Shipping Reference: Freight Terms: 31-MAY-18 **FEDEX** ITEM NUMBER ITEM DESCRIPTION QTY PREVIOUSLY SHIPPED QTY BACK Invoice Comments: Sub-Total 3,729,58 Tax: 0.00 Freight: 0.00

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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



Orthopsedice

Reprint

Invoice Number:

8679781

Invoice Date: 01-JUN-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: **Customer Number:** 

17554328

37192

Terms: NET 30 Payment Due Date:

01-JUL-18

Purchase Order Number: 00999

**Customer Contact:** 

Sales Representative:

COBiA, JOHN-028-97-4702

0.00

1.736.90

**Location Number:** 54279

Freight:

Total:

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

01-JUN-18 **FEDEX** FOB: Mahwah ITEM NUMBER ITEM DESCRIPTION PREVIOUSLY SHIPPED OTY QTY BACK QTY SHIPPED UNIT EXTENDED ORDERED PRICE PRICE ORDERED USD EZM10-10-10 EASY CLIP - MONOCORTICAL 2 O n 2 868.45 1,736.90 FIXATION DEVICE 10 x 10 x 10: GTIN:07613252259473 Invoice Comments: REQUEST FROM STORAGE AREA Sub-Total 1,736,90 Tax: 0.00

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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

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopaedics** 

Reprint

Invoice Number:

Invoice Date: 06- IUN-18

Page:

8687758

United States

1 of 1

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY, MS 38821 - 5500

**United States** 

Sales Order Number:

17562884

Purchase Order Number: 01036

**Customer Contact: Location Number:** 

**Customer Number:** Terms:

37192 NET 30

Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

**06-JUL-18** 

**Shipping Reference:** 

Freight Terms:

54279

Ship Date: 06-JUN-18 Ship Via:

FEDEX

	ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE USD	EXTENDE PRIC US
nvoice Comments: ORDERED BY S. LEWIS	3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.0
voice Comments: ORDERED BY S. LEWIS								
voice Comments: ORDERED BY S. LEWIS								
voice Comments: ORDERED BY S. LEWIS					ľ			
voice Comments: ORDERED BY S. LEWIS								
roice Comments: ORDERED BY S. LEWIS Sub-   Gtal:								
oice Comments: ORDERED BY S. LEWIS Sub-   Otal:					1			
voice Comments: ORDERED BY S. LEWIS Sub-1 atal:			,					
voice Comments: ORDERED BY S. LEWIS Sub-   Gtal:							·	
	voice Comments:	ORDERED BY S. LEWIS			I	Sub-Total:		1,280.0

Tax: Freight:

Total:

C.00 0.00

1.280.00

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 932%3

131 South Dearborn - 6th Fioer Mallroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ C7430

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

stryker*
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Orthopaedics

Reprint

Invoice Number: 8697778

Invoice Date: 06-JUN-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:

17585011

Purchase Order Number: 01035

**Customer Number:** Terms.

37192

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

3.360.00

Payment Due Date:

NET 30 06-JUL-18

**Location Number:** 

Freight Terms:

54279

Ship Date:

Ship Via:

Shipping Reference:

06-JUN-18	FEDEX		· ·				
TEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USE
102-2006	4X4cm AlloWrap DS, WET	1	o l	0	1	3,360.00	3,360.00
						ď	
						·	
voice Comments:	REPLENISHED BY S. LEWIS				Sub-Total:		3,360.00
					Tax:		0.00

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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

Freight:

Total:

Chicago, IL 60603

Howmedica Osteonics Corp., a Subsidiary of Stryker Corporation

Case 3:18-bk-05665 Claim 118-1 Part 3 Filed 11/06/18 Desc Attachment 2 Page 2 of 37

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number:

Invoice Date: **C6-JUN-18** 

Page: 1 of 1

8687925

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: **Customer Number:** 

Payment Due Date:

17583145

Purchase Order Number: 01069

Freight:

Total:

**Customer Contact:** 

Terms:

37192

**NET 30** 06-JUL-18 Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

C6-JUN-18	FEDEX				FOB	l: Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
EZM08-08-08	EASY CLIP - MONOCORTICAL FIXATION DEVICE 8 x 8 x 8; GTIN:07613252259442	1	0	0		868.45	868.45
		F				1	
Invoice Comments:					Sub-Total: Tax:		868.45 0.00

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 repates 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

0.00

868.45

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

				1,12	
R	a	n	rı	mt	

Invoice Number:

**United States** 

Invoice Date:

Page:

870616R

14-JUN-18

1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

United States

Sales Order Number:

17625930

Purchase Order Number: 01154

Customer Number:

37192

**Customer Contact:** 

Terms: Payment Due Date:

**NET 30** 14-JUL-18 Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

14-JUN-18	FEDEX						
ITEM KUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2004	2X4cm AlloWrap DS, WET	*	0	0	1	1,960.00	1,960.00
			37				
					Sub-Total:		1,960.0
Invoice Comments:	REPLENISHED BY LEE MARTIN.				Tax:		0.0
					Freight:		0.0
					Total:		1,960.00

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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

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopaedics** 

Reprint

Invoice Number:

Invoice Date: 14-JUN-18

Page: 1 of 1

8706169

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE

1105 EARL FRYE BLVD

AMORY, MS 38821-5500 **United States** 

**United States** 

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

Sales Order Number:

17625975

Purchase Order Number: 01153

Total:

**Customer Number:** 

37192

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

1.280.00

Terms: Payment Due Date: NET 30 14-JUL-18

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

14-JUN-18	FEDEX					<u> </u>	
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
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
nvoice Comments:	REPLENISHED BY LEE MARTIN.				Sub-Total:		1,280.00
					Tax:		0.00
					Freight:		0.00

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 filled 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

Chicago, IL 60603

131 South Dearborn - 6th Floor Mailroom

325 Corporate Drive Mahwah, NJ 07430

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



Orthopaedics

Reprint

Invoice Number:

Invoice Date:

Page:

8706930

14-JUN-18

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: Customer Number:

Payment Due Date:

17625200

14-JUL-18

Purchase Order Number: 01164

Tax: Freight:

Total:

37192 NET 30

**Customer Contact:** 

Sales Representative:

**Location Number:** 

COBIA, JOHN-028-97-4702

0.00

0.00

2,592.18

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

14-JUN-18	FEDEX				F	OB: Mahwah	
TEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY   BACK   ORDERED	SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
WS13	SNAP OFF SCREW DIAM. 2 LG. 13; GTIN:07613252264408	2	0	0	2	360.76	721,52
EZM10-10-10	EASY CLIP - MONOCORTICAL FIXATION DEVICE 10 x 30 x 10; GTIN:07613252259473	2	0	0	2	868.45	1,736.90
XFO012002	2 MM CALIBRATED REAMER; GTIN:07613252265320	1	0	0	- q	133.76	133.76
nvoice Comments:		<u></u>			Sub-Total:		2,592.18

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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

325 Corporate Drive Mahwah, NJ 07430

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

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**Orthopaedics** 

Reprint

Invoice Number:

Invoice Date:

Page:

8709024

15-JUN-18

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:

17625896

Purchase Order Number: 001142

**Customer Number:** 

37192

Customer Contact: Sales Representative:

COBIA, JOHN-028-97-4702

Terms: **Payment Due Date:**  NET 30 15-JUL-18

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

15-JUN-18 **FFDEX** EXTENDED PREVIOUSLY QTY BACK ORDERED QTY ITEM NUMBER ITEM DESCRIPTION OTY PRICE ORDERED SHIPPED PRICE ALLOGRAFT DBM PLUS PUTTY 5CC; 1,078.00 1,078.00 0 0 3102-1205 GTIN:07613327176957

Invoice Comments:

REPLENISHED BY LEE MARTIN.

Sub-Total Tax: Freight:

Total:

0.00 0.00 1.078.00

1.078.00

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CH!CAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8709099

Invoice Date: 15-JUN-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: **Customer Number:** 

17630798

37192

Terms: Payment Due Date: **NET 30** 

15-JUL-18

Purchase Order Number: 01155

**Customer Contact:** 

Sales Representative: **Location Number:** 

COBIA, JOHN-028-97-4702

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

FEDEX 15-JUN-18 QTY SHIPPED DECMETKE QTY PREVIOUSLY QTY TEM NUMBER ITEM DESCRIPTION SHIPPED BACK PRICE ORDERED USD CANNULATED COMPRESSION SCREW 0 0 1 1,075.32 1,075.32 . 2 663036 Ā 4.0MM/ L36MM; GTIN:07613327171440 UNTHREADED GUIDE WIRE Â 2 X 0 1 53.20 53.20 0 1 705355 200MN: GTIN:07613327172645 O 125.40 125 40 C CANNULATED DRILL BIT WITH 705357 CALIBRATIONS A 3.0MM X 170MM. AO; GTIN:07613327172683

Invoice Comments:

Sub-Total Tax: Freight:

Total:

0.00 0.00 1,253.92

1,253.92

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BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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



Orthopaedics

Reprint

Invoice Number:

8719193

Invoice Date: 20-JUN-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: **Customer Number:** 

Payment Due Date:

17637423

37192

**NET 30** 20-JUL-18 Purchase Order Number: 01164

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date:

Terms.

Ship Via:

Shipping Reference:

Freight Terms:

20-JUN-18	FEDEX				FOB	: Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
XFO612002	2 MM CALIBRATED REAMER; GTIN:07613252265320	7	0	0	1	133.76	133.76
				7.4.40.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			
Invoice Comments:	ITEM XF0012002 MISSING FROM BOX SENT TO HO	SPITAL			Sub-Total:		133.76
mance comments:	11 Mile VI. PATERIOR MICHIGATION I HOM DOV OPER 11 10 100	Mary 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Tax:		0.00
					Freight:		0.00
					Totai:		133.76

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**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

Case 3:18-bk-05665 Claim 118-1 Part 3 Filed 11/06/18 Desc Attachment 2 Page 9 of 37

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number:

Invoice Date: 22-JUN-18

Page: 1 of 2

8727168 Bill To:

Ship To: GILMORE MEMORIAL REGIONAL MEDICAL CENTER

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE

1105 EARL FRYE BLVD AMORY, MS 38821-5500

1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

United States

17662494

Purchase Order Number: 01265

Sales Order Number: **Customer Number:** 

37192

**Customer Contact:** 

**NET 30** Terms:

Sales Representative:

COBIA, JOHN-028-97-4702

**Payment Due Date:** 

22-JUL-18

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY	QTY BACK	QTY   SHIPPED	UNIT	EXTENDED
		ORDERED	SHIPPED	ORDERED	SHIPPED	PRICE USD	PRICE
3102-1910	ALLOGRAFT EVANS WEDGE	4	O	0	*	1,540.00	1,540.00
3102-1205	ALLOGRAFT DBM PLUS PUTTY 5CC; GTIN:07613327176957	1	0	0	1	1,078.00	1,078.00
626893	POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, LEFT (T10); GTIN:07613327130669	1	0	С	1	1,756.16	1,756.16
626832	CP LAG SCREW Ā 4.1MM, L32MM (T10): GTIN:C7613327131277	1	С	O	1	210.56	210.56
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	С	0	1	458.00	458.00
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	2	0	9	2	93.86	187.72
40-35616	LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698	3	С	0	3	107.44	322.32
40-35626	LOCKING SCREW T10 3.5X26mm; GTIN:07613154619887	1	0	0	1	107.44	107.44
45-80300	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511	1	0	0	1	28.12	28.12
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM; GTIN:07613252257806	1	С	0	1.	24.32	24.32
45-35010	DRILL 2.6mm X 122mm WL70mm AO-SHAFT: GTIN:04546540645807	1	C	0	1	95.38	95.38
HT-00002	MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	1	0	0	1	1,194.00	1,194.00
45-8030C	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511	* * *	C	С	1	28.12	28.12

This Invoice may be subject to discount

325 Corporate Drive Mahwah, NJ C7430

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

strykei	38
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Orthopaedics

Reprint

Invoice Number: 8734495

United States

Invoice Date: 26-JUN-18

Page:

1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

**United States** 

Sales Order Number: Customer Number:

17644571

Purchase Order Number: 01299

37192

**Customer Contact:** 

Terms: Payment Due Date: NET 30 26-JUL-18 Sales Representative:

COBIA, JOHN-028-97-4702

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

26-JUN-18	FEDEX						
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2008	4X8cm AlioWrap DS, WET	1	0	0	1	4,480.00	4,480.00
3102-2524	PROLAYER 2X4CM; 0.4-1.0MM THICK		0	0	T .	480.00	480.00
					Ballous services		

Invoice Comments:

REPLENISHED BY S. LEWIS

Sub-Total Tax:

4,960.00 0.00 0.00

Freight: Total:

4,96C.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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

Reprint

Invoice Number: 8734575

**United States** 

AMORY, MS 38821-5500

Invoice Date: 26-JUN-18

Page: 1 of 1

Bill To: GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD

1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

Ship To:

Sales Order Number:

17637586

Purchase Order Number: 01297

Sub-iota

Tax:

Freight:

Total:

Customer Number:

37192 **NET 30**  **Customer Contact:** Sales Representative:

COBIA, JOHN-028-97-4702

3.582.00

3.582.00

0.00

0.00

Terms: Payment Due Date:

26-JUL-18

**Location Number:** 

54279

Invoice Comments:

Ship Via:

Shipping Reference:

Freight Terms:

Ship Date: **FEDEX** 26-JUN-18 PREVIOUSLY ITEM NUMBER ITEM DESCRIPTION OTV OTY OTY HMIT FXTENDED ORDERED SHIPPED BACK PRICE ORDERED USD SMALL HAMMERTOE !MPLANT: 0 0 1,194.00 1.194.00 HT-00001 1 1 GTIN:07613327356366 0 1,194,00 SMALL HAMMERTOE IMPLANT: 2 0 2 2.388.00 HT-00001 GTIN:07613327356366

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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

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8735667

Invoice Date:

26-JUN-18

Page:

1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD

Chin Me.

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: **Customer Number:** 

Payment Due Date:

17684990

37192

NET 30

26-JUL-18

Purchase Order Number: 01300

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

1.960.00

**Location Number:** 

54279

Chin Date.

Terms:

Chinning Deference

Fraight Torme

Ship Date: 26-JUN-18	Ship Via: FEDEX	*	shipping Re	rerence:	Fre	ight Terms:	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED P	REVIOUSLY SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2004	2X4cm AlloWrap DS, WET	.1	0	0	13	1,960.00	1,960.00
		a.					
					-		
					The second secon		
						Å	
Invoice Comments:					Sub-Total:		1,960.00
					Tax:		0.00
					Freight:		0.00

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.

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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

Total:

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

**Orthopaedics** 

Reprint

Invoice Number:

8736687

Invoice Date: 26-JUN-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 AMCRY, MS 38821-5500

**United States** 

Sales Order Number: **Customer Number:** 

Payment Due Date:

17610309

37192

**NET 30** 

26-JUL-18

Purchase Order Number:01144

**Customer Contact:** 

Sales Representative: COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date: 26-JUN-18

Terms:

Ship Via: **FEDEX** 

Shipping Reference:

Freight Terms:

ITEM NUMBER PREVIOUSLY EXTENDED OTY ITEM DESCRIPTION OTY SHIPPED BACK PRICE ORDERED SHIPPED PRICE POLYAXIAL LOCKING PLATE 0 0 1,756.16 1,756.16 626894 1 LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645 REAMER FOR CROSS-PLATES: 0 0 458.00 458.00 705172 1 GTIN:07613327131055 626834 CP LAG SCREW Å 4.1MM, L34MM C 0 210.56 210.56 (T10); GTIN:07613327131314 C 0 93.86 187.72 2 XBR001002 ANCHORAGE FIXATION PIN; 2 GTIN:07613252264552 LOCKING SCREW T10 3.5X16mm; ٥ 0 107.44 214.88 40-35616 2 GTIN:07613154628698 ۵ LOCKING SCREW T10 3.5X18mm; 1 0 107.44 107.44 40-35618 GTIN:07613154628704 LOCKING SCREW T10 3.5X24mm; 1 0 0 107.44 107.44 40-35624 GTIN:07613154628735 STEINMANN PIN SMOOTH 2.5mm X 2 C 0 28.12 56.24 45-80300 100mm; GTIN:04546540605511 n C 150.40 150.40 703895 SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm): GTIN:07613327070040 **UNTHREADED GUIDE WIRE & 1.4mm** 2 0 0 104.12 208.24 705233 x 150mm; GTIN:07613252708551

This invoice may be subject to discount

325 Cornorate Drive Mahwah, NJ 07430

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

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Orthopaedics

		n

Invoice Number:

Invoice Date: 26-JUN-18

Page: 2 of 2

8736687

Bill To: GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE

1105 EARL FRYE BLVD AMORY, MS 38821-5500 **United States** 

Shin To-

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number:

1761C309

Purchase Order Number: 01144

**Customer Number:** Terms:

37192 **NET 30**  **Customer Contact:** Sales Representative:

**Location Number:** 

COB!A, JOHN-028-97-4702

**Payment Due Date:** 

26-JUL-18

Freight Terms:

54279

Ship Date: 26-JUN-18

Ship Via: **FEDEX** 

Shipping Reference:

ITEM NUMBER ITEM DESCRIPTION QTY PREVIOUSLY SHIPPED QTY BACK ORDERED

Invoice Comments:

Sub-Total Tax: Freight:

Total:

3,457,08 0.00 0.00 3.457.08

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

# stryker\*

Orthopaedics

Reprint

Invoice Number: 8736689

**United States** 

Invoice Date: 26-JUN-18 Page: 1 of 2

Bill To:

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

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number:

17626772

26-JUL-18

Purchase Order Number: 01185

Customer Number: Terms: Payment Due Date: 37192 NET 30 Customer Contact:

Sales Representative:

ion Number: 542

COBIA, JOHN-028-97-4702

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

ITEM DESCRIPTION	QTY	PREVIOUSLY	QTY	QTY	UNIT	EXTENDED
	URDERED	SRIPPED	ORDERED	SHIPPED	USD	PRICE USD
STEINMANN PIN SMOOTH 2.5mm X	2	0	٥	2	28.12	56.24
UNTHREADED GUIDE WIRE Ā 3.4mm x 150mm; GTIN:07613252708551	2	o	0	2	104.12	208.24
ANCHORAGE FIXATION PIN; GTIN:07613252264552	.2	0	. 0	2	93.86	187.72
POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10): GTIN:07613327130645	1.	C	0	1	1,756.15	1,756.16
CP LAG SCREW A 4.1MM, L32MM	1	0	0	1	210.56	210.56
REAMER FOR CROSS-PLATES;	1	0	0	1	458.00	458.00
SPEEDGUIDE DRILL AO, DIA 2.6mm	1	C	0	1	150.40	150.40
LOCKING SCREW T 10 3.5X14mm; GTIN:07613154628681	2	C	C	2	107.44	214.88
LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698	1	0	0	1	107.44	107.44
LOCKING SCREW T10 3.5X22mm; GTIN:07613154628728	-1	0	0	1	107.44	107.44
MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	-1	C	O	1	1,194.00	1,194.00
	,			A	<u> </u>	
	i i					
	:		9		· .	
	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511 UNTHREADED GUIDE W!RE Å 1.4mm x 150mm; GTIN:07613252708551 ANCHORAGE FIXATION PIN; GTIN:07613252264552 POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645 CP LAG SCREW Å 4.1MM, L32MM (T10); GTIN:07613327131277 REAMER FOR CROSS-PLATES; GTIN:07613327131055 SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm); GTIN:07613327070040 LOCKING SCREW T10 3.5X14mm; GTIN:07613154628681 LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698 LOCKING SCREW T10 3.5X22mm; GTIN:07613154628698 LOCKING SCREW T10 3.5X22mm; GTIN:07613154628728 MEDIUM HAMMERTOE IMPLANT;	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511 UNTHREADED GUIDE WIRE Å 1.4mm x 150mm; GTIN:07613252708551 ANCHORAGE FIXATION PIN; GTIN:07613252264552 POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645 CP LAG SCREW Å 4.1MM, L32MM (T10); GTIN:07613327137277 REAMER FOR CROSS-PLATES; GTIN:07613327131055 SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm); GTIN:07613327070040 LOCKING SCREW T10 3.5X14mm; GTIN:07613154628681 LOCKING SCREW T10 3.5X16mm; GTIN:07613154628698 LOCKING SCREW T10 3.5X22mm; GTIN:07613154628698 LOCKING SCREW T10 3.5X22mm; GTIN:07613154628728 MEDIUM HAMMERTOE IMPLANT;	STEINMANN PIN SMOOTH 2.5mm X 2 0 100mm; GTIN:04546540605511 UNTHREADED GUIDE WIRE Å 1.4mm 2 0 x 150mm; GTIN:07613252708551 ANCHORAGE FIXATION PIN; 2 0 GTIN:07613252264552 POLYAXIAL LOCKING PLATE 1 C LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645 CP LAG SCREW Å 4.1MM, L32MM 1 0 (T10); GTIN:0761332713777 REAMER FOR CROSS-PLATES; 1 0 GTIN:07613327131055 SPEEDGUIDE DRILL AO, DIA 2.6mm 1 C (L = 70mm); GTIN:07613327070040 LOCKING SCREW T10 3.5X14mm; 2 C GTIN:07613154628681 LOCKING SCREW T10 3.5X16mm; 1 0 GTIN:07613154628698 LOCKING SCREW T10 3.5X22mm; GTIN:07613154628728 MEDIUM HAMMERTOE IMPLANT; 1 0	STEINMANN PIN SMOOTH 2.5mm X 100mm; GTIN:04546540605511 UNTHREADED GUIDE WIRE Ä 1.4mm 2 0 0 x 150mm; GTIN:07613252708551 ANCHORAGE FIXATION PIN; 2 0 0 GTIN:07613252264552 POLYAXIAL LOCKING PLATE 1 0 0 LAPIDUS CROSS-PLATE, RIGHT (T10); GTIN:07613327130645 CP LAG SCREW Ä 4.1MM, L32MM 1 0 0 (T10); GTIN:0761332713777 REAMER FOR CROSS-PLATES; 1 0 0 GTIN:07613327131055 SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm); GTIN:0761332700040 LOCKING SCREW T10 3.5X14mm; 2 0 0 GTIN:07613154628681 LOCKING SCREW T10 3.5X16mm; 1 0 0 GTIN:07613154628698 LOCKING SCREW T10 3.5X22mm; 1 0 0	STEINMANN PIN SMOOTH 2.5mm X   2   0   0   2	SHIPPED   SHIPPED   BACK ORDERED   PRICE USD

This invoice may be subject to discount

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

**United States** 

Invoice Date:

Page:

8736689

26-JUN-18

2 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY. MS 38821-5500

**United States** 

Sales Order Number:

17626772

Purchase Order Number: 01185

Freight:

Total:

**Customer Number:** 

37192

**Customer Contact:** Sales Representative:

COBIA. JOHN-028-97-4702

Terms: Payment Due Date: NET 30 26-JUL-18

Location Number:

54279

Freight Terms:

Shipping Reference: Ship Date: Ship Via: 26-JUN-18 **FEDEX** PREVIOUSLY QTY SHIPPED ITEM NUMBER ITEM DESCRIPTION QTY ORDERED BACK SHIPPED Sub-Total 4,651.08 Invoice Comments: Tax: 0.00

0.00 4,651.08

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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

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number:

United States

Invoice Date: 26-JUN-18

Page:

8736690

1 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

Ship To:

Sales Order Number:

17540363

Purchase Order Number: 01295

**Customer Number:** 

37192

**Customer Contact:** 

COBIA, JOHN-028-97-4702

Terms:

NET 30

Sales Representative: **Location Number:** 

54279

Payment Due Date:

26-JUL-18

Shin Date:

Shin Via

Shipping Reference:

Freight Terms:

Ship Date:	Ship Via: FEDEX		Sinhbing Ke	ici cilic.		r reignic renns.	
26-JÜN-18 ITEM NUMBER	FIEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
45-80300	STEINMANN PIN SMOOTH 2.5mm X 100mm: GTIN:04546540605511	2	0	0	2	28.12	56.24
40-35614	LOCKING SCREW T10 3.5X14mm; GTIN:07613154628681	2	С	0	2	107.44	214.88
40-35620	LOCKING SCREW T10 3.5X20mm; GTIN:07613154628711	Î	0	0	1	107.44	107.44
40-35624	LOCKING SCREW T10 3.5X24mm; GTIN:07613154628735	1	0	С	1	107.44	107.44
703895	SPEEDGUIDE DRILL AO, DIA 2.6mm (L = 70mm); GTIN:07613327070040	1	0	O	3	₹50.40	150.40
AGK0214150	FIXOS - GUIDE WIRE 1.4 X 150 MM: GTIN:07613252257806	3	0	0	3	24.32	72.96
XBR001G02	ANCHORAGE FIXATION PIN; GTIN:07613252264552	2	C	0	2	93.86	187.72
626894	POLYAXIAL LOCKING PLATE LAPIDUS CROSS-PLATE, RIGHT (T10): GTIN:07613327130645	1	0	0	1	1,756.16	1,756.16
626830	CP LAG SCREW Ā 4.1MM; L30MM (T10); GTIN:07613327131345	1	c c	0	1	210.56	210.56
705172	REAMER FOR CROSS-PLATES; GTIN:07613327131055	1	c	0	1	458.00	458.00
HT-00002	MEDIUM HAMMERTOE MPLANT; GTIN:07613327356359	1	С	0	1	1,194.00	1,194.00

This invoice may be subject to discount

325 Corporate Drive Mahwah, NJ 07430

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

<i>s</i> tryker
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**Orthopaedics** 

Re	
RΒ	

Invoice Number:

**United States** 

8736690

Invoice Date: 26-JUN-18

Page: 2 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number: **Customer Number:** 

Payment Due Date:

17640363

37192

**NET 30** 

26-JUL-18

Purchase Order Number: 01295

**Customer Contact:** 

Sales Representative: **Location Number:** 

COBIA, JOHN-028-97-4702

54279

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

26-JUN-18 **FEDEX** ORDERED PREVIOUSLY QTY SHIPPED ITEM MI IMPED ITEM DESCRIPTION SHIPPED ORDERED Sub-Total 4.515.80Invoice Comments:

> Tax: Freight: Total:

0.00 0.00 4,515.80

The price shown on this involce 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.

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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

325 Corporate Drive Mahwah, NJ 07430

Teiephone: 201-831-5000 Fax: 201-831-6567

<i>s</i> tryker
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**Orthopaedics** 

Reprint

Invoice Number:

Invoice Date: 26-JUN-18

Page:

8736925

United States

Ship To:

1 of 1

Bill To

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

Sales Order Number:

17625605

Purchase Order Number: 01162

**Customer Number:** 

37192

**Customer Contact:** 

Terms:

**NET 30** 

Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date: 26-JUL-18 **Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

**FEDEX** 26-JUN-18 QTY ORDERED PREVIOUSLY SHIPPED QTY BACK QTY UNIT EXTENDED ITEM NUMBER ITEM DESCRIPTION PRICE ORDERED USD 0 ٥ 1,280.00 1,280.00 3102-2002 2X2cm AlloWrap DS, WET-

Invoice Comments:

REPLENISHED BY S. LEWIS

Sup-Total Tax: Freight:

Total:

.280.00 0.00 0.00 1.280.00

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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

325 Corporate Drive Mahwah, NJ 07430

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

stryke	·r°
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Orthopaedics

Reprint

Invoice Number:

Invoice Date: 26-JUN-18

Page: 1 of 1

8737282

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: **Customer Number:** 

**Payment Due Date:** 

17584974

37192

NET 30

26-JUL-18

Purchase Order Number: 01067

**Customer Contact:** 

Sales Representative: **Location Number:** 

COBIA, JOHN-028-97-4702 54279

Ship Date:

Terms:

Ship Via:

**FEDEX** 

Shipping Reference:

Freight Terms:

26-JUN-18 PREVIOUSLY QTY QTY SHIPPED EXTENDED QTY ITEM NUMBED ITEM DESCRIPTION OPDERED SHIPPED PRICE ORDERED USD 1,960.00 2X4cm AlloWrap DS, WET 0 ٥ 1,960.00 3102-2004

REPLENISHED BY S. LEWIS invoice Comments:

Sub-Total Tax: Freight:

Total:

1.960.00 0.00 0.00 1.960.00

The price shown on this involce 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 involce 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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BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number:

8738901

Invoice Date: 27-JUN-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: **Customer Number:** 

17663113

37192

**NET 30** 

Payment Due Date:

27-JUL-18

Purchase Order Number: 01266

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

Location Number:

54279

Ship Date: 27-JUN-18

Terms:

Ship Via: FEDEX

Shipping Reference:

Freight Terms:

ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
626985	SLIM Y-PLATE, 5 SHAFT HOLES	1.	0	0	1	670.56	670.56
657116	(T8); GT:N:07613327283839 BONE SCREW T10 FULL THREAD 2.7mm / L16mm; GT:N:07613327069549	2	0	0	2	78.76	157.52
657118	BONE SCREW T10 FULL THREAD 2.7mm / L18mm; GTIN:07613327069532	1,	0	0	1*	78.76	78.76
657112	BONE SCREW T10 FULL THREAD 2.7mm / L12mm; GTIN:07613327069488	1	0	0	1	78.76	78,76
657110	BONE SCREW T10 FULL THREAD 2.7mm / L10mm; GTIN:07613327069518	- <b>1</b>	C	0,	1	78.76	78.76
703896	DRILL BIT, AO DIA 2.0mm x 135mm, SCALED; GTIN:07613327070064	1	0	0	1	116.80	116.80
XBR001002	ANCHORAGE FIXATION PIN; GTIN:07613252264552	1	0	0	1	93.86	93.86
AGK0214150	FIXOS - GU!DE WIRE 1.4 X 150 MM; GTIN:07613252257806	2	0	a	2	24.32	48.64
		-	1	İ			<u> , , , , , , , , , , , , , , , , , , ,</u>

This invoice may be subject to discount

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

Reprint

Invoice Number:

Page:

8738901

Invoice Date: 27-JUN-18

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:

17663113

Purchase Order Number: 01266

Total:

Customer Number:

37192

Customer Contact:

Terms: Payment Due Date: **NET 30** 27-JUL-18 Sales Representative:

COBIA, JCHN-028-97-4702

1,323.66

Location Number: 54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

**FEDEX** 27-JUN-18 PREVIOUSLY ITEM NUMBER ITEM DESCRIPTION QTY ORDERED OTY BACK SHIPPED Sub-Total: 1,323.66 Invoice Comments: 0.00 Tax: 0.00 Freight:

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/Medicald 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 Maiiroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

<i>s</i> tryker*
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**Orthopaedics** 

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Invoice Number:

8750084

Invoice Date: 29-JUN-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:

17703116

**Customer Number:** 

37192 **NET 30** 

Payment Due Date:

29-JUL-18

Purchase Order Number: 01341

**Customer Contact:** 

Sales Representative: Location Number:

COBIA, JOHN-028-97-4702

54279

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

**FEDEX** 29-JUN-18 EXTENDED QTY UNIT PREVIOUSLY QTY OTY ITEM NUMBER ITEM DESCRIPTION PRICE ORDEREC SHIPPED BACK ORDERED 1,280.00 1,280.00 O 0 2X2cm AlloWrap DS, WET 3102-2002

Invoice Comments:

Tax: Freight: Total:

Sub-Total

0.00 0.00 1,280.00

1 280 CO

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/priceilst. 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

325 Corporate Drive Mahwah, NJ 07430

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

<i>s</i> tryker
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Orthopaedics

Reprint

Invoice Number:

Invoice Date:

Page:

8764127

C6-JUL-18

1 of 1

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

**United States** 

Ship To:

Sales Order Number:

17715324

Purchase Order Number: 01432

**Customer Number:** 

37192

**Customer Contact:** Sales Representative:

COBIA, JOHN-028-97-4702

0.00

2.056.48

Terms: **Payment Due Date:**  NET 30 05-AUG-18

Location Number:

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

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06-JUL-18	FEDEX						
TEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDE PRIC US
AGK0214150	EXOS - GUIDE WIRE 1,4 X 150 MM; GTIN:07613252257806	1	0	0	1	24.32	24.3
KFO094501	FIXOS CANULATED REAMER 2.5 X 45 MV 4.0; GTIN:07613252265542	10	0	0	1	391.40	391.4
MV44A	FIXOS MV SCREW 4.0 X 44 mm; GTIN:07613252260165	1	0	0	1	360.76	360.7
3102-2002	2X2cm AlloWrap DS, WET	/1	0	0	1	1,280.00	1,260.0
			,				
nvoice Comments:		1			Sub-Fotal:		2,056.4
HADICE OWITHERIES.					Tax:		0.0

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CH!CAGO, !L 60673-3213

Express Mail Delivery:

JP Morgan - 93213 131 South Dearborn - 6th Floor Maliroom

Freight:

Total:

Chicago, IL 606C3

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8781094

Invoice Date: 16-JUL-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: **Customer Number:** 

Payment Due Date:

17735111

37192

NET 30 15-AUG-18 Purchase Order Number: 01508

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

Location Number:

54279

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

FEDEX 16-JUL-18 QTY QTY UNIT EXTENDED PREVIOUSLY QTY ITEM NUMBER ITEM DESCRIPTION PRICE ORDERED SHIPPED ORDERED USD USD 287.00 287.00 ALLOGRAFT DBM GEL 1CC: C Ω 1 3102-1101 GTIN:07613327177022

REPLENISHED BY S. LEWIS Invoice Comments:

Sub-Total: Tax: Freight:

Total:

0.00 0.00 287.00

287.C0

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

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		7 400 11

Orthopaedics

Reprint

Invoice Number:

8781095

Invoice Date: 16-JUL-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: **Customer Number:** 

Payment Due Date:

17735578

37192

**NET 30** 

15-AUG-18

Purchase Order Number: 01506

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

TEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
3102-2002	2X2cm AlloWrap DS, WET	1	0	0	1	1,280.00	1,280.00
						- - -	
****	8 3				Sub-!otal:		1,280.00
nvoice Comments:	REPLEMISHED BY S. LEWIS				Tax:		0.00
					Freight:		0.00
					Total:		1,280.00

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, !L 60673-3213

Express Mail Delivery:

JP Morgan - 93213

131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60503

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8781165

Invoice Date:

16-JUL-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: **Customer Number:** 

Payment Due Date:

17711815

37192

**NET 30** 

15-AUG-18

Purchase Order Number: 01382

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

54279 **Location Number:** 

Shin Via

Shipping Reference:

Freight Terms:

Ship Date: 16-JUL-18	Snip via: FEDEX		Stubburg Ke	ieieine.	116	igini romus.	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
HT-00002	MEDIUM HAMMERTOE IMPLANT; GTIN:07613327356359	2	0	0	2	1,194.00	2,388.00
						Î	
					Sub- i otal:		2,388.00
Invoice Comments:					Tax:		0.00
					Freight:		0.00
					Total;		2,388.00

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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

325 Corporate Drive Mahwah, NJ 07430

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



**Orthopaedics** 

Reprint

Invoice Number:

8781167

Invoice Date: 16-JUL-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: **Customer Number:** 

**Payment Due Date:** 

17765685

37192

**NET 30** 

15-AUG-18

Purchase Order Number: 01505

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 54279

Ship Date:

Ship Via:

**FEDEX** 

Shipping Reference:

16-JUL-18

Terms:

Freight Terms:

QTY UNIT EXTENDED PREVIOUSLY QTY QTY ORDERED ITEM NUMBER ITEM DESCRIPTION SHIPPED ORDERED USD 0 1,194.00 1,194.00 0 MEDIUM HAMMERTOE MPLANT; HT-00002 GTIN:07613327356359 1 194.00 0 1,194.00 SMALL HAMMERTOE IMPLANT: 1 0 1 HT-00001 GTIN:07613327356366 2,388.00 Sub-Total: Invoice Comments: 0.00

Tax: Freight: Total:

0.00 2,388.00

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CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213 131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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

# *s*tryker\*

**Orthopaedics** 

Reprint

Invoice Number:

Invoice Date: 16-JUL-18

Page:

8782155

1 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE

1105 EARL FRYE BLVD AMCRY, 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:

17775683

Purchase Order Number: 01510

**Customer Number:** 

37192

**Customer Contact:** 

Terms: **NET 30**  Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

15-AUG-18

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

16-JUL-18	FEDEX		•			FOB: Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
WS13	SNAP OFF SCREW DIAM. 2 LG. 13; GTIN:07613252264408	3	С	0	3	360.76	1,082.28
SV30	SV30 S-FIX SCREW 2.5LG 30mm; GTIN:07613252263746	. •	C	0	1	360,76	360.76
XFO051201	CANNULATED DRILL BIT & COUNTERSINK Å 1.7MM L12MM AO; GT!N:07613252265481	1	O <sub>i</sub>	0	1	144.40	144.40
EZM08-08-08	EASY CLIP - MONOCORTICAL FIXATION DEVICE 8 x 8 x 8; GTIN:07613252259442	1	0	0	1	868.45	868.45
45-30015	3.0 mm ASNIS MICRO, K-WIRE 1.2 mm X 100 mm; GTIN:07613154578405	5	0	O*	5	24.32	121.60
45-20005S	2.0 mm ASNIS MICRO CANNULATED DRILL 1.7 mm AC COUPLING SINGLE USE; GTIN:04546540534170	2	0	0	2	172.14	344.28
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This Invoice may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Repr	ากป	٠

Invoice Number:

8782155

Invoice Date:

Page:

16-JUL-18

2 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

**United States** 

Shin To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number: **Customer Number:** 

17775683

37192

**NET 30** 

Payment Due Date:

Terms:

15-AUG-18

Purchase Order Number: 01510

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Ship Date: 16-JUL-38	Ship Via: FEDEX	Shipping Reference:	Freight Terms: FOB: Mahwah	
ITEM NUMBER	ITEM DESCRIPTION	ORDERED PREVIOUSLY QTY ORDERED SHIPPED BACK ORDERED	SHIPPED	
				Construction
Invoice Comments:			Sub-Total:	2,921.//
			Tax: Freight:	0.00 0.00
			Total:	2,921.77

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.

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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

325 Corporate Drive Mahwah, NJ 07430

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

Orthopaedics

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

Reprint

Invoice Number: 8786813

Invoice Date: 18-JUL-18

Page: 1 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD

AMORY, M5 38821-5500 **United States** 

1105 EARL FRYE BLVD AMORY, MS 38821-5500

**United States** 

Ship To:

Sales Order Number:

17778123

Purchase Order Number: 01551

**Customer Number:** 

37192

**Customer Contact:** 

Terms:

NET 3C

Sales Representative:

COBIA, JOHN-028-97-4702

Payment Due Date:

17-AUG-18

**Location Number:** 

54279

Ship Date:

Ship Via:

Shipping Reference:

Freight Terms:

**FEDEX** 18-JUL-18 PREVIOUSLY UNIT EXTENDED ITEM NUMBER 077 ITEM DESCRIPTION OTY OTY BACK PRICE SHIPPED USD 3102-1900 ALLOGRAFT COTTON WEDGE 0 0 1 1,540.00 1,540.00 6X24X14MM 0 1,540.00 1,540.00 3102-1908 ALLOGRAFT EVANS WEDGE 8X22X20MM 1 0 1 UNTHREADED GUIDE WIRE A 2.0mm: 2 0 0 2 57.00 114.00 705234 x 150mm; GTIN:07613252708568 C **CANNULATED COUNTERSINK A 5.0mm** 1 0 228.00 705261 1 228.00 AO FITTING; GTIN:07613252708674 0 0 216.80 216.80 CANNULATED DRILL A 3.5mm AO 1 1 705251 FITTING; GTIN:07613252708643 C 0 375.26 750.52 658155 **HEADLESS COMPRESSION SCREW** 2 2 Ä 5.0mm / L55mm; GT!N:07613252707578 C 28.12 112.48 45-8C30C STEINMANN PIN SMOOTH 2.5mm X 0 100mm; GTIN:04546540605511 1 0 0 1 240.00 240.00 1910-12705 DRILL D2.8; GTIN:07613327095371 SONICANCHOR KIT 2.5X10 MM / 0 0 381.60 381.60 1910-1273S FORCE FIBRE #2 / C-7; GTIN:07613327096149

This Invoice may be subject to discount

Continued

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopsedics

Reprint

Invoice Number:

8786813

Invoice Date: 18-JUL-18

Page: 2 of 2

Bill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD

AMORY, MS 38821-5500

**United States** 

Sales Order Number:

17778123

**Customer Number:** 

**United States** 

37192 **NET 30** 

Terms: Payment Due Date:

17-AUG-18

Purchase Order Number: 01551

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Shipping Reference:

Freight Terms:

Ship Via: Ship Date: 18-JUL-18 **FEDEX** PREVIOUSLY OTY ITEM NUMBER ITEM DESCRIPTION BACK ORDERED Sub-Total: 5,123.40 ALLOGRAFT WEDGES ORDERED BY S. LEWIS Invoice Comments: 0.00 Tax: 0.00

Freight: Total:

5.123.40

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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, !L 60603

325 Corporate Drive Mahwah, NJ 07430

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

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Orthopaedics

Reprint

Invoice Number:

8786893

Invoice Date:

18-JUL-18

Page:

1 of 1

Rill To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

ATTN ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38827-5500

United States

Ship To:

GILMORE MEMORIAL REGIONAL MEDICAL CENTER

1105 EARL FRYE BLVD AMORY, MS 38821-5500

United States

Sales Order Number: **Customer Number:** 

Payment Due Date:

Invoice Comments:

17773298

37192

REPLENISHED BY S. LEWIS

**NET 30** 17-AUG-18 Purchase Order Number: 01526

**Customer Contact:** 

Sales Representative:

COBIA, JCHN-028-97-4702

**Location Number:** 

Tax:

Total:

54279

Ship Date:

Terms:

Ship Via:

**FEDEX** 

Shipping Reference:

Freight Terms:

18-JUL-18 FXTENDED QTY QTY SHIPPED LIMIT PREVIOUSLY ITEM NUMBER ITEM DESCRIPTION OTY PRICE ORDERED SHIPPED ORDERED HSD USD 287.00 287.00 0 1 0 ALLOGRAFT DBM GEL 1CC; 3102-1101 GTIN:07613327177022

Sub-Total

0.00 0.00 Freight: 287.00

287 00

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Please Remit To: STRYKER ORTHOPAEDICS BCX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213 131 South Dearborn - 6th Floor Mailroom

Chicago, IL 60603

325 Corporate Drive Mahwah, NJ 07430

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



Orthopaedics

Reprint

Invoice Number:

8786990

Invoice Date:

18-JUL-18

1 of 1

Page:

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: **Customer Number:** 

Payment Due Date:

17773204

37192

NET 30 17-AUG-18 Purchase Order Number: 01526

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

0.00

1.003.20

Location Number: 54279

Freight:

Total:

Ship Date:

Terms:

Ship Via:

Shipping Reference:

Freight Terms:

!8-JUL-18	FEDEX						
TEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDE PRIC US
1910-1270S	DRILL D2.8; GTIN:07613327095371	1	0	0	: <b>1</b>	240.00	240.00
1910-1273S	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7; GTIN:07613327096149	1	O <sub>1</sub>	0	1	381,60	381.60
1910-1273S	SONICANCHOR KIT 2.5X10 MM / FORCE FIBRE #2 / C-7; GTIN:07613327096149	1	0	0	1	381.60	381.60
				i.	1. 2		
							See to the E.M.
nvoice Comments:		****			Sub-Total	:	1,003.20
					Tax:		0.0

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Please Remit To: STRYKER ORTHOPAEDICS

BOX 93213

CHICAGO, IL 60673-3213

Express Mail Delivery:

JP Morgan - 93213

Chicago, IL 60603

131 South Dearborn - 6th Floor Mailroom

325 Corporate Drive Mahwah, NJ 07430

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

stryker
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**Orthopaedics** 

Reprint

Invoice Number: 8794709

Invoice Date: 20-JUL-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: **Customer Number:** 

**Payment Due Date:** 

Terms:

17801293

37192

**NET 30** 

19-AUG-18

Purchase Order Number: 01572

Customer Contact:

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Shipping Reference:

Freight Terms:

Ship Via: Ship Date: 20-JUL-18 **FEDEX** ITEM NUMBER PREVIOUSLY SHIPPED QTY QTY SHIPPED ITEM DESCRIPTION EXTENDED ORDERED PRICE PRICE ORDERED USD AGKC214150 FIXOS - GUIDE WIRE 1.4 X 150 1 0 0 1 24.32 24.32 MM; GTIN:07613252257806 0 XFO094501 FIXOS CANULATED REAMER 2.5 X 1 0 1 391.40 391.40 45 MV 4.0; GTIN:07613252265542 FIXOS MV SCREW 4.0 X 48 mm: 0 0 360.76 360.76 1 1 MV48A GTIN:07613252260226

Invoice Comments:

Sub-Total Tax: Freight:

Total:

0.00 0.00 776.48

776.48

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/Medicald 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.

This invoice is only to be used for purpose of payment. The information in this invoice is confidential and may not be disclosed to any third party without Stryker's prior written consent. The acceptance of this invoice reflects agreement by the recipient and its agent and employees to retain the invoice information as confidential, to be used for payment purposes.

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

325 Corporate Drive Mahwah, NJ 07430

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

<b>s</b> tryker	•
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Orthopaedics

Reprint

Invoice Number:

9916183

Invoice Date: 27-JUL-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: Customer Number:

Payment Due Date:

17839746

37192

**NET 30** 

26-AUG-18

Purchase Order Number: 01649

**Customer Contact:** 

Sales Representative:

COBIA, JOHN-028-97-4702

**Location Number:** 

54279

Shin Date:

Ship Via

Shipping Reference:

Freight Terms:

Snip Date: 27-JUL-18	L-18 FEDEX FOB: Manwa				FOB: Mahwah		
ITEM NUMBER	ITEM DESCRIPTION	ORDERED	PREVIOUSLY SHIPPED	QTY BACK ORDERED	QTY SHIPPED	UNIT PRICE USD	EXTENDED PRICE USD
WS13	SNAP OFF SCREW DIAM, 2 LG. 13; GTIN:07613252264408	2	0	0	2	360.76	721.52
						30	
Invoice Comments:					Sub-Total		721.52
					Tax:		0.00
					Freight:		0.00
		Total;				721.52	

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Please Remit To: STRYKER ORTHOPAEDICS

**BOX 93213** 

CHICAGO, IL 60673-3213

Express Mail Delivery:

131 South Dearborn - 6th Floor Mailroom

JP Morgan - 93213 Chicago, IL 60603

# 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: (6780225) Claim No: 118 Status:
Stryker Orthopaedics, A Division Original Filed Filed by: CR
of Stryker Corp Date: 11/06/2018 Entered by: admin

c/o Lori L Purkey Original Entered Modified:
Purkey & Associates, PLC Date: 11/06/2018

5050 Cascade Road, SE, Ste. A Grand Rapids, MI 49546

Amount claimed: \$139671.23

History:

<u>Details</u> 11/06/2018 Claim #118 filed by Stryker Orthopaedics, A Division of Stryker Corp, Amount

claimed: \$139671.23 (admin)

Description:

Remarks: (118-1) 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

<b>Total Amount Claimed*</b>	\$139671.23
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		