Fill in this information to ide	entify 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

11/21/2018

**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	m	
1.Who is the current creditor?	NEXAIR LR	
ordator.	Name of the current creditor (the person or entity to be pa	aid for this claim)
	Other names the creditor used with the debtor $\begin{tabular}{c} N \end{tabular}$	EXAIR LLC
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?	
3.Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  NEXAIR LR	Where should payments to the creditor be sent? (if different)
Federal Rule of	Name	Name
Bankruptcy Procedure (FRBP) 2002(g)	PO BOX 125 MEMPHIS, TN 38101–0125	
	Contact phone 9013445273	Contact phone
	Contact emailpaul.foster@nexair.com	Contact email
	Uniform claim identifier for electronic payments in chapt	er 13 (if you use one):
4.Does this claim amend one already filed?	No ☐ Yes. Claim number on court claims registry (if kno	own) Filed on
		MM / DD / YYYY
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?	
Official Form 410	Proof of Claim	page 1

6.Do you have any number you use to identify the debtor?	<b>☑</b>	No Yes. Last 4 digits of the debtor's ac	count or any number you use	to identify the debtor:	9718
7.How much is the claim?	\$		oes this amount includ	e interest or other ch	arges?
			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 loa th, or credit card. Attach redac akruptcy Rule 3001(c). it disclosing information that is	cted copies of any docum	ents supporting the cla	nim required by
	Go	ods sold in the normal course	of business.		
9. Is all or part of the claim secured?			a lien on property.  In is secured by the debto laim Attachment (Official		
		Basis for perfection:			
		Attach redacted copies of do interest (for example, a mort document that shows the lies	gage, lien, certificate of t	itle, financing statemer	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that is secured:	\$		
		Amount of the claim that is unsecured:	\$ 	unsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cure date of the petition:	any default as of the	\$	
		Annual Interest Rate (when	n case was filed)	<u></u> %	
		☐ Fixed ☐ Variable			
0.Is this claim based on a lease?		No Yes. <b>Amount necessary to</b>	cure any default as of	the date of the petitio	n.\$
11.Is this claim subject to a right of setoff?	<b>⊻</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 11 U.S.C. § 507(a)?	<b>Y</b>	No Yes. Check all that apply:		Amount entitled to priority
A claim may be partly priority and partly		_	ons (including alimony and child support)	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.		☐ Up to \$2,850* of deposits	toward purchase, lease, or rental of ersonal, family, or household use. 11	\$
cinated to priority.		☐ Wages, salaries, or comm 180 days before the bankı	rissions (up to \$12,850*) earned within ruptcy 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 emplo	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 adjustment of adjustment.	nt 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.  A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157 and 3571.	I und the a I have and collections.	I am a guarantor, surety, end erstand that an authorized signature mount of the claim, the creditor gave	or, or their authorized agent. Bankruptcy lorser, or other codebtor. Bankruptcy Rule on this Proof of Claim serves as an acknowledge the debtor credit for any payments received tow roof of Claim and have a reasonable belief that the foregoing is true and correct.	e 3005. ment that when calculating ard the debt.
	Ū		is completing and signing this claim:	
	Nan	ne	Paul Edward Foster, CPA, CFE	
	Title	<b>;</b>	First name Middle name Last name Manager, Customer Financial Services	
	Con	npany	NEXAIR LLC	
	Add	Iress	Identify the corporate servicer as the company servicer  1350 CONCOURSE AVE, STE 103	if the authorized agent is a
			Number Street MEMPHIS, TN 38104	
	Con	ntact phone 9013445273	City State ZIP Code  Email PAUL.FOSTER	@NEXAIR.COM

Official Form 410 Proof of Claim page 3

Apply-to #	Document date	A/R amt	Payment	Adjust	Balance	Due date	Ship-to #	Days Out	Days Pst Due	Days Open	P/O number	Gas P/O Number
5879861	3/31/2018	\$738.84	\$0.00	\$0.00	\$738.84	4/29/2018	29718	235	206	235		
05890120	3/31/2018	\$561.27	\$0.00	\$0.00	\$561.27	4/29/2018	29718	235	206	235		
)5955276	4/30/2018	\$924.72	(\$261.16)	\$0.00	\$663.56	5/29/2018	29718	205	176	205	BULK OXYGEN	
)5964967	4/30/2018	\$544.43	\$0.00	\$0.00	\$544.43	5/29/2018	29718	205	176	205		
06020727	5/23/2018	\$679.41	\$0.00	\$0.00	\$679.41	6/21/2018	29718	182	153	182	JEFF	
06020841	5/23/2018	\$368.55	\$0.00	\$0.00	\$368.55	6/21/2018	29718	182	153	182	JEFF	
06031951	5/31/2018	\$738.84	\$0.00	\$0.00	\$738.84	6/29/2018	29718	174	145	174		
06041987	5/31/2018	\$561.27	\$0.00	\$0.00	\$561.27	6/29/2018	29718	174	145	174		
06082433	6/11/2018	\$825.46	\$0.00	\$0.00	\$825.46	7/10/2018	29718	163	134	163	BULK OXYGEN	
06087575	6/15/2018	\$368.55	\$0.00	\$0.00	\$368.55	7/14/2018	29718	159	130	159	N2 RESERVE	
6087692	6/15/2018	\$167.73	\$0.00	\$0.00	\$167.73	7/14/2018	29718	159	130	159		
06107255	6/30/2018	\$738.84	\$0.00	\$0.00	\$738.84	7/29/2018	29718	144	115	144		
06117133	6/30/2018	\$544.43	\$0.00	\$0.00	\$544.43	7/29/2018	29718	144	115	144		
06154270	7/10/2018	\$377.55	\$0.00	\$0.00	\$377.55	8/8/2018	29718	134	105	134	N2 RESERVE	
06154792	7/10/2018	\$688.41	\$0.00	\$0.00	\$688.41	8/8/2018	29718	134	105	134		
06159802	7/13/2018	\$16.45	\$0.00	\$0.00	\$16.45	8/11/2018	29718	131	102	131		
06169775	7/23/2018	\$145.24	\$0.00	\$0.00	\$145.24	8/21/2018	29718	121	92	121		
6181879	7/31/2018	\$738.84	\$0.00	\$0.00	\$738.84	8/29/2018	29718	113	84	113		
06191769	7/31/2018	\$563.91	\$0.00	\$0.00	\$563.91	8/29/2018	29718	113	84	113		
6222298	8/1/2018	\$892.77	\$0.00	\$0.00	\$892.77	8/30/2018	29718	112	83	112	BULK OXYGEN	BULK OXYGEN
06227241	8/7/2018	\$377.55	\$0.00	\$0.00	\$377.55	9/5/2018	29718	106	77	106		
06247672	8/22/2018	\$82.02	\$0.00	\$0.00	\$82.02	9/20/2018	29718	91	62	91	08/22/18 WOMENS (	
06249709	8/23/2018	\$1,051.33	\$0.00	\$0.00	\$1,051.33	9/21/2018	29718	90	61	90	BULK OXYGEN	BULK OXYGEN
	•	12696.41	-261.16	0	12435.25		•				•	•

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



occorred <b>DA</b> -l-Economic	∴ACG L NO	- INACICE VOWBER
02/21/10	29718	05879861
03/31/18	Z3/I8	1 1006/9001

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

nexAir, LLC PO Box 125 Memphis TN 38101-0125 800-315-1365 FAX:901-344-5278

PLEASE MAKE CHECKS PAYABLE TO

S PANOLA MEDICAL CENTER CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE MS 38606

S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

ORDER NUMBE		CUSTOMER ORDER NUMBE	R		- 1		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS	PAGE
SHIPPING OR	DER	ITEM	QTY QTY	L QTY	_	INDER		DESCRIPTION	U Q	UNIT	AMOU	
NUMBER	DATE		SHPU	B/O	SHP'D	RET'D			M	PRICE		
60268150	03 <mark>31</mark>	** Location: NEXVS1500V-RR	27 ** 1	C	)			FACILITY CHARGE B#60069 2000	мо	297.73	297.	73 I
I	R#:	00000533 S#:109	04 NB#6	0069	200	0	ST:04/	01/18 EN:04/30/18		RTO:N		
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7	R#:	00000548 S#: 1 MONTH	and	0 D.A	vc	e		01/18 EN:04/30/18 NTH A#:00000373		RTO:N		
6026815	0331	NEXMANIFOLD	1	0 DA		e	1	N2 Auto Manifold	МО	203.92	203.	92 I
I	R#:	00001908 S#:CCU	22NT3H0	404s				01/18 EN:04/30/18		RTO:N		
	l I	1 MONTH	and	0 DA	YS	e		NTH A#:00021303				
	į	BL OX-RCC-M 00003091 s#:	1	C			COMPLIANCE	K OXYGEN REGULATORY CHARGE 01/18 EN:04/30/18	МО	105.00 RTO:N	105.	00
		1 MONTH	YOUR B	0 DA			105.00 / MO	NTH A#:00028323 Subtotal			738.	84
TAXABLE AMO		3:1879k-95965	HA <b>KGIFƏİ</b> İF	n 1225	FR]M[	PAH(	 SINUATIPERCENTA   RMITTER BY LAW.			ıt 2 Pa	ge <sub>7</sub> <b>1</b> 8.	84





 INVOICE NUMBER
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 INVOICE DATE
 CUSTOMER #
 PURCHASE ORDER NUMBER
 HNDL CD
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 05890120
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 03/31/18
 29718
 500

#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365 Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

s nexAir o 175 Bud

175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

s PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
AL	OX-MRI-E		BALANCE	FORWARD				1					
AL	OX-USP-E		BALANCE	FORWARD				4					
AI	ALUMINU! L TO		>		5	0	0	5	0		155	.122	18.91
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GG	OX-USP-ALE		BALANCE	FORWARD				5					
GG	OX-USP-E		BALANCE	FORWARD				43					
GG	OX-USP-VAN-D		BALANCE	FORWARD				1-					
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R GG	GRAB N	<b>30</b>		03/03/18	58	э 5	, i	58	0		1798		287.68
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	HE-BALLOON80	868888888	BALANCE					3					
HР	NI-2		BALANCE	FORWARD				2					
HР	NI-NF-3		BALANCE	FORWARD				7					
HР	NI-NF-3	5982069	05859623	03/07/18		4	4	7					
HР	NO-USP-2		BALANCE	FORWARD				2					
HP	OX-2		BALANCE	FORWARD				12					
HP	OX-20		BALANCE	FORWARD				1					
TAL VA			RENTAL RECORD.	BUYER ACCEPTS						T	OTAL )		CONTINU





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 2 03/31/18 05890120 29718 500

#### — REMIT TO -

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Memphis TN 38101-0125

800-315-1365

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B PANOLA MEDICAL CENTER

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nexAir

S 0 L D 175 Buckhorn Road

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PANOLA MEDICAL CENTER

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303 MEDICAL CENTER RD

V PE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
ΗP	OX-80		BALANCE	FORWARD				1-					
HР	OX-USP-2		BALANCE	FORWARD				1-					
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R HI	HIGH PR		>		24	4	4	24	0		744	.139	103.42
LΡ	AC-1WS		BALANCE	FORWARD				1					
LР	AC-75		BALANCE	FORWARD				1					
LΡ	PRGR2		BALANCE	FORWARD				2					
R LI	LOW PRE		>		4	0	0.	4	0		124	.139	17.24
	AIR-USP-E AIR-USP-E	Learner Control		FORWARD 03/05/18		1	1	10 10	198				
MD	CO2-USP-D		BALANCE	forward				1-					
MD	CO2-USP-E		BALANCE	FORWARD				4					
MD	NI-NF-E		BALANCE					4 –					
MD	OX-USP-D		BALANCE	FORWARD				18					
MD	OX-USP-E		BALANCE	FORWARD				2-					
R MI	MEDICAL D T	OTALS	>		25	1	1	25	0		775	.122	94.55
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R CI	LR T	OTALS	>									10.00	10.00
TAL VA				BUYER ACCEPTS JRACY. A SERVICE						TC	DTAL )	•	CONTINUE





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 05890120 3 03/31/18 29718 500

#### — REMIT TO -

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Memphis TN 38101-0125

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303 MEDICAL CENTER RD

INV TYPE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
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TOTAL		US WITHIN 30 DAY	S OF ANY INACCU	BUYER ACCEPTS RACY. A SERVICE DUE ACCOUNTS PL	CHARGE OF 1.	5% PER MONT	H OR THE HIC	SHEST RATE PE	RMITTED	Т	DTAL	<b>)</b>	561.27

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



	DATE	ACCT NO.	INVOICE NUMBER
(	04/30/18	29718	05955276

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

AND MAIL TO nexAir, LLC PO Box 125

PLEASE MAKE CHECKS PAYABLE TO

S PANOLA MEDICAL CENTER CURAE HEALTH INC

800-315-1365 FAX:901-344-5278

Memphis TN 38101-0125

303 MEDICAL CENTER DR

PANOLA MEDICAL CENTER ATTN RECEIVING

BATESVILLE MS 38606

303 MEDICAL CENTER RD BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBE 99464272-00 SEE BELOW	R		- 1		SHIP VIA BULKDELIVERY	TERMS NET 30 DAYS			INITIALS F	AGE 1
SHIPPING ORDER	QTY D'9H8	QTY	_	NDER		L ESCRIPTION	U O	UNIT	AMOUN	JT:
NUMBER DATE	SHIP'D	B/O	SHP'D	RET'D			M	PRICE	, , , , , , ,	
					RELEASE #: 82					
		4070	1	_	ood P/O:BULK	OXYGEN				
DELIVERED BY PRAXAIR ON ORD	ER 9946	42/2	DATE	D 4/	28/18					
** Location: D	RP **									
994642720428BL OX-BULK-USP	1267	0			BULK LIQUID	OXYGEN	ВU	0.6836	866.1	12 N
					126700CF @					
994642720428BL OX-RCC-HCF	1267	0			REGULATORY (	COMPLIANCE CHARGE 0.0000/100CF	HC	0.00	0.0	00 N
994642720428BL OX-ENERGY-T	1267	0			OXYGEN ENERG	·	HС	0.03	38.0	)1 N
					126700CF @	0.0300/100CF				
994642720428BL OX-TRANS-HCF	1267	0			OXYGEN TRANS		HС	0.01625	20.5	59 N
					126700CF @	0.0163/100CF				
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#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365 Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

S 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

E	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
AL	OX-MRI-E		BALANCE	FORWARD				1					
AL	OX-USP-E		BALANCE	FORWARD				4					
RAI	ALUMINU! L TO		>		5	0	0	5	0		150	.122	18.30
	FILLER		BALANCE	FORWARD				1					
R BF	r T¢	OTALS	>		1	0	0	1	0		1	29.47	29.47
GG	OX-USP-ALE		BALANCE	FORWARD				5					
GG	OX-USP-E		BALANCE	FORWARD				43					
GG	OX-USP-VAN-D		BALANCE	FORWARD				1-					
GG	OX-USP-VAN-E		BALANCE	FORWARD			.000						
GG	OX-USP-VAN-E	6038643	05928454	04/09/18		3	3	11			<b>F</b>		
R GG	GRAB N	140404040404			58	3	3	58	0		1740	.160	278.40
HР	AR-1		BALANCE	FORWARD				1					
HР	CDBEVCARB-20		BALANCE	FORWARD									
HР	HE-BALLOON80		BALANCE	FORWARD	nerener 'n		onnannan	3	1000000000000				
HР	NI-2		BALANCE	FORWARD				2					
HР	NI-NF-3		BALANCE	FORWARD				7					
HР	NI-NF-3	6028911	05926340	04/03/18		4	4	7					
ΗP	NI-NF-3	6061260	05942648	04/20/18		4	4	7					
HP	NO-USP-2		BALANCE	FORWARD				2					
ĦР	NO-USP-2	6028911	05926340	04/03/18		2	2	2					
HР	OX-2		BALANCE	FORWARD				12					
	LUE OF CYLINDERS THIS	S IS A CYLINDER	DENTAL DECORD	BLIVED ACCEPTE	THE INVOICE A	S ACCLIDATE	AND BINDING	LINE COO PLIVE	D NOTIFIE 0		OTAL		





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nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365 Fax: 901-344-5278

B PANOLA MEDICAL CENTER L CURAE HEALTH INC

303 MEDICAL CENTER DR

T O BATESVILLE MS 38606

nexAir

175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

T O BATESVILLE MS 38606

ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
HP OX-20		BALANCE	FORWARD				1					
HP OX-80		BALANCE	FORWARD				1-					
HP OX-USP-2		BALANCE	FORWARD				1-					
HP OX-USP-80		BALANCE	FORWARD				3-					
	PRESSURE TOTALS	>		24	10	10	24	0		720	.139	100.08
LP AC-1WS		BALANCE	FORWARD				1					
LP AC-75		BALANCE	FORWARD				1					
LP PRGR2		BALANCE	FORWARD				2					
	RESSURE TOTALS			4	0	0	4:	0		120	· · · · 139	16.68
MD AIR-USP-E		BALANCE	FORWARD				10					
MD AIR-USP-E	- POSSESSESSES 10	305928454	04/09/18		2	2	10	900 1000 (880			) (1) (2)	
MD CO2-USP-D		BALANCE					1					
MD CO2-USP-E		BALANCE					4					
MD NI-NF-E		BALANCE	FORWARD				4 –					
MD OX-USP-D		BALANCE	FORWARD				18					
MD OX-USP-E		BALANCE	FORWARD				2-					
MEDICA R MD	TOTALS	>		25	2	2	25	0		750	.122	91.50
	DER MAINTI											
CLR	TOTALS	>									10.00	10.00
TAL VALUE OF CYLINDERS	THIS IS A CYLINDEF US WITHIN 30 DA		L						TC	TAL )	<b>)</b>	CONTINU





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 05964967 3 04/30/18 29718 500

#### — REMIT TO ·

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365 Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

S 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

INV TYPE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	If you this bi	lling, p	questic lease ca	ns about 11									
		JS WITHIN 30 DAY	S OF ANY INACOL	BUYER ACCEPTS RACY. A SERVICE DUE ACCOUNTS PL	CHARGE OF 1.	5% PER MONT	H OR THE HIC	GHEST RATE PE	RMITTED	Т	OTAL )	TAX	: .00 544.43

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO:	INVOICE NUMBER
05/23/18	29718	06020727

nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

nexAir, LLC PO Box 125 Memphis TN 38101-0125 800-315-1365 FAX:901-344-5278

PLEASE MAKE CHECKS PAYABLE TO

S PANOLA MEDICAL CENTER
L CURAE HEALTH INC
303 MEDICAL CENTER DR
T BATESVILLE MS 38606

P PANOLA MEDICAL CENTER
ATTN NITROUS MANIFOLD
303 MEDICAL CENTER RD
T BATESVILLE MS 38606

MUMER   OATE   HEM.   GDV   SE   SEP   NOTO   DESCRIPTION   S.   UNIT   PRICE   AMOUNT	ORDER NUMBER 6110335-(	CUSTOMER ORDER NUMBE  OO SEE BELOW	:R		- 1		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS P	PAGE
## Location: 27 ** Location: 2	SHIPPING ORDE	ER ITEM	QTY G'9HB		CYLI	NDER					AMOUN	
Lot: 3911018171   Oty: 2  1103350518NEXHAZMAT   1 0   ENVIRONMENTAL COMPLIANCE   EA 6.00   6.00    1103350518NEXMEDGASFEE   1 0   MEDICAL GAS FEE   EA 6.00   6.00    1103350518NEXSURCHARGE   1 0   FUEL SURCHARGE   EA 10.75   10.75    38btotal   668.41    NOW YOU CAN PAY YOUR BILL ONLINE   GO TO WWW.NEXAIR.COM   ONLINE   GO TO WWW.NEXAIR.COM   ONLINE   GO TO WWW.NEXAIR.COM   ONLINE   GO TO WWW.NEXAIR.COM   ONLINE   ONLINE   GO TO WWW.NEXAIR.COM   ONLINE   GO TO WWW.NEXAIR.COM   ONLINE	** Location:		C	H	ardo	NITROUS OXI	DE USP (56 LB) CGA			645.6	56	
NOW YOU CAN PAY YOUR BILL ONLINE  NOW YOU CAN PAY YOUR BILL ONLINE  NOW YOU CAN PAY YOUR BILL ONLINE  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  AMOUNT  AMOUNT  AMOUNT		Lot: 3911018	171			Ç		5/0.4821/100CF				
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT	611033505	5 18 NEXHAZMAT	1	C			ENVIRONMENT	'AL COMPLIANCE	EΑ	6.00	6.0	0 (
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  AMOUNT  AMOUNT  AMOUNT  AMOUNT  AMOUNT	611033505	5 18 NEXMEDGASFEE	1	C			MEDICAL GAS	FEE	EΑ	6.00	6.0	0 (
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			UNPAID 40 I	DAYS AI	TER II	NVOIC	E DATE ARE SUBJE			ıt 2 Pa		_



DATE	ACCT NO:	INVOICE NUMBER
05/23/18	29718	06020841

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

nexAir, LLC PO Box 125 Memphis TN 38101-0125

800-315-1365 FAX:901-344-5278

PLEASE MAKE CHECKS PAYABLE TO

S PANOLA MEDICAL CENTER CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE MS 38606

S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

61139570521HP N	in use lig Location: I-NF-3 ot: 3903318 AZMAT EDGASFEE	27 ** 4	QTY B/O	CYLII SHP'D H	NDER RET'D Lardg	DE DE DE DE DE DE DE DE DE DE DE DE DE D	NET 30 DAYS ESCRIPTION  27.8073/100CF  L COMPLIANCE FEE	CY EA EA	UNIT PRICE 83.70		
nitrogen reserve  ** 1 61139570521HP N:  61139570521NEXH	in use lig Location: I-NF-3 ot: 3903318 AZMAT EDGASFEE	ht is o 27 ** 4 111 1	n *	H	Mardg	ood P/O:JEFF  NITROGEN NF  1204CF @  ty: 4  ENVIRONMENTA	27.8073/100CF L COMPLIANCE	CY	83.70	334.8	30 1
61139570521HP NI 61139570521NEXH2 61139570521NEXMI	I-NF-3 ot: 3903318 AZMAT EDGASFEE	1 111 1	0			1204CF @ ty: 4 ENVIRONMENTA	L COMPLIANCE	EA	6.00		
61139570521NEXMI	EDGASFEE	1	0	)						6.0	)0 1
						MEDICAL GAS	FEE	EΑ			
61139570521NEXSU	URCHARGE	1	0			1			6.00	6.0	00
			I			FUEL SURCHAR	.GE	EA	10.75	10.7	75
		POTAL C	YLIND	ERS	SHI	PPED: 4	Subtotal RETURNED: 4			357.	55
I ' I	YOU CAN PAY O WWW.NEXAI		ILL O	NLIN	IE.	De	livery Charge			11.0	)0

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO:	INVOICE NUMBER
05/31/18	29718	06031951

nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

S PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
T BATESVILLE MS 38606

# PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO

nexAir, LLC
PO Box 125
Memphis TN 38101-0125
800-315-1365 FAX:901-344-5278

PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBER	7	LOC S	SLS#	TERR#	SHIP VIA	TERMS			INITIALS PAGE
06134686-00		027	397	500	OUR TRUCK	NET 30 DAYS			1
SHIPPING ORDER  NUMBER DATE	D'AIHS TY	QTY B/O		NDER RET'D	С	DESCRIPTION	⊃ O ≤	UNIT PRICE	AMOUNT
** Location: 2	27 **	0					МО	297.73	297.73 N
I R#: 00000533 S#:109		0069 0 DA	l	o e	ST:06/ 297.73 / MO	B#60069 2000 01/18 EN:06/30/18 NTH A#:00000359		RTO:N	
61346860531NEXMANIFOLD I R#:00000548 S#:	1	0			TRI LAKES M	ED CENTER, BATESVILLE 01/18 EN:06/30/18		132.19 RTO:N	132.19 N
1 MONTH 61346860531NEXMANIFOLD	and 1	0 DA 0		@	·	NTH A#:00000373 N2 Auto Manifold	мо	203.92	203.92 N
I R#:00001908 S#:CCU 1 MONTH	1	104S 0 DA	YS	e		T3H0404S 01/18 EN:06/30/18 NTH A#:00021303		RTO:N	
61346860531BL OX-RCC-M	1	0	333		COMPLIANCE	Charge	333	105.00	105.00 N
1 MONTH	and	0 DA	YS	e	#0000000000000000000000000000000000000	01/18 EN:06/30/18 NTH A#:00028323 Subtotal	* 3000000000000000000000000000000000000	REUCE	738.84
NOW YOU CAN PAY	YOUR B	ILL O	NLIN	Œ					
GO TO WWW.NEXAI	R.COM								
CASA 3:180ALSERRIGISE	HAR <b>GEIO</b> FI	nn 6%1 198	FR_MIO	<b>DEPINE</b>	E DATE ARE SUBJEO ANSAUAI <b>FIFEOFINTA</b> B <b>ANGTEO BYLL</b> AW.	AMOUNT THIS INVOICE C INCLUDING TAX		nt 2 Pa	<b>ag∉</b> 38.84





INVOICE DATE PURCHASE ORDER NUMBER CUSTOMER# 06041987 1 05/31/18 29718 500

#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365

Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

8 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

INV TYPE	ITEM	SHPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
AL	OX-MRI-E		BALANCE	FORWARD				1					
AL	OX-USP-E		BALANCE	FORWARD				4					
R A	ALUMINU: L T		>		5	0	0	5	0		155	.122	18.91
	FILLER F To		BALANCE	FORWARD	1	0	0	1 1	0		1	29.47	29.47
R B	F T	JTALS	>		1	0	0	1	"		1	29.47	29.47
GG	OX-USP-ALE		BALANCE	FORWARD				5					
GG	OX-USP-E		BALANCE	FORWARD				43					
GG	OX-USP-VAN-D		BALANCE	FORWARD				1-	-				
GG	OX-USP-VAN-E		BALANCE	FORWARD				11					
R G	GRAB N (		>		58 	0	0	58	0		1798	<b>1:6</b> 0	287.68
HР	AR-1		BALANCE	FORWARD				1		2000		00000000000000000000000000000000000000	
HP	CDBEVCARB-20		BALANCE	FORWARD				1.: ******					
HР	HE-BALLOON80		BALANCE	FORWARD				3					
HР	NI-2		BALANCE	FORWARD				2					
HР	NI-NF-3		BALANCE	FORWARD				7					
	NI-NF-3	6113957		05/21/18		4	4	7					
HР	NO-USP-2		BALANCE	FORWARD				2					
HP	NO-USP-2	6110335	06020727	05/18/18		2	2	2					
нР	OX-2		BALANCE	FORWARD				12					
HP	OX-20		BALANCE	FORWARD				1					
TOTAL V		IS WITHIN 30 DAY	'S OF ANY INACCL	BUYER ACCEPTS RACY. A SERVICE DUE ACCOUNTS PL	CHARGE OF 1.5	% PER MONT	H OR THE HIG	HEST RATE PE	RMITTED	тс	OTAL )	<b>)</b>	CONTINUED





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 06041987 2 05/31/18 29718 500

#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365 Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

S 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

INV IYPE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
HР	OX-80		BALANCE	FORWARD				1-					
HP	OX-USP-2		BALANCE	FORWARD				1-					
HР	OX-USP-80		BALANCE	FORWARD				3-					
	HIGH PR												
R H	P T	OTALS	>		24	6	6	24	0		744	.139	103.42
LΡ	AC-1WS		BALANCE	FORWARD				1					
	30.75			ECDIII DD									
ПЪ	AC-75		BALANCE	FORWARD				1					
LΡ	PRGR2		BALANCE	FORWARD				2					
R L	LOW PRE				4	0	.0	4	ିକ୍		124	.139	17.24
		JIALD			-						. 121	.135	17.21
MD	AIR-USP-E	818656. 8186586.	BALANCE	FORWARD				10	3333			90: .000000 80:400000000	
MD	CO2-USP-D		BALANCE	FORWARD				1-					
					700000000								
MD	CO2÷USP÷E		BALANCE	FORWARD		itioonee.	on on the second	4	666 966 666 96			300 300 300	
MD	NI-NF-E		BALANCE	FORWARD				4-					
MD	OX-USP-D		BALANCE	FORWARD				18					
MD	OX-USP-E		BALANCE	FORWARD				2-					
D 14	MEDICAL				2.5	0	0	25	0		775	122	04 55
R M	D T	JIALS	>		25	"	0	25	0		775	.122	94.55
	CYLINDE												
R C	LR T	OTALS	>									10.00	10.00
	If you	have any	questic	ns about									
TOTAL V				BUYER ACCEPTS IRACY. A SERVICE						T	DTAL )		
	NVOICE TYPE			DUE ACCOUNTS PLI						<u>'</u> '	/ IAL		CONTINUEL





INVOICE DATE PURCHASE ORDER NUMBER CUSTOMER# 06041987 3 05/31/18 29718 500

#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365 Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

S 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

TAL VALUE OF CYLINDERS THIS IS A CYLINDER RENTAL RECORD. BUYER ACCEPTS THIS INVOICE AS ACCURATE AND BINDING UNLESS BUYER NOTIFIES	INV YPE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
TAX: .00  TAX: .00  TAX: .00  TAX: .00  TOTAL		this bi	lling, p	lease ca	.11									
TAL VALUE OF CYLINDERS  THIS IS A CYLINDER RENTAL RECORD. BUYER ACCEPTS THIS INVOICE AS ACCURATE AND BINDING UNLESS BUYER NOTIFIES  US WITHIN 30 DAYS OF ANY INACCURACY. A SERVICE CHARGE OF 1.5% PER MONTH OR THE HIGHEST RATE PERMITTED  TOTAL  TOTAL		(800)31	5-1365.											
TAL VALUE OF CYLINDERS  THIS IS A CYLINDER RENTAL RECORD. BUYER ACCEPTS THIS INVOICE AS ACCURATE AND BINDING UNLESS BUYER NOTIFIES  US WITHIN 30 DAYS OF ANY INACCURACY. A SERVICE CHARGE OF 1.5% PER MONTH OR THE HIGHEST RATE PERMITTED  TOTAL  TOTAL														
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US WITHIN 30 DAYS OF ANY INACCURACY. A SERVICE CHARGE OF 1.5% PER MONTH OR THE HIGHEST RATE PERMITTED TOTAL 561 27													TAX	.00
US WITHN 30 DAYS OF ANY INACCURACY. A SERVICE CHARGE OF 1.5% PER MONTH OR THE HIGHEST RATE PERMITTED  RY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS PEASONABLE ATTORNEY'S EFES AND COLLECTION COSTS  561.27	TOTA										<b>.</b>	h		
INVOICE TYPE											10	JIAL		561.27

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO:	INVOICE NUMBER
06/11/18	29718	06082433

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

S PANOLA MEDICAL CENTER L CURAE HEALTH INC 303 MEDICAL CENTER DR T BATESVILLE MS 38606

PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO

nexAir, LLC PO Box 125 Memphis TN 38101-0125 800-315-1365 FAX:901-344-5278

S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBER	R		- 1	I	SHIP VIA	TERMS			INITIALS F	
20004094-00 SEE BELOW		027	397	500	BULKDELIVERY	NET 30 DAYS			KAO	1
SHIPPING ORDER ITEM	(1,41HS (1,4	QTY B/O	CYLI SHP'D	NDER RET'D	Ē	ESCRIPTION	.⊖ .Q. M.	UNIT PRICE	NOMA	١T
DELIVERED BY PRAXAIR ON ORD	ER 2000	4094	1	_	RELEASE #: 83 pod P/O:BULK 8/18					
** Location: D	DD **									
200040940608BL OX-BULK-USP	1131	О			BULK LIQUID	OYVCEN	BU	0.6836	773.3	15 N
200040540000BH CA-BOHK-OSF	1131				113100CF @			0.0050	,,,,,	
200040940608BL OX-RCC-HCF	1131	a	)		REGULATORY	COMPLIANCE CHARGE 0.0000/100CF	нс	0.00	0.0	00 и
200040940608BL OX-ENERGY-T	1131	С	)		OXYGEN ENERG	GY CHARGE 0.0300/100CF	HС	0.03	33.9	93 N
200040940608BL OX-TRANS-HCF	1131	С	)		OXYGEN TRANS	SPORTATION 0:0163/100CF	нс	0.01625	18.3	38 N
						Subtotal			825.4	16
NOW YOU CAN PAY GO TO WWW.NEXAI		ILL C	NLIN	Œ						
Case 3.1804&05669	HAR <b>GEID</b>	m5% 8	EFR_MIO	DT#IN	L E DATE ARE SUBJEC AMBUUAUPHEOEMTA RMFTED BYSAW.	AMOUNT THIS INVOICE INCLUDING TAX	E (c)	nt 2 P	'ag <b>ę</b> 25.4	16

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



	DATE	ACCT NO.	INVOICE NUMBER
06	/15/18	29718	06087575

PLEASE MAKE CHECKS PAYABLE TO

nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

nexAir, LLC PO Box 125 Memphis TN 38101-0125 800-315-1365 FAX:901-344-5278

S PANOLA MEDICAL CENTER
L CURAE HEALTH INC
303 MEDICAL CENTER DR
T BATESVILLE MS 38606

S PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD

BATESVILLE MS 38606

ORDER NUMBER CUSTO 06143803-00 SEE	OMER ORDER NUMBE	7	l I	- 1		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS PA	AGE 1
SHIPPING ORDER			QTY	CYLIF				U	UNIT		
NUMBER DATE	ITEM	QTY D'9IHB	B/O	SHP'D		D	DESCRIPTION	Q. M	PRICE	AMOUN	T
61438030607HP 1		27 ** 4	0	H 4			ESERVE	CY	83.70	334.8	0 N
	Lot: 3908618	111			Q	1204CF @ ty: 4	27.8073/100CF				
61438030607NEX	HAZMAT	1	0			ENVIRONMENT	AL COMPLIANCE	EA	6.00	6.0	0 N
61438030607NEX	MEDGASFEE	1	0			MEDICAL GAS	FEE	EA	6.00	6.0	0 N
61438030607NEX	SURCHARGE	1	o			FUEL SURCHA	RGE	EA	10.75	10.7	5 N
		TOTAL C	e de la compansa de l		· eur	PPED: 4	Subtotal RETURNED: 4	20000		357.5	5
	YOU CAN PAY TO WWW.NEXAI	I	ILL O	NLIN	E	De	elivery Charge			11.0	0
TAXABLE AMOUNT  OCase 3:	ALL INVOICES U 180% 05669 RATE OF 18	   JNPAID 40 D   HAR <b>GE  Qf</b> i   B%) OR THE	) AYS AF 11176 <b>%] 2</b> 9 HIGHES	TER IN BR.MO	IVOICE Prairit	EDATE ARE SUBJEC MONUAL PIECE SUBJEC MATERIAL SUBJECTOR  MATERIAL  AMOUNT THIS INVOICE INCLUDING TAX		nt 2 P	<b>ag</b> €68.5	5	

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO:	INVOICE NUMBER
06/15/18	29718	06087692

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AND MAIL TO nexAir, LLC PO Box 125

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S PANOLA MEDICAL CENTER CURAE HEALTH INC 303 MEDICAL CENTER DR

800-315-1365 FAX:901-344-5278

Memphis TN 38101-0125

BATESVILLE MS 38606

S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD

ORDER NUMBER CUSTOMER ORDER NUMBE 6149050-00	R	1	- 1		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS MH	PAGE
SHIPPING ORDER NUMBER DATE	QTY SHIP'D	ОТУ В/О	CYL SHP'D	NDER RET'D	-	L DESCRIPTION	υ Ω <b>M</b>	UNIT PRICE	AMOU	NT
** Location: 614905006111GG OX-USP-VAN-E	27 ** 4	(	) 4	L 4	50PSI PORT	GRAB N'GO VANTAGE W/ & WHITE DIAL ALUMINUM 83.3333/100CF	1	20.00	80.	00
Lot: 3914518	1441			Ç	ety: 4	63.33337 TOOCE				
61490500611MD AIR-USP-E	2	(	2		46CF @	SED USP SIZE E 97.7826/100CF	CY	22.49	44.	98
Lot: 3911618	222				ety: 2					
61490500611NEXHAZMAT	1	(			ENVIRONMENT	AL COMPLIANCE	EΑ	6.00	6.	00
614905006111NEXMEDGASFEE	1	(			MEDICAL GAS	FEE	EΑ	6.00	6.	00
614905006111NEXSURCHARGE	1	(			FUEL SURCHA	RGE:	EA	10.75	10.	75
	POTAL C	YLTNI	ÆRS	3	PPED: 6	Subtotal  RETURNED: 6			147.	73
NOW YOU CAN PAY GO TO WWW.NEXAI		ILL (	NLIN	ΙE	De	elivery Charge			20.	00
TAXABLE AMOUNT ALL INVOICES	JNPAID 40 [	DAYS A	FTER I	NAOIC	E DATE ARE SUBJEC	AMOUNT -				
Case 3:189465669	3HAR <b>GE 2f</b> 8%) OR THE	MF%12 HIGHE	ST RA	TE PE	*1 <b>%</b> 1UAU <b>HPIFE</b> GEN <u>ITA</u> RMH7TED BAYLLAW	11/18 THIS INVOICE C		nt 2 P	ag <b>ę</b> 67.	73

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO:	INVOICE NUMBER
06/30/18	29718	06107255

nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

S PANOLA MEDICAL CENTER

C CURAE HEALTH INC

303 MEDICAL CENTER DR

BATESVILLE MS 38606

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Memphis TN 38101-0125
800-315-1365 FAX:901-344-5278

S PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

ORDER NUMBER	CUSTOMER ORDER NUMBE	R	1	- 1		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS	PAGE
SHIPPING ORDER		VTΩ	QTY		NDER		DESCRIPTION	U	UNIT	AMOU	
NUMBER DAT	E	QTY SHIP'D	B/O	SHP'D	RET'D		JESONIF HON	M	PRICE	AWOU	IN-I
6186046063	** Location: ONEXVS1500V-RR	27 ** 1	C			O2-MONTHLY	FACILITY CHARGE	мо	297.73	297.	73
						1	B#60069 2000				
I R#	4:00000533 S#:109 1 MONTE	1	0069 0 D.F	1	io a		01/18 EN:07/31/18 NTH A#:00000359		RTO:N		
6186046063	ONEXMANIFOLD	1	0 21			1	DE MANIFOLD FOR	мо	132.19	132.	19
						TRI LAKES M	ED CENTER, BATESVILLE				
I R#	4:00000548 S#:						01/18 EN:07/31/18		RTO:N		
	1 MONTE		0 DA	YS	<b>e</b>	1	NTH A#:00000373				
6186046063	ONEXMANIFOLD	1	(	'		TRI-TECH NF MOD# CCU22N	N2 Auto Manifold	МО	203.92	203.	92
I R#	::00001908 S#:CCU	  22NT3H0	404S				01/18 EN:07/31/18		RTO:N		
7 - 7	1 MONTE	1	0 D.F	YS	e		NTH A#:00021303				
618604606	0BL OX-RCC-M	1	C			MONTHLY BUL	k oxygen regulatory	мо	105.00	105.	00
						COMPLIANCE					
I R#	4:00003091 s#:		0 D <i>I</i>				01/18 EN:07/31/18 NTH A#:00028323	l	RTO:N	:	
							Sübtotal			738.	84
	NOW YOU CAN PAY GO TO WWW.NEXAI	1	ILL (	DNLIN	Œ						
TAXABLE AMOUNT	se 3:18 0 4 0 5 6 6	SHAR <b>ŒIS</b> I	m=12	HER-MIC	PIEM	E DATE ARE SUBJE NONUALPHEROFITA RINGTER BYLLAW.			nt 2 Pa	ag <b>∉</b> 38.	84





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 1 06/30/18 06117133 29718 600

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B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

8 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

/ E	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
AL	OX-MRI-E		BALANCE	FORWARD				1					
AL	OX-USP-E		BALANCE	FORWARD				4					
R AI	ALUMINU! L To		>		5	0	0	5	0		150	.122	18.30
BF R BI	FILLER		BALANCE	FORWARD	1	0	0	1 1	0		1	29.47	29.47
	OX-USP-ALE		BALANCE	FORWARD	_	O	Ü	5			_	23.47	23.47
	OX-USP-E		BALANCE					43					
GG	OX-USP-VAN-D		BALANCE					1-					
GG	OX-USP-VAN-E		BALANCE	FORWARD			633	5555555 <mark>1</mark> 1					
GG	OX-USP-VAN-E		06087692	06/11/18	8999898 J.	4	4	11			8. 3383333	se: Jestifië	
R GO	3 <b>P</b>	otals:	S		58	4	4	58			1740	.160	278.40
ΗP	AR-1		BALANCE	FORWARD		800 800 8000 1		1					
ΗP	CDBEVCARB-20		BALANCE	FORWARD				1					
	HE-BALLOON80		BALANCE	FORWARD				3					
	NI-2		BALANCE					2					
	NI-NF-3 NI-NF-3		BALANCE 06087575	FORWARD 06/07/18		4	4	7 7					
HР	NO-USP-2		BALANCE	FORWARD				2					
HP	OX-2		BALANCE	FORWARD				12					
HР	OX-20		BALANCE	FORWARD				1					
TAL V				BUYER ACCEPTS RACY. A SERVICE						т	OTAL	<b>)</b>	CONTINUE





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 2 06/30/18 06117133 29718 600

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B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606

nexAir

8 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

NV /PE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
HP	OX-80		BALANCE	FORWARD				1-					
HР	OX-USP-2		BALANCE	FORWARD				1-					
HР	OX-USP-80 HIGH PR		BALANCE	FORWARD				3-					
R H	P T	OTALS	>		24	4	4	24	0		720	.139	100.08
LР	AC-1WS		BALANCE	FORWARD				1					
LР	AC-75		BALANCE	FORWARD				1					
LР	PRGR2		BALANCE	FORWARD				2					
R L	LOW PRE P To		>		4	0	0	4	0		120	.139	16.68
	AIR-USP-E AIR-USP-E	4944444444		FORWARD 06/11/18		2	2	10 10					
MD	CO2-VSP-D		BALANCE	FORWARD				1-					
MD	CO2-USP-E		BALANCE	drugsgrafianan in the artist and				4				MO: 656 656 856	
MD	NI-NF-E		BALANCE					4 –					
MD	OX-USP-D		BALANCE	FORWARD				18					
MD	OX-USP-E MEDICAL		BALANCE	FORWARD				2-					
R M	D T	OTALS	>		25	2	2	25	0		750	.122	91.50
	CYLINDE	R MAINTE	NANCE										
R C	LR T	OTALS	>									10.00	10.00
OTAL V		JS WITHIN 30 DAY	'S OF ANY INACCL	BUYER ACCEPTS  JRACY. A SERVICE  DUE ACCOUNTS PL	CHARGE OF 1.5	% PER MONT	H OR THE HIG	HEST RATE PER	RMITTED	TC	OTAL )	<u> </u>	CONTINUE





 INVOICE NUMBER
 PAGE
 INVOICE DATE
 CUSTOMER #
 PURCHASE ORDER NUMBER
 HNDL CD
 TERR #

 06117133
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 06/30/18
 29718
 600

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T O BATESVILLE MS 38606

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175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

INV TYPE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	Tf vou	have any	auestic	ns about									
	this bi	lling, p	lease ca	ill									
	(800)31	5-1365.											
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							.000		9000 900		ř		
	2252323232		20000000000000000000000000000000000000						1000				
	100000000000000000000000000000000000000							t district.			) 16 96866	11666666 3066	
	000000000000000000000000000000000000000	1000000000 00 100000000 00		000000000000	11999999 2004-		poposoon .		1000 1000 - 1000				
	600000000000000000000000000000000000000						socootete"	900000					
	8888888888		**********					1988					
												TAX	.00
		1010 4 07	DENTAL 5	51355		10.400: 7:		D. W. E. E. S. E. E. E. E. E. E. E. E. E. E. E. E. E.			_		
IOTA		US WITHIN 30 DAY	S OF ANY INACCL	BUYER ACCEPTS IRACY. A SERVICE	CHARGE OF 1.	5% PER MONT	H OR THE HIG	GHEST RATE PE	RMITTED	T	OTAL		544.43
	INVOICE TYPE	BY LAW WILL E	BE DUE ON PAST [	DUE ACCOUNTS PL	US REASONABI	LE ATTORNEY	'S FEES AND	COLLECTION CO	STS.		,		311.13

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DATE	ACCT NO:	INVOICE NUMBER
07/10/18	29718	06154270

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S PANOLA MEDICAL CENTER L CURAE HEALTH INC 303 MEDICAL CENTER DR T BATESVILLE MS 38606

800-315-1365 FAX:901-344-5278

S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

NOMER OATE THEM SHP 300 ST SHPPED: AMOUNT DESCRIPTION UNIT PRICE AMOUNT NOMER OATE THE SHP 2000 P/O:N2 RESERVE  ** Location: 27 **  ** Location: 27 **  Lot: 3916618112  Lot: 3916618112  Lot: 3916618112  ** ENVIRONMENTAL COMPLIANCE EA 6.00 6.00 MEDICAL GAS FEE RA 6.00 6.00 S1889290703NEXHAZMAT 1 0 MEDICAL GAS FEE RA 6.00 6.00 FUEL SURCHARGE EA 10.75 10.75  ** Subtotal 357.55  ** NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  NOW YOU CAN PAY YOUR BILL ONLINE  ** AMOUNT AMOUNT AMOUNT ALLINVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT AMOUNT AMO	ORDER NUMBI		CUSTOMER ORDER NUMBE	:R	LOC 027	SLS #		SHIP VIA	TERMS			INITIALS	
NOMBER   DATE   SIPS   DESCRIPTION   DESCRIPTION   NOW FRICE   AMOUNT			SEE BELOW					OUR TRUCK	NET 30 DAYS	1-10-		DM	
*** Location: 27 ***			ITEM	YTQ :: C!'9lH8	QTY B/O			[	DESCRIPTION	0	Production of the Control of the Con	AMOU	NT
S188929 070 SNEXMEDGASFEE 1 0 MEDICAL GAS FEE EA 6.00 6.00 S188929 070 SNEXSURCHARGE 1 0 FUEL SURCHARGE EA 10.75 10.75  Subtotal 357.55  TODAL CYLINDERS SHIPPED: 4 RETURNED: 4  NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM 20.00  ALLINVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT AMOUNT	6188929	0703	HP NI-NF-3	4	C		. 4	NITROGEN NF 1204CF @		CY	83.70	334.	80 1
S188929 0703NEXSURCHARGE 1 0 FUEL SURCHARGE EA 10.75 10.75  Subtotal 357.55  TOTAL CYLINDERS SHYPPED: 4 RETURNED:  NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  ALLINYOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT AMOUNT	6188929	07 03	NEXHAZMAT	1	C	)		ENVIRONMENT.	AL COMPLIANCE	EΑ	6.00	6.	00 1
Subtotal 357.55  TOTAL CYLINDERS SHIPPED: 4 RETURNED: 4  NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT	6188929	07 03	NEXMEDGASFEE	1	c			MEDICAL GAS	FEE	EA	6.00	6.	00 :
TOTAL CYLINDERS SHIPPED: 4 RETURNED: 4  NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  ALLINYOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  ALLINYOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT	6188929	07 03 	NEXSURCHARGE	1	c			FUEL SURCHA	RGE	EA	10.75	10.	75
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM  ALLINVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT  AMOUNT  AMOUNT				TOTAL C	YLINI	ERS	SHI	PPED: 4		300000		357.	55
The involue of the in				1	ILL (	MLIN	ΙE	D	elivery Charge			20.	00
0Case 3:18 的 66 9 IAR 使 1 2 Page 77.55 RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.			ALL INVOICES	UNPAID 40 [	DAYS A	TER II		E DATE ARE SUBJE	O		nt 2 P		

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DATE	ACCT NO.	INVOICE NUMBER
07/10/18	29718	06154792

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

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S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBE	R	LOC 027	- 1		SHIP VIA	TERMS NET 30 DAYS			INITIALS BCM	PAGE 1
SHIPPING ORDER NUMBER DATE	QTY Q1HB	ОТУ В/О		NDER RET'D	D	L DESCRIPTION	Ŭ .Q. <b>M</b>	UNIT PRICE	AMOU	NT
1	27 ** 2	C			NITROUS OXII	DE USP (56 LB) CGA	CY	322.83	645.	66 N
Lot: 3914118	171			Ç		576.4821/100CF ot: 3918418171		Qt	ty:	1
61960870709NEXHAZMAT	1	C			ENVIRONMENTA	AL COMPLIANCE	EΑ	6.00	6.	0 0 N
61960870709NEXMEDGASFEE	1	C			MEDICAL GAS	FEE	EΑ	6.00	6.	00 N
61960870709NEXSURCHARGE	1		)		FUEL SURCHA	RGE	EΑ	10.75	10.	75 N
						Subtotal	:		668.	41
		555					:		e.	
	TOTAL C	AT'INI	ERS	SHI	PPED: 2	RETURNED: 2			80 80 80 80 80	
							333		et:	
	1000000000	popodeni	3.5.5.5	******	***************************************	•••		annann nann		
					De	elivery Charge			20.	00
NOW YOU CAN PAY GO TO WWW.NEXAI	1	ILL C	NLIN	E						
					 EDATE ARE SUBJEC			nt 2 D	000	
Case 3:180% 05669	3 <sup>7An</sup> を1 <b>8</b> 1 8%) OR THE	IIPLZ EHIGHE	ST RA	TE PER	1300A4F714666F111741 23 01 45	FE1/18 THIS INVOICE C		nt 2 P	ag <b>ę</b> ଃଃ.	41

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DATE	ACCT NO:	INVOICE NUMBER
07/13/18	29718	06159802

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L CURAE HEALTH INC
303 MEDICAL CENTER DR
T BATESVILLE MS 38606

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S PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD

T BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBER 06203397-00	3		- 1		SHIP VIA OTHER	TERMS NET 30 DAYS			INITIALS F	PAGE
SHIPPING ORDER ITEM	O'AIHS O'TY	QTY B/O	CYLI	NDER RET'D	D	ESCRIPTION	U Q M	UNIT PRICE	AMOUN	٧T
** Location: 620339707 <mark>12HP CDBEVCARB-20</mark>	27 ** 1	C	1	. 0	CARBON DIOX:	IDE BEV 20LB	CY	14.45	14.4	45 N
Lot: 3910319	211			Ç	ty: 1					
620339707 <mark>12NEXHAZMAT</mark>	1	c			ENVIRONMENTA	AL COMPLIANCE	EΑ	2.00	2.0	и ос
						Subtotal			16.4	45
	TOTAL C	ATINI	ERS	SHI	PPED: 1	RETURNED: 0				
							***************************************			
NOW YOU CAN PAY GO TO WWW.NEXAI	I	ILL (	NLIN	IE						
TAXABLE AMOUNT  OCase 3:18086969	JNPAID 40 [ HAR <b>Œ Qf</b> 3%) OR THE	DAYS AI I <b>1175% 2</b> E HIGHE	TER II ESLAIC ST RA	NVOIC P <b>PTAIN</b> TE PEI	E DATE ARE SUBJEC ANSIUALFIFECENTA RAILTED BYLAW.	AMOUNT THIS INVOICE C		nt 2 P	age <sub>16.4</sub>	45

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DATE	ACCT NO:	INVOICE NUMBER
07/23/18	29718	06169775

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ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

6218580-00	CUSTOMER ORDER NUMBE	R		397		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS F	PAGE :
SHIPPING ORDER	ITEM	QTY SHIP'D	ДТ <b>У</b> В/О		NDER RET'D	Ē	L DESCRIPTION	U O M	UNIT PRICE	AMOUI	NT
6218580072	** Location: 3GG OX-USP-VAN-E  Lot: 3919518		C	) 4		50PSI PORT	GRAB N'GO VANTAGE W/ & WHITE DIAL ALUMINU! 83.3333/100CF		20.00	80.	00 1
6218580072	3MD AIR-USP-E Lot: 3910618	1	C	) 1	1	AIR COMPRES	SED USP SIZE E 97.7826/100CF	CY	22.49	22.	49
6218580072	3NEXHAZMAT	1	c			ENVIRONMENT	AL COMPLIANCE	EA	6.00	6.	00
6218580072	3NEXMEDGASFEE	1	o			MEDICAL GAS	FEE	EΑ	6.00	6.	00
6218580072	3NEXSURCHARGE	1	o			FUEL SURCHA	rge:	EΑ	10.75	10.	75
		POTAL C	YLTNI	ÆRS.	1	PPED: 5	Subtotal  RETURNED: 5			125.	24
	NOW YOU CAN PAY GO TO WWW.NEXAI	l .	ILL C	DNLIN	IE	D	elivery Charge			20.	00
1 1		[	1		1	ĺ					

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO:	INVOICE NUMBER
07/31/18	29718	06181879

nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

nexAir, LLC PO Box 125 Memphis TN 38101-0125 800-315-1365 FAX:901-344-5278

PLEASE MAKE CHECKS PAYABLE TO

S PANOLA MEDICAL CENTER

CURAE HEALTH INC

303 MEDICAL CENTER DR

T BATESVILLE MS 38606-8608

PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

O6236702-00	AMOUNT 297.73 N
NUMBER DATE   ITEM   SHIP'D   BO   SHIP   RETD   DESCRIPTION   O   PRICE	
NUMBER DATE SHPD BO SHPD RETD DESCRIPTION M PRICE  ** Location: 27 ** 62367020731NEXVS1500V-RR 1 0 02-MONTHLY FACILITY CHARGE MO 297.73 SN#10904 NB#60069 2000 I R#: 00000533 S#:10904 NB#60069 2000 ST:08/01/18 EN:08/31/18 RTO:N	
62367020731NEXVS1500V-RR 1 0 02-MONTHLY FACILITY CHARGE MO 297.73 SN#10904 NB#60069 2000 ST:08/01/18 EN:08/31/18 RTO:N	297.73 N
62367020731NEXVS1500V-RR 1 0 02-MONTHLY FACILITY CHARGE MO 297.73 SN#10904 NB#60069 2000 I R#:00000533 S#:10904 NB#60069 2000 ST:08/01/18 EN:08/31/18 RTO:N	297.73 N
I R#:00000533 S#:10904 NB#60069 2000 ST:08/01/18 EN:08/31/18 RTO:N	297.73 N
I R#: 00000533 S#:10904 NB#60069 2000 ST:08/01/18 EN:08/31/18 RTO:N	
1 MONTH and 0 DAYS @ 297.73 / MONTH A#:00000359 62367020731NEXMANIFOLD 1 0 NITROUS OXIDE MANIFOLD FOR MO 132.19	132.19 N
	132.19 N
TRI LAKES MED CENTER, BATESVILLE I R#:00000548 S#:  ST:08/01/18 EN:08/31/18 RTO:N	
1 MONTH and 0 DAYS @ 132.19 / MONTH A#:00000373	
1 HONIN and 0 DAIS & 132.13 / HONIN A#.00000373	
62367020731NEXMANIFOLD 1 0 TRI-TECH NF N2 Auto Manifold MO 203.92	203.92 N
MOD# CCU22NT3H0404s	203.32 1
I R#:00001908 S#:CCU22NT3H0404S ST:08/01/18 EN:08/31/18 RTO:N	
1 MONTH and 0 DAYS @ 203.92 / MONTH A#:00021303	
62367020731BL OX-RCC-M 1 0 MONTHLY BULK OXYGEN REGULATORY MO 105.00	105.00 N
COMPLIANCE CHARGE	
I R#:00003091 S#: ST:08/01/18 EN:08/31/18 RTO:N	
1 MONTH and 0 DAYS @ 105:00 / MONTH A#:00028323	
Subtotal	738.84
NOW YOU CAN PAY YOUR BILL ONLINE	
GO TO WWW.NEXAIR.COM	
TAXABLE AMOUNT ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT AMOUNT	
CASE 3:180NASEPRIGGGHARGEIQFINES PERMODIAINANNUALPHEACENTAGE1/18 THIS INVOICE () nt 2	Pag <del>¢</del> 38.84
RATE OF 18%) OR THE HIGHEST RATE PERMATER BY LAW.	





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 1 07/31/18 06191769 29718 600

#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365

Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606-8608

nexAir

8 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

V PE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
AL	OX-MRI-E		BALANCE	FORWARD				1					
AL	OX-USP-E		BALANCE	FORWARD				4					
R A	ALUMINU! L To	M OTALS	>		5	0	0	5	0		155	.122	18.91
Γ-	FILLER F TO		BALANCE	FORWARD	-	^	0	1	_		4	20.47	20. 45
R BI	F T	OTALS	>		1	0	0	1	0		1	29.47	29.47
GG	OX-USP-ALE		BALANCE	FORWARD				5					
GG	OX-USP-E		BALANCE	FORWARD				43					
GG	OX-USP-VAN-D		BALANCE	FORWARD				1-					
GG	OX-USP-VAN-E		BALANCE	FORWARD									
GG	OX-USP-VAN-E					4	<b>4</b>	11					
	GRAB N	go <sub>des</sub>		janu. Hene	References	PORTORIO (1980)	- 23 (23 ) - 23 (23 )		3355	10000	s: 30000000	89: J668888	
G	g <b>T</b>	otals	<u></u>		58	4	4	58	0		1798	.160	287.6
нъ	AR-1		BALANCE	FORMADO				1			5 333333 5 333333	1111966666 800	
111	AIC-			T. V. ISHIFITA	Mosses Bibliou	1	500000000000000000000000000000000000000						
HР	CDBEVCARB-20	60000000000000000000000000000000000000	BALANCE	FORWARD		Biliotototototo	000000000						
	CDBEVCARB-20		*****************		1000000 10 1000000 10	1	00000000	2					
HР	HE-BALLOON80		BALANCE	FORWARD				3					
HР	NI-2		BALANCE	FORWARD				2					
нъ	NI-NF-3		BALANCE	FODWADD				7					
	NI-NF-3			07/03/18		4	4	7					
	No Hab a			ECDIIA DD				2					
	NO-USP-2 NO-USP-2		BALANCE	07/09/18		2	2	2 2					
nP	NO-05P-2	0130007	00154792	07/03/18		2	2	2					
ΗP	OX-2		BALANCE	FORWARD				12					
TAL V			S OF ANY INACCL	BUYER ACCEPTS IRACY. A SERVICE	CHARGE OF 1.5	% PER MONT	H OR THE HIG	HEST RATE PE	RMITTED	TO	DTAL	•	CONTINUE





PURCHASE ORDER NUMBER INVOICE DATE CUSTOMER# 2 07/31/18 06191769 29718 600

#### — REMIT TO -

nexAir, LLC PO Box 125

Memphis TN 38101-0125

800-315-1365

Fax: 901-344-5278

B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606-8608

nexAir

S 0 L D 175 Buckhorn Road

Batesville MS 38606

662-563-8613

Fax: 662-563-1837

PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

/ E ITEM	SHIPPER INVOI NUMBER NUMB	DATE DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
HP OX-20	BALAN	CE FORWARD				1					
HP OX-80	BALAN	CE FORWARD				1-					
HP OX-USP-2	BALAN	CE FORWARD				1-					
HP OX-USP-80		CE FORWARD				3-					
HIGH PR	OTALS>		24	7	6	25	0		763	.139	106.06
LP AC-1WS	BALAN	CE FORWARD				1					
LP AC-75	BALAN	CE FORWARD				1					
LP PRGR2		CE FORWARD				2					
	DTALS>		4	0	0	4	٥		124	.139	17.24
MD AIR-USP-E MD AIR-USP-E	BALAN 621858006163	CE FORWARD 77507/23/18	3	1	1	10 10					
MD CO2-USB-D		CE FORWARD				1-					
MD CO2-USP-E		CE FORWARD				4					
MD NI-NF-E	BALAN	CE FORWARD				4 –					
MD OX-USP-D	BALAN	CE FORWARD				18					
MD OX-USP-E MEDICAL	BALAN	CE FORWARD				2-					
	OTALS>		25	1	1	25	0		775	.122	94.55
CYLINDE	R MAINTENANCE	1									
R CLR To	OTALS>									10.00	10.00
	S IS A CYLINDER RENTAL RE IS WITHIN 30 DAYS OF ANY I							T	TAL )		





 INVOICE NUMBER
 PAGE
 INVOICE DATE
 CUSTOMER #
 PURCHASE ORDER NUMBER
 HNDL CD
 TERR #

 06191769
 3
 07/31/18
 29718
 600

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Memphis TN 38101-0125

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B PANOLA MEDICAL CENTER

L CURAE HEALTH INC

303 MEDICAL CENTER DR

o BATESVILLE MS 38606-8608

nexAir

175 Buckhorn Road

Batesville MS 38606

662-563-8613

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PANOLA MEDICAL CENTER

ATTN RECEIVING

303 MEDICAL CENTER RD

INV IYPE	ITEM	SHIPPER NUMBER	INVOICE NUMBER	DATE	BEGINNING BALANCE	CYLINDERS SHIPPED	CYLINDERS RETURNED	ENDING BALANCE	CYLINDERS LEASED	DAYS USED	CYLINDER DAYS	RATE	AMOUNT
	this bi	have any lling, p 5-1365.	questic	ns about									
TOTAL VALUE OF												TAX	.00
101712 171202 01		US WITHIN 30 DAY	S OF ANY INACCL	. BUYER ACCEPTS JRACY. A SERVICE DUE ACCOUNTS PL	CHARGE OF 1.	5% PER MONT	H OR THE HIC	SHEST RATE PE	RMITTED	Т	OTAL )		563.91

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO.	INVOICE NUMBER
08/01/18	29718	06222298

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nexAir, LLC PO Box 125 Memphis TN 38101-0125

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S PANOLA MEDICAL CENTER

CURAE HEALTH INC

303 MEDICAL CENTER DR

T BATESVILLE MS 38606-8608

S PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD

BATESVILLE MS 38606

ORDER NUMBER	CUSTOMER ORDER NUMBER	LOC	SLS#	TERR#	SHIP VIA TERMS	3		INITIALS PA	AGE
20189862-00	SEE BELOW	027	397	600	BULKDELIVERY NET	30 DAYS		TLW	1
SHIPPING ORDER  NUMBER DATE	ITEM S⊦	TY QTY IP'D B/O		LINDER D RET'D	DESCR		UNIT M PRICE	AMOUN	T
1 '	P/O:BULK OXYGEN y Praxair on order	20189862	- 1		RELEASE #: 843839				
201898620728	** Location: DRP BL OX-BULK-USP	**	0		BULK LIQUID OXYO		SU834.7713	834.7	7 N
	8BL OX-RCC-HCF 8BL OX-ENERGY-T	1	0		REGULATORY COMPI 122114CF @ 0. OXYGEN ENERGY CF	.0000/100CF	C 36.6342	0.0 36.6	3 M
1					122114CF @ 0.	.0300/100CF			
201898620728	8BL OX-TRANS-HCF	1	0		OXYGEN TRANSPORT	.0175/100CF	C21.36995	21.3	
						Subtotal		892.7	7
	NOW YOU CAN PAY YO GO TO WWW.NEXAIR.C	I	ONLI	иЕ					
TAXABLE AMOUNT	ALL INVOICES UNPA E 3:18008056691AR RATE OF 18%) C	ID 40 DAYS <b>Eleir</b> 1797 OR THE HIGH	AFTER <b>293-1</b> IEST R	INVOIC O <b>PTAI</b> ( ATE PE	E DATE ARE SUBJECT ANGNUAL <b>FIEBCENTA/221/</b> 1 BYNTED BYLSAW.	AMOUNT THIS INVOICE A	nt 2 Pa	<b>g</b> €92.7	7

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO.	INVOICE NUMBER
08/07/18	29718	06227241

nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

nexAir, LLC PO Box 125 Memphis TN 38101-0125

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S PANOLA MEDICAL CENTER

CURAE HEALTH INC

303 MEDICAL CENTER DR

T BATESVILLE MS 38606-8608

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PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBER 06234281-00			397		SHIP VIA OUR TRUCK	TERMS NET 30 DAYS			INITIALS PAGI	
SHIPPING ORDER NUMBER DATE	QTY Q'9IH8	QTY B/O		NDER RET'D		DESCRIPTION	U Q M	UNIT PRICE	AMOUN	ıT
THEY ARE ON RESERVE					RELEASE #: J	JEFF				
** Location: 2 62342810731HP NI-NF-3 Lot: 39221181	27 **	C	4			r 9 27.8073/100CF	CY	83.70	334.8	;O I
62342810731NEXHAZMAT	1	C		 	1	CAL COMPLIANCE	EA	6.00	6.0	0 1
62342810731NEXMEDGASFEE	1	C			MEDICAL GAS	5 FEE	EA	6.00	6.0	0 :
6234281 0731 NEXSURCHARGE	1	C			FUEL SURCHA	ARGE	EA	10.75	10.7	'5 ?
	OTAL C	YLINI	ERS	SHI	PPED: 4	Subtotal  RETURNED: 4			357.5	55
NOW YOU CAN PAY GO TO WWW.NEXAIR		ILL (	NLIN	E	Γ	Delivery Charge			20.0	10
TAXABLE AMOUNT OCASE 3:180NCOSES UI RATE OF 18	NPAID 40 D HAR <b>ŒIQ</b> I	DAYS AI	 FTER II 1958-1910	    VOICI	E DATE ARE SUBJE	AMOUNT THIS INVOICE INCLUDING TAX		nt 2 P	<b>ag</b> ₽77.5	 55

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO.	INVOICE NUMBER
08/22/18	29718	06247672

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

S PANOLA MEDICAL CENTER

L CURAE HEALTH INC 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608 PLEASE MAKE CHECKS PAYABLE TO AND MAIL TO

nexAir, LLC PO Box 125 Memphis TN 38101-0125 800-315-1365 FAX:901-344-5278

S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

ORDER NUMBER 06274449-00	CUSTOMER ORDER NUMBE	R	1 1	- 1		SHIP VIA WILL CALL	TERMS NET 30 DAYS			JTB	GE 1
SHIPPING ORDER				_	NDER	WILL CALL	NET 30 DAIS	U	TINU	JIB	<u>.</u>
NUMBER DATE	■ ITEM	QTY SHIP'D	QTY B/O		RET'D		DESCRIPTION	.Q. M	PRICE	AMOUNT	ſ
6274449082	** Location: 2HP NO-USP-20	27 ** 1	0		-		2/18 WOMENS CLINIC DE USP (20 LB) CGA	CY	70.02	70.02	2 <b>N</b>
	Lot: 3903218	171			Ď	ty: 1					
6274449082	2NEXHAZMAT	1	0			ENVIRONMENT.	AL COMPLIANCE	EA	6.00	6.00	) N
6274449082	2NEXMEDGASFEE	1	0			MEDICAL GAS	FEE	EΑ	6.00	6.00	) И
		TOTAL C	YLIND	ERS	SHI	PPED: 1	Subtotal RETURNED: 1			82.02	2
TAXABLE AMOUNT	NOW YOU CAN PAY GO TO WWW.NEXAI	R.COM					CT AMOUNT				

# **ORIGINAL INVOICE**

PLEASE INCLUDE THESE NUMBERS WITH YOUR PAYMENT TO INSURE PROPER CREDIT



DATE	ACCT NO.	INVOICE NUMBER
08/23/18	29718	06249709

nexAir175 Buckhorn Road Batesville MS 38606 662-563-8613 FAX:662-563-1837

AND MAIL TO nexAir, LLC

PLEASE MAKE CHECKS PAYABLE TO

PO Box 125 Memphis TN 38101-0125

800-315-1365 FAX:901-344-5278

S PANOLA MEDICAL CENTER L CURAE HEALTH INC 303 MEDICAL CENTER DR T BATESVILLE MS 38606-8608 S PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD

BATESVILLE MS 38606

ORDER NUMBER CUSTOMER ORDER NUMBE	R		- 1		SHIP VIA	TERMS			INITIALS	
20296518-00 SEE BELOW		027	397	600	BULKDELIVERY	NET 30 DAYS			TLW	1
NUMBER DATE	CTY C'91HZ	QTY B/O	1	NDER RET'D	D	ESCRIPTION	.Q. M	UNIT PRICE	AMOU	NT
Gas P/O:BULK OXYGEN Delivered by Praxair on ord	der 2029	6518	1		RELEASE #: 84 pod P/O:BULK					
	DRD **									
202965180823BL OX-BULK-USP		(	,		BULK LIQUID	OXYGEN	BU	0.6836	983.	02 N
2023031000F3BH ON BOHN OBI	1430	`	Ί			0.6836/100CF		0.0030	J03.	V2 I
202965180823BL OX-RCC-HCF	1438	(			REGULATORY (	COMPLIANCE CHARGE 0.0000/100CF	нс	0.00	0.	00 N
202965180823BL OX-ENERGY-T	1438	(			OXYGEN ENERG	•	нc	0.03	43.	14 N
202965180823BL OX-TRANS-HCI	r 1438	(			OXYGEN TRANS		нс	0.0175	25.	17 N
						Subtotal			1051.	33
NOW YOU CAN PAY GO TO WWW.NEXA	1	ILL C	DNLIN	ΙΈ						
TAXABLE AMOUNT ALL INVOICES  OCASE 3:18066 RATE OF					E DATE ARE SUBJEC		<b>c</b> )	nt 2 P	a <b>gę</b> ₅1.	33

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nex									7 [	N2	RE	SERV	E						NEXAIR USE ONLY	97664	106491
		Buckhesville	-			5				RELEA	ASE NU	IMBER							CUST.	29718	1
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	'n	RECE	IV.	ING					~~~	<b>У</b>		J	- `	<i></i> 13					DATE		
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TD	57	397 0	27	500	FU	UPS 0	PPD	COLL	OUR '	TRU	CK	/ <b>in</b> ]	ON	VE-	<u>'</u>	ROUTING		0670	7/18	CHRG	
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		•		ĺ	LOT N	UMBERS	:	570	30	12	11	<del>}                                    </del>	-							. :	
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without our authorization and if returned will be subject to 20% handling charge. The B TO CERTIFY THAT THE ABOVE NAMED MATERIALS AFE PROPERLY CLASSIFED, PROCESSED,

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#### EQUIPMENT RENTAL AGREEMENT

CONTRACT PROVISIONS: This is to certify that I and/or we have on this date received from nexAir, LLC the equipment and/or articles, listed and identified on this contract.

If is understood and agreed that this personal property is leased to us by said hexAir, LLC and will be used by the leasee at the designated address for the stated period and solely for the purpose for which said equipment was manufactured and intended

It is turther understood and agreed that this equipment will not be removed from the address herein listed for use at any other address without the written consent of the lessor.

We further agree that said property was personally inspected and examined by us and found to be in first class condition when received.

We further agree that we hold nexAir, U.C harmless for any liability whatsoever resulting from the use of said equipment and further agree that said property will be used solely by the lessee and/or persons herein designated and no other persons without the written consent of the lessor of said equipment.

We further agree that we will immediately discontinue the use of any said equipment should same at any time, while in our possession become unsafe or in a state of disrepair, and will immediately return said equipment to nexAir, LLC and nexAir, LLC in consideration of the mutual convenents herein contained, agree that it will, with reasonable dispatch after receiving said equipment replace or repair said equipment.

The lessee further agrees that upon the termination of this lesse agreement, lessee will immediately return the rented merchandles or equipment and all attachments and parts belonging thereto to the office of nexAir, LLC in the same condition same was received, ordinary wear and depreciation excepted, and agree to pay any damage resulting to said equipment white same is in our possession, under our control, subject to this lesse. We further agree that lessee's obligation to return the rented merchandise to lessor at the termination of this lesse agreement in good condition shall be absolute, and in the event lessee fails so to return the rented merchandise, even if such failure be as a result of loss, theft, damage or destruction of the rented merchandise, which is not occasioned by the teutror negligance of lessee, tessee shall be tiable to and shall pay lessor the full fair merket value or such rented merchandise provided, however, that the obligations undertaken and express herein shall not be deemed or construed to be an option to the lessee to purchase the rented merchandise.

In the event the lessee desires to extend this lease beyond the data originally ageed upon, it is understood and agree that the lesses will immediately notify the lessor of said desire and obtain their approval and terms of said extension.

We further agree that all charges for rental will be paid in advance, or immediately upon return of merchandise, or upon receipt of statement for same and that all collection fees, attorney tees, court costs, or any expense involved in the collection of rental charges will be borne by lessee.

We further agree that upon failure to pay any additional rents, in advance, or if default is made in any way of the terms hereof nexAir, ULC may at once take, without notice, possession of said rented equipment wherever the same may be found and remove the same, and nexAir, ULC or its agents shall in no way be liable for any claims for damages or injury arising form the removal of said equipment.

We further agree that property described on this contract shall remain the property of lessor at all times, and no rental payments shall be considered as payment on purchase price.

I hereby acknowledge receipt of the above described aquipment subject to the rental contract provisions which I have read and to which I agree

Benital charges are for the time equipment is out. ROY FOR TIME USED. Our charges are for each day, 7 days per week including all holidays.

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			NEX AIR				ATE DELIVERED		of 45			AL TERMS				DATE

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# MIDDLE DISTRICT OF TENNESSEE Claims Register

### 3:18-bk-05665 Curae Health Inc.

**Judge:** Charles M Walker **Chapter:** 11

Office: Nashville Last Date to file claims:

Trustee: Last Date to file (Govt):

Creditor:(6718459)Claim No: 125Status:NEXAIR LROriginal FiledFiled by: CRPO BOX 125Date: 11/21/2018Entered by: admin

MEMPHIS, TN 38101- Original Entered Modified:

0125 Date: 11/21/2018

Amount claimed: \$12435.25

History:

<u>Details</u> <u>125-</u> 11/21/2018 Claim #125 filed by NEXAIR LR, Amount claimed: \$12435.25 (admin)

<u>T</u>

Description:

Remarks: (125-1) Account Number (last 4 digits):9718

# **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>	\$12435.25				
<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		