

Fill in this information to identify the case:

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

FILED

U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE

11/21/2018

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 Claim

1. Who is the current creditor?	<u>NEXAIR LR</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NEXAIR LLC</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>NEXAIR LR</u> Name PO BOX 125 MEMPHIS, TN 38101-0125 Contact phone <u>9013445273</u> Contact email <u>paul.foster@nexair.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">9718</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>12435.25</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).</p> <p>Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>Goods sold in the normal course of business.</p> <div style="border-bottom: 1px solid black; height: 15px;"></div>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: <div style="border-bottom: 1px solid black; width: 400px;"></div></div> <div>Basis for perfection: <div style="border-bottom: 1px solid black; width: 400px;"></div></div> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div> (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ <div style="border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div><div style="border-bottom: 1px solid black; width: 50px;"></div> %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <div style="border-bottom: 1px solid black; width: 100px;"></div></div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: <div style="border-bottom: 1px solid black; width: 300px;"></div></div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

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

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

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

Check the appropriate box:

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 11/21/2018
 MM / DD / YYYY

/s/ Paul Edward Foster, CPA, CFE

Signature

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

Name	<u>Paul Edward Foster, CPA, CFE</u>		
	First name	Middle name	Last name
Title	<u>Manager, Customer Financial Services</u>		
Company	<u>NEXAIR LLC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>1350 CONCOURSE AVE, STE 103</u>		
	Number Street		
	<u>MEMPHIS, TN 38104</u>		
	City State ZIP Code		
Contact phone	<u>9013445273</u>	Email	<u>PAUL.FOSTER@NEXAIR.COM</u>

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
05879861	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		
05955276	4/30/2018	\$924.72	(\$261.16)	\$0.00	\$663.56	5/29/2018	29718	205	176	205	BULK OXYGEN	
05964967	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	
06087692	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		
06181879	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		
06222298	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 C	
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							



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

DATE	ACCT. NO.	INVOICE NUMBER
03/31/18	29718	05879861

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06026815-00				027	397	500	OUR TRUCK	NET 30 DAYS			1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
60268150331		** Location: 27 ** NEXVS1500V-RR	1	0			02-MONTHLY FACILITY CHARGE SN#10904 NB#60069 2000 ST:04/01/18 EN:04/30/18 297.73 / MONTH A#:00000359	MO	297.73	297.73	N
I R#:00000533 S#:10904 NB#60069 2000											
60268150331		1 MONTH and 0 DAYS @ NEXMANIFOLD	1	0			NITROUS OXIDE MANIFOLD FOR TRI LAKES MED CENTER, BATESVILLE ST:04/01/18 EN:04/30/18 132.19 / MONTH A#:00000373	MO	132.19	132.19	N
I R#:00000548 S#:											
60268150331		1 MONTH and 0 DAYS @ NEXMANIFOLD	1	0			TRI-TECH NF N2 Auto Manifold MOD# CCU22NT3H0404S ST:04/01/18 EN:04/30/18 203.92 / MONTH A#:00021303	MO	203.92	203.92	N
I R#:00001908 S#:CCU22NT3H0404S											
60268150331		1 MONTH and 0 DAYS @ BL OX-RCC-M	1	0			MONTHLY BULK OXYGEN REGULATORY COMPLIANCE CHARGE ST:04/01/18 EN:04/30/18 105.00 / MONTH A#:00028323	MO	105.00	105.00	N
I R#:00003091 S#:											
Subtotal										738.84	
TAXABLE AMOUNT											
ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A LATE CHARGE OF 1.25 PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.											
AMOUNT THIS INVOICE INCLUDING TAX											

Case 3:18-bk-05605-Claim 1-25-1 Part 3 Filed 11/21/18

AMOUNT
THIS INVOICE
INCLUDING TAX

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CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
05890120	1	03/31/18	29718			500

REMIT TO

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837

BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

INV TYPE	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					
	ALUMINUM												
R AL	----- TOTALS ----->				5	0	0	5	0	155	.122	18.91	
	BF FILLER		BALANCE FORWARD					1					
R BF	----- TOTALS ----->				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					11					
	GG OX-USP-VAN-E	5975618	05859580	03/05/18		5	5	11					
	GRAB N GO												
R GG	----- TOTALS ----->				58	5	5	58	0	1798	.160	287.68	
	HP AR-1		BALANCE FORWARD					1					
	HP CO2-20		BALANCE FORWARD					1					
	HP HE-BALLOON80		BALANCE FORWARD					3					
	HP NI-2		BALANCE FORWARD					2					
	HP NI-NF-3		BALANCE FORWARD					7					
	HP NI-NF-3	5982069	05859623	03/07/18		4	4	7					
	HP NO-USP-2		BALANCE FORWARD					2					
	HP OX-2		BALANCE FORWARD					12					
	HP OX-20		BALANCE FORWARD					1					

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
05890120	2	03/31/18	29718			500

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PO Box 125
Memphis TN 38101-0125
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	HP OX-80		BALANCE FORWARD					1-					
	HP OX-USP-2		BALANCE FORWARD					1-					
	HP OX-USP-80		BALANCE FORWARD					3-					
	HIGH PRESSURE												
R HP	----- TOTALS ----->				24	4	4	24	0		744	.139	103.42
	LP AC-1WS		BALANCE FORWARD					1					
	LP AC-75		BALANCE FORWARD					1					
	LP PRGR2		BALANCE FORWARD					2					
	LOW PRESSURE												
R LP	----- TOTALS ----->				4	0	0	4	0		124	.139	17.24
	MD AIR-USP-E		BALANCE FORWARD					10					
	MD AIR-USP-E	59756180585958003/05/18				1	1	10					
	MD CO2-USP-D		BALANCE FORWARD					1-					
	MD CO2-USP-E		BALANCE FORWARD					4					
	MD NI-NF-E		BALANCE FORWARD					4-					
	MD OX-USP-D		BALANCE FORWARD					18					
	MD OX-USP-E		BALANCE FORWARD					2-					
	MEDICAL												
R MD	----- TOTALS ----->				25	1	1	25	0		775	.122	94.55
	CYLINDER MAINTENANCE												
R CLR	----- TOTALS ----->											10.00	10.00

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INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page 4
of 45



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
05964967	1	04/30/18	29718			500

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	AL OX-MRI-E		BALANCE FORWARD					1					
	AL OX-USP-E		BALANCE FORWARD					4					
	ALUMINUM												
R AL	----- TOTALS ----->				5	0	0	5	0	150		.122	18.30
	BF FILLER		BALANCE FORWARD					1					
R BF	----- TOTALS ----->				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					11					
	GG OX-USP-VAN-E	6038643	05928454	04/09/18		3	3	11					
	GRAB N GO												
R GG	----- TOTALS ----->				58	3	3	58	0	1740		.160	278.40
	HP AR-1		BALANCE FORWARD					1					
	HP CDBEVCARB-20		BALANCE FORWARD					1					
	HP HE-BALLOON80		BALANCE FORWARD					3					
	HP NI-2		BALANCE FORWARD					2					
	HP NI-NF-3		BALANCE FORWARD					7					
	HP NI-NF-3	6028911	05926340	04/03/18		4	4	7					
	HP NI-NF-3	6061260	05942648	04/20/18		4	4	7					
	HP NO-USP-2		BALANCE FORWARD					2					
	HP NO-USP-2	6028911	05926340	04/03/18		2	2	2					
	HP OX-2		BALANCE FORWARD					12					

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INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



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	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					
	HIGH PRESSURE												
R HP	----- 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					
	LOW PRESSURE												
R LP	----- TOTALS ----->				4	0	0	4	0	120	.139	16.68	
	MD AIR-USP-E		BALANCE FORWARD					10					
	MD AIR-USP-E	6038643	05928454	04/09/18		2	2	10					
	MD CO2-USP-D		BALANCE FORWARD					1					
	MD CO2-USP-E		BALANCE FORWARD					4					
	MD NI-NF-E		BALANCE FORWARD					4					
	MD OX-USP-D		BALANCE FORWARD					18					
	MD OX-USP-E		BALANCE FORWARD					2					
	MEDICAL												
R MD	----- TOTALS ----->				25	2	2	25	0	750	.122	91.50	
	CYLINDER MAINTENANCE												
R CLR	----- TOTALS ----->										10.00	10.00	

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURPAGE			



REMIT TO

S PANOLA MEDICAL CENTER
H ATTN RECEIVING
I 303 MEDICAL CENTER RD
P
T
O BATESVILLE MS 38606

If you have any questions about
this billing, please call
(800)315-1365.

TAX: .00

Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page 8



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06113957-00		SEE BELOW		027	397	500	OUR TRUCK	NET 30 DAYS		KG	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
							Hardgood P/O:JEFF				
nitrogen reserve in use light is on *											
** Location: 27 **											
61139570521		HP NI-NF-3	4	0	4	4	NITROGEN NF 1204CF @ 27.8073/100CF	CY	83.70	334.80	N
Lot: 3903318111 Qty: 4											
61139570521		NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00	N
61139570521		NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00	N
61139570521		NEXSURCHARGE	1	0			FUEL SURCHARGE	EA	10.75	10.75	N
Subtotal										357.55	
TOTAL CYLINDERS SHIPPED: 4 RETURNED: 4											
Delivery Charge										11.00	
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM											
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.									
Case 3:18-bk-03665-Claim 125-1-Part 3-Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX		nt 2 Page 68.55							



CYLINDER RENTAL INVOICE

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837

BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

INV TYPE	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					
	ALUMINUM												
R AL	----- TOTALS ----->				5	0	0	5	0	155	.122	18.91	
	BF FILLER		BALANCE FORWARD					1					
R BF	----- TOTALS ----->				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					11					
	GRAB N GO												
R GG	----- TOTALS ----->				58	0	0	58	0	1798	.160	287.68	
	HP AR-1		BALANCE FORWARD					1					
	HP CDBEVCARE-20		BALANCE FORWARD					1					
	HP HE-BALLOON80		BALANCE FORWARD					3					
	HP NI-2		BALANCE FORWARD					2					
	HP NI-NF-3		BALANCE FORWARD					7					
	HP NI-NF-3	6113957	06020841	05/21/18		4	4	7					
	HP NO-USP-2		BALANCE FORWARD					2					
	HP NO-USP-2	6110335	06020727	05/18/18		2	2	2					
	HP OX-2		BALANCE FORWARD					12					
	HP OX-20		BALANCE FORWARD					1					

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837

BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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


INV TYPE	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-					
	HP OX-USP-2		BALANCE FORWARD					1-					
	HP OX-USP-80		BALANCE FORWARD					3-					
	HIGH PRESSURE												
R HP	----- TOTALS ----->				24	6	6	24	0	744		.139	103.42
	LP AC-1WS		BALANCE FORWARD					1					
	LP AC-75		BALANCE FORWARD					1					
	LP PRGR2		BALANCE FORWARD					2					
	LOW PRESSURE												
R LP	----- TOTALS ----->				4	0	0	4	0	124		.139	17.24
	MD AIR-USP-E		BALANCE FORWARD					10					
	MD CO2-USP-D		BALANCE FORWARD					1					
	MD CO2-USP-E		BALANCE FORWARD					4					
	MD NI-NF-E		BALANCE FORWARD					4					
	MD OX-USP-D		BALANCE FORWARD					18					
	MD OX-USP-E		BALANCE FORWARD					2					
	MEDICAL												
R MD	----- TOTALS ----->				25	0	0	25	0	775		.122	94.55
	CYLINDER MAINTENANCE												
R CLR	----- TOTALS ----->											10.00	10.00

If you have any questions about

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



S O L D B Y	nexAir 175 Buckhorn Road Batesville MS 38606 662-563-8613 Fax: 662-563-1837
S H I P T O	PANOLA MEDICAL CENTER ATTN RECEIVING 303 MEDICAL CENTER RD BATESVILLE MS 38606

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL 	561.27
INVOICE TYPE			
R - RENTAL D - DEMURRAGE	Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page 14 of 15		



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
20004094-00		SEE BELOW		027	397	500	BULKDELIVERY	NET 30 DAYS		KAO	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
RELEASE #: 83447960 Hardgood P/O:BULK OXYGEN DELIVERED BY PRAXAIR ON ORDER 20004094 DATED 6/8/18											
** Location: DRP **											
200040940608		BL OX-BULK-USP	1131	0			BULK LIQUID OXYGEN 113100CF @ 0.6836/100CF	BU	0.6836	773.15 N	
200040940608		BL OX-RCC-HCF	1131	0			REGULATORY COMPLIANCE CHARGE 113100CF @ 0.0000/100CF	HC	0.00	0.00 N	
200040940608		BL OX-ENERGY-T	1131	0			OXYGEN ENERGY CHARGE 113100CF @ 0.0300/100CF	HC	0.03	33.93 N	
200040940608		BL OX-TRANS-HCF	1131	0			OXYGEN TRANSPORTATION 113100CF @ 0.0163/100CF	HC	0.01625	18.38 N	
Subtotal										825.46	
TAXABLE AMOUNT											
ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO AN ANNUAL CHARGE OF 5% (OR MONTHLY ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.											
Case 3:18-bk-05665-Claim-125-1-Part-3 Filed 11/21/18											
AMOUNT THIS INVOICE INCLUDING TAX											
nt 2 Page 25.46											

Case 3:18-bk-05665-Claim 125-1 Part 3 Filed 11/21/18

15 of 45



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06143803-00		SEE BELOW		027	397	500	OUR TRUCK	NET 30 DAYS		TD	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
6143803	0607	HP NI-NF-3	4	0	4	4	NITROGEN NF 1204CF @ 27.8073/100CF Qty: 4	CY	83.70	334.80	N
6143803	0607	NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00	N
6143803	0607	NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00	N
6143803	0607	NEXSURCHARGE	1	0			FUEL SURCHARGE	EA	10.75	10.75	N
Subtotal										357.55	
TOTAL CYLINDERS SHIPPED: 4 RETURNED: 4											
Delivery Charge										11.00	
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM											
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO AN ANNUAL CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.									
Case 3:18-bk-05665-Claim 125-1-Part 3-Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX		nt 2 Page 68.55							



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06149050-00				027	397	500	OUR TRUCK	NET 30 DAYS		MH	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
61490500611		** Location: 27 ** GG OX-USP-VAN-E	4	0	4	4	OXYGEN "E" GRAB N'GO VANTAGE W/ 50PSI PORT & WHITE DIAL ALUMINUM 96CF @ 83.3333/100CF	CY	20.00	80.00	N
		Lot: 3914518144I					Qty: 4				
61490500611		MD AIR-USP-E	2	0	2	2	AIR COMPRESSED USP SIZE E 46CF @ 97.7826/100CF	CY	22.49	44.98	N
		Lot: 3911618222					Qty: 2				
61490500611		NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00	N
61490500611		NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00	N
61490500611		NEXSURCHARGE	1	0			FUEL SURCHARGE	EA	10.75	10.75	N
Subtotal										147.73	
TOTAL CYLINDERS SHIPPED: 6 RETURNED: 6											
Delivery Charge										20.00	
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM											
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO AN INTEREST CHARGE OF 5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.									
Case 3:18-bk-03665-Claim 125-1 Part 3- Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX		nt 2 Page 67.73							



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TOnexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
FAX:662-563-1837nexAir, LLC
PO Box 125
Memphis TN 38101-0125
800-315-1365 FAX:901-344-5278SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606SHIP TO
PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06186046-00				027	397	500	OUR TRUCK	NET 30 DAYS			1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
61860460630		** Location: 27 ** NEXVS1500V-RR	1	0			02-MONTHLY FACILITY CHARGE SN#10904 NB#60069 2000 ST:07/01/18 EN:07/31/18 297.73 / MONTH A#:00000359	MO	297.73	297.73	N
I R#:00000533 S#:10904 NB#60069 2000											
61860460630		1 MONTH and 0 DAYS @ NEXMANIFOLD	1	0			NITROUS OXIDE MANIFOLD FOR TRI LAKES MED CENTER, BATESVILLE ST:07/01/18 EN:07/31/18 132.19 / MONTH A#:00000373	MO	132.19	132.19	N
I R#:00000548 S#:											
61860460630		1 MONTH and 0 DAYS @ NEXMANIFOLD	1	0			TRI-TECH NF N2 Auto Manifold MOD# CCU22NT3H0404S ST:07/01/18 EN:07/31/18 203.92 / MONTH A#:00021303	MO	203.92	203.92	N
I R#:00001908 S#:CCU22NT3H0404S											
61860460630		1 MONTH and 0 DAYS @ BL OX-RCC-M	1	0			MONTHLY BULK OXYGEN REGULATORY COMPLIANCE CHARGE ST:07/01/18 EN:07/31/18 105.00 / MONTH A#:00028323	MO	105.00	105.00	N
I R#:00003091 S#:											
Subtotal										738.84	
TAXABLE AMOUNT											
ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.											
AMOUNT THIS INVOICE INCLUDING TAX								738.84			

NOW YOU CAN PAY YOUR BILL ONLINE
GO TO WWW.NEXAIR.COM



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
06117133	1	06/30/18	29718			600

REMIT TO

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837

BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

INV TYPE	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					
	ALUMINUM												
R AL	----- TOTALS ----->				5	0	0	5	0	150	.122	18.30	
	BF FILLER		BALANCE FORWARD					1					
R BF	----- TOTALS ----->				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					11					
	GG OX-USP-VAN-E	6149050	06087692	06/11/18		4	4	11					
	GRAB N GO												
R GG	----- TOTALS ----->				58	4	4	58	0	1740	.160	278.40	
	HP AR-1		BALANCE FORWARD					1					
	HP CDBEVCARB-20		BALANCE FORWARD					1					
	HP HE-BALLOON80		BALANCE FORWARD					3					
	HP NI-2		BALANCE FORWARD					2					
	HP NI-NF-3		BALANCE FORWARD					7					
	HP NI-NF-3	6143803	06087575	06/07/18		4	4	7					
	HP NO-USP-2		BALANCE FORWARD					2					
	HP OX-2		BALANCE FORWARD					12					
	HP OX-20		BALANCE FORWARD					1					

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
06117133	2	06/30/18	29718			600

REMIT TO

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837


BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

INV TYPE	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-					
	HP OX-USP-2		BALANCE FORWARD					1-					
	HP OX-USP-80		BALANCE FORWARD					3-					
	HIGH PRESSURE												
R HP	----- TOTALS ----->				24	4	4	24	0	720	.139	100.08	
	LP AC-1WS		BALANCE FORWARD					1					
	LP AC-75		BALANCE FORWARD					1					
	LP PRGR2		BALANCE FORWARD					2					
	LOW PRESSURE												
R LP	----- TOTALS ----->				4	0	0	4	0	120	.139	16.68	
	MD AIR-USP-E		BALANCE FORWARD					10					
	MD AIR-USP-E	61490500608769206/11/18				2	2	10					
	MD CO2-USP-D		BALANCE FORWARD					1-					
	MD CO2-USP-E		BALANCE FORWARD					4					
	MD NI-NF-E		BALANCE FORWARD					4-					
	MD OX-USP-D		BALANCE FORWARD					18					
	MD OX-USP-E		BALANCE FORWARD					2-					
	MEDICAL												
R MD	----- TOTALS ----->				25	2	2	25	0	750	.122	91.50	
	CYLINDER MAINTENANCE												
R CLR	----- TOTALS ----->										10.00	10.00	

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL 	544.43
INVOICE TYPE			
R - RENTAL D - DEMURRAGE	Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page 15		



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06188929-00		SEE BELOW		027	397	600	OUR TRUCK	NET 30 DAYS		DM	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
61889290703		** Location: 27 ** HP NI-NF-3 Lot: 3916618112	4	0	4	4	Hardgood P/O:N2 RESERVE NITROGEN NF 1204CF @ 27.8073/100CF Qty: 4	CY	83.70	334.80	N
61889290703		NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00	N
61889290703		NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00	N
61889290703		NEXSURCHARGE	1	0			FUEL SURCHARGE	EA	10.75	10.75	N
Subtotal										357.55	
TOTAL CYLINDERS SHIPPED: 4 RETURNED: 4											
Delivery Charge										20.00	
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM											
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO AN ANNUAL CHARGE OF 5% (OR MONTHLY ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.									
Case 3:18-bk-05665-Claim 125-1-Part 3-Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX		nt 2 Page 77.55							



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06196087-00				027	397	600	OUR TRUCK	NET 30 DAYS		BCM	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
61960870709		** Location: 27 ** HP NO-USP-2	2	0	2	2	NITROUS OXIDE USP (56 LB) CGA 326 112CF @ 576.4821/100CF Lot: 3914118171 Qty: 1 Lot: 3918418171	CY	322.83	645.66	N
61960870709		NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00	N
61960870709		NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00	N
61960870709		NEXSURCHARGE	1	0			FUEL SURCHARGE	EA	10.75	10.75	N
Subtotal										668.41	
TOTAL CYLINDERS SHIPPED: 2 RETURNED: 2											
Delivery Charge										20.00	
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM											
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A SERVICE CHARGE OF 5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.									
Case 3:18-bk-03665-Claim 125-1-Part 3-Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX		nt 2 Page 88.41							



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06203397-00				027	397	600	OTHER	NET 30 DAYS		CKS	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
6203397	07/12	** Location: 27 ** HP CDBEVCARB-20	1	0	1	0	CARBON DIOXIDE BEV 20LB VOL: 20 Qty: 1	CY	14.45	14.45	N
6203397	07/12	Lot: 3910319211 NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	2.00	2.00	N
Subtotal										16.45	
TOTAL CYLINDERS SHIPPED: 1 RETURNED: 0											
TAXABLE AMOUNT											
ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A LATE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.											
AMOUNT THIS INVOICE INCLUDING TAX											

Case 3:18-bk-05665-Claim 125-1 Part 3 Filed 11/21/18

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ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS	INITIALS	PAGE
06218580-00				027	397	600	OUR TRUCK	NET 30 DAYS	MH	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT
NUMBER	DATE				SHIP'D	RET'D				
62185800723		** Location: 27 ** GG OX-USP-VAN-E	4	0	4	4	OXYGEN "E" GRAB N'GO VANTAGE W/ 50PSI PORT & WHITE DIAL ALUMINUM 96CF @ 83.3333/100CF	CY	20.00	80.00 N
		Lot: 3919518144J					Qty: 4			
62185800723		MD AIR-USP-E	1	0	1	1	AIR COMPRESSED USP SIZE E 23CF @ 97.7826/100CF	CY	22.49	22.49 N
		Lot: 3910618221					Qty: 1			
62185800723		NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00 N
62185800723		NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00 N
62185800723		NEXSURCHARGE	1	0			FUEL SURCHARGE	EA	10.75	10.75 N
Subtotal										125.24
TOTAL CYLINDERS SHIPPED: 5 RETURNED: 5										
Delivery Charge										20.00
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM										
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO AN ANNUAL CHARGE OF 5% (OR MONTHLY ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.								
Case 3:18-bk-03665-Claim 125.1 Part 3 Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX								nt 2 Page 45.24



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
06191769	1	07/31/18	29718			600

REMIT TO

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837

BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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

INV TYPE	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					
	ALUMINUM												
R AL	----- TOTALS ----->				5	0	0	5	0	155	.122	18.91	
	BF FILLER		BALANCE	FORWARD				1					
R BF	----- TOTALS ----->				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				11					
	GG OX-USP-VAN-E	6218580	06169775	07/23/18		4	4	11					
	GRAB N GO												
R GG	----- TOTALS ----->				58	4	4	58	0	1798	.160	287.68	
	HP AR-1		BALANCE	FORWARD				1					
	HP CDBEVCARB-20		BALANCE	FORWARD				1					
	HP CDBEVCARB-20	6203397	06159802	07/12/18		1	1	2					
	HP HE-BALLOON80		BALANCE	FORWARD				3					
	HP NI-2		BALANCE	FORWARD				2					
	HP NI-NF-3		BALANCE	FORWARD				7					
	HP NI-NF-3	6188929	06154270	07/03/18		4	4	7					
	HP NO-USP-2		BALANCE	FORWARD				2					
	HP NO-USP-2	6196087	06154792	07/09/18		2	2	2					
	HP OX-2		BALANCE	FORWARD				12					

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



CYLINDER RENTAL INVOICE

INVOICE NUMBER	PAGE	INVOICE DATE	CUSTOMER #	PURCHASE ORDER NUMBER	HNDL CD	TERR #
06191769	2	07/31/18	29718			600

REMIT TO

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

SOLD BY nexAir
175 Buckhorn Road
Batesville MS 38606
662-563-8613
Fax: 662-563-1837

BILL TO PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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

INV TYPE	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					
	HIGH PRESSURE												
R HP	----- TOTALS ----->				24	7	6	25	0		763	.139	106.06
	LP AC-1WS		BALANCE FORWARD					1					
	LP AC-75		BALANCE FORWARD					1					
	LP PRGR2		BALANCE FORWARD					2					
	LOW PRESSURE												
R LP	----- TOTALS ----->				4	0	0	4	0		124	.139	17.24
	MD AIR-USP-E		BALANCE FORWARD					10					
	MD AIR-USP-E	62185800616977507/23/18				1	1	10					
	MD CO2-USP-D		BALANCE FORWARD					1					
	MD CO2-USP-E		BALANCE FORWARD					4					
	MD NI-NF-E		BALANCE FORWARD					4					
	MD OX-USP-D		BALANCE FORWARD					18					
	MD OX-USP-E		BALANCE FORWARD					2					
	MEDICAL												
R MD	----- TOTALS ----->				25	1	1	25	0		775	.122	94.55
	CYLINDER MAINTENANCE												
R CLR	----- TOTALS ----->											10.00	10.00

TOTAL 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 BY LAW WILL BE DUE ON PAST DUE ACCOUNTS PLUS REASONABLE ATTORNEY'S FEES AND COLLECTION COSTS.	TOTAL	CONTINUED
INVOICE TYPE			
R - RENTAL D - DEMURRAGE			



Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page 29 of 45



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
20189862-00		SEE BELOW		027	397	600	BULKDELIVERY	NET 30 DAYS		TLW	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
		Gas P/O:BULK OXYGEN Delivered by Praxair on order 20189862 7/28/18					Hardgood P/O:BULK OXYGEN				
		** Location: DRP **									
201898620728		BL OX-BULK-USP	1	0			BULK LIQUID OXYGEN 122114CF @ 0.6836/100CF	BU	834.7713	834.77 N	
201898620728		BL OX-RCC-HCF	1	0			REGULATORY COMPLIANCE CHARGE 122114CF @ 0.0000/100CF	HC	0.00	0.00 N	
201898620728		BL OX-ENERGY-T	1	0			OXYGEN ENERGY CHARGE 122114CF @ 0.0300/100CF	HC	36.6342	36.63 N	
201898620728		BL OX-TRANS-HCF	1	0			OXYGEN TRANSPORTATION 122114CF @ 0.0175/100CF	HC	21.36995	21.37 N	
Subtotal									892.77		
TAXABLE AMOUNT											
ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.											
AMOUNT THIS INVOICE INCLUDING TAX											

Case 3:18-bk-05665-Clark-125-1 Part 3 Filed 11/21/18

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Case 3:18-bk-05665-Claim 125-1 Part 3 Filed 11/21/18

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ORIGINAL INVOICE

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
06274449-00		SEE BELOW		027	397	600	WILL CALL	NET 30 DAYS		JTB	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
6274449	0822	** Location: 27 ** HP NO-USP-20	1	0	1	1	Hardgood P/O:08/22/18 WOMENS CLINIC NITROUS OXIDE USP (20 LB) CGA 326 VOL: 20 Qty: 1	CY	70.02	70.02	N
6274449	0822	Lot: 3903218171 NEXHAZMAT	1	0			ENVIRONMENTAL COMPLIANCE	EA	6.00	6.00	N
6274449	0822	NEXMEDGASFEE	1	0			MEDICAL GAS FEE	EA	6.00	6.00	N
Subtotal										82.02	
TOTAL CYLINDERS SHIPPED: 1 RETURNED: 1											
NOW YOU CAN PAY YOUR BILL ONLINE GO TO WWW.NEXAIR.COM											
TAXABLE AMOUNT		ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO AN ANNUAL CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.									
Case 3:18-bk-05665-Claim 125-1-Part 3-Filed 11/21/18		AMOUNT THIS INVOICE INCLUDING TAX		nt 2 Page 82.02							



ORIGINAL INVOICE

PLEASE INCLUDE THESE NUMBERS WITH
YOUR PAYMENT TO INSURE PROPER CREDIT

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

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

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

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

SOLD TO
PANOLA MEDICAL CENTER
CURAE HEALTH INC
303 MEDICAL CENTER DR
BATESVILLE MS 38606-8608

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

ORDER NUMBER		CUSTOMER ORDER NUMBER		LOC	SLS #	TERR #	SHIP VIA	TERMS		INITIALS	PAGE
20296518-00		SEE BELOW		027	397	600	BULKDELIVERY	NET 30 DAYS		TLW	1
SHIPPING ORDER		ITEM	QTY SHIP'D	QTY B/O	CYLINDER		DESCRIPTION	UOM	UNIT PRICE	AMOUNT	
NUMBER	DATE				SHIP'D	RET'D					
							RELEASE #: 84728193				
		Gas P/O:BULK OXYGEN					Hardgood P/O:BULK OXYGEN				
		Delivered by Praxair on order 20296518					8/23/18				
		** Location: DRP **									
20296518	0823	BL OX-BULK-USP	1438	0			BULK LIQUID OXYGEN	BU	0.6836	983.02 N	
							143800CF @ 0.6836/100CF				
20296518	0823	BL OX-RCC-HCF	1438	0			REGULATORY COMPLIANCE CHARGE	HC	0.00	0.00 N	
							143800CF @ 0.0000/100CF				
20296518	0823	BL OX-ENERGY-T	1438	0			OXYGEN ENERGY CHARGE	HC	0.03	43.14 N	
							143800CF @ 0.0300/100CF				
20296518	0823	BL OX-TRANS-HCF	1438	0			OXYGEN TRANSPORTATION	HC	0.0175	25.17 N	
							143800CF @ 0.0175/100CF				
Subtotal										1051.33	
TAXABLE AMOUNT											
ALL INVOICES UNPAID 40 DAYS AFTER INVOICE DATE ARE SUBJECT TO A SERVICE CHARGE OF 5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR THE HIGHEST RATE PERMITTED BY LAW.											
AMOUNT THIS INVOICE INCLUDING TAX											

Case 3:18-bk-05665-Claim 125-1 Part 3 Filed 11/21/18

nt 2 Page 51.33

Case 3:18-bk-05665-Claim 125-1 Part 3 Filed 11/21/18

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PICKING TICKET

FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
ITEM COUNT					CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$
BY			BY						

SOLD BY:	PURCHASE ORDER NO.	NEXAIR USE ONLY
nexAir	N2 RESERVE	9766406491
175 Buckhorn Road	RELEASE NUMBER	CUST. NO.
Batesville MS 38606	JEFF	29718
(662) 563-8613		ORDER NO.
		06143803-00
SHIP TO:	SOLD TO:	ORDER DATE
PANOLA MEDICAL CENTER	PANOLA MEDICAL CENTER	06/06/18
ATTN RECEIVING		PAGE NO.
303 MEDICAL CENTER RD		001 OF 001
BATESVILLE MS 38606	06-JUN-18 08:47AM tony.dunn	

ENTERED BY	SLSM	BRCH	TEHR	FILM	UPS	PPD	COLL	SHP VIA	ROUTING	SCHEDULED SHIP DATE	CHRG
TD	397	027	500	00	0	X		OUR TRUCK	-NONE-	06/07/18	

LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
		Hardgood P/O:N2 RESERVE									
		*** KEY ACCOUNT ***									
1	HP NI-NF-3	UN1066 Nitrogen, Compressed, 2.2	CYL	4	4		4	(4)	680.00		
		LOT NUMBERS: 2908618111									
		*** Lot Numbers Required ***									
2	NEX HAZMAT	ENVIRONMENTAL COMPLIANCE	EA	1	1		BKORD	LOC	WEIGHT		
3	NEX MEDGASFE	MEDICAL GAS FEE	EA	1	1		0				
4	NEX SURCHARGE	FUEL SURCHARGE	EA	1	1		0				
		FOR SAFETY DATA SHEETS, VISIT - WWW.NEXAIR.COM									
		Total Weight 680.0000									
		EMERGENCY RESPONSE TELEPHONE NUMBER:CHEMTREC - DAY OR NIGHT (800) 424-9300									

SELECTED
JUN 15 2018

NET 30 DAYS **x Rfa 07/11** RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoice/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated herein, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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☐ Carrier's Vehicle Placarded
According to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.

PICKING TICKET

FILED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____			
ITEM COUNT					on _____, 20____, B/L # _____			
BY			BY		CVS	EX PCS	ZONE	GR WEIGHT
					DECL VALUE \$			

SOLD BY:

PURCHASE ORDER NO.

NEXAIR
USE
ONLY

9772758300

CUST.
NO.

29718

ORDER
NO.

06149050-00

ORDER
DATE

06/08/18

PAGE
NO.

001 OF 001

nexAir

175 Buckhorn Road
Batesville MS 38606

(662) 563-8613

RELEASE NUMBER

SHIP TO:

SOLD TO:

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

PANOLA MEDICAL CENTER

08-JUN-18 10:46AM michael.ham

ENTERED BY MH	SLSM 397	BRCH 027	TEPR 500	FILM 00	UPS 0	PPD X	COLL	SHIP VIA OUR TRUCK	-NONE-	ROUTING	SCHEDULED SHIP DATE 06/11/18	CHRG
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LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
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*** KEY ACCOUNT ***

** Location: 27 **

1 GG OX-USP-VAN-E

UN1072

CYL

4

4

4

(4) 60.00

Oxygen, Compressed, 2.2 (5.1)

OXYGEN 'E' GRAB N'GO VANTAGE W/

50PSI PORT & MEDTS DEAL ALIMENTUM

LOT NUMBERS:

3914518144I

*** Lot Numbers Required ***

2 MD AIR-USP-E

UN1002

CYL

2

2

2

(2) 30.00

Air, Compressed, 2.2

AIR COMPRESSED USP SIZE E

LOT NUMBERS:

3911618222

*** Lot Numbers Required ***

3 NEX HAZMAT

ENVIRONMENTAL COMPLIANCE

EA

1

1

QTY
BKORDBIN
LOC

WEIGHT

4 NEX MEDGASFEE

MEDICAL GAS FEE

EA

1

1

SELECTED

5 NEX SURCHARGE

FUEL SURCHARGE

EA

1

1

JUN 15 2018

FOR SAFETY DATA SHEETS, VISIT -

WWW.NEXAIR.COM

Total Weight

90.0000

EMERGENCY RESPONSE TELEPHONE NUMBER:CHEMTREC - DAY OR NIGHT (800) 424-9300

NET 30 DAYS

RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. If is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoices/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated hereon, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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Carriers's Vehicle Placarded
According to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.

PICKING TICKET

ITEM COUNT	FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
BY				BY		CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$

SOLD BY: nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

PURCHASE ORDER NO. N2 RESERVE

RELEASE NUMBER

NEXAIR USE ONLY 9849942489

CUST. NO. 29718

ORDER NO. 06188929-00

ORDER DATE 07/02/18

PAGE NO. 001 OF 001

SHIP TO: PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

SOLD TO: PANOLA MEDICAL CENTER

02-JUL-18 01:10PM dex.mccune

ENTERED BY DM	SLSM 397	BRCH 027	TERR 600	FILM 00	UPS 0	PPD X	COLL	SHIP VIA OUR TRUCK	-NONE-	ROUTING	SCHEDULED SHIP DATE 07/03/18	CHRG
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LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
1	HP NI-NF-3	Hardgood P/O:N2 RESERVE *** KEY ACCOUNT *** Nitrogen, Compressed, 2.2 NONFLAMMABLE GAS UN 1066	CYL	4	4		4		680.00		

LOT NUMBERS:

*** Lot Numbers Required ***

						QTY	BIN		
						BKORD	LOC	WEIGHT	
2	NEX HAZMAT	ENVIRONMENTAL COMPLIANCE	EA	1	1	0			
3	NEX MEDGAS FEE	MEDICAL GAS FEE	EA	1	1	0			
4	NEX SURCHARGE	FUEL SURCHARGE	EA	1	1	0			

FOR SAFETY DATA SHEETS, VISIT -
WWW.NEXAIR.COM

Total Weight 680.0000

EMERGENCY RESPONSE TELEPHONE NUMBER: CHEMTREC - DAY OR NIGHT (800) 424-9300

SELECTED
JUL 10 2018

RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of his credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoice/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account until past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without prior authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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Carrier's Vehicle Placarded Claim 125-1 Part 2 According to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.

Case 3:18-bk-05665-7-9-18 36 of 45

PICKING TICKET

ITEM COUNT	FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
BY				BY		CVS	EX PCS	ZONE	GR WEIGHT	DECL VALUE \$

SOLD BY:

PURCHASE ORDER NO.

nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

RELEASE NUMBER

NEXAIR USE ONLY 9868717310

CUST. NO. 29718

ORDER NO. 06196087-00

ORDER DATE 07/09/18

PAGE NO. 001 OF 001

SHIP TO:

SOLD TO:

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

PANOLA MEDICAL CENTER

09-JUL-18 07:45AM buford.mona

ENTERED BY	SLSM	BRCH	TEPR	FILM	UPS	PPD	COLL	SHIP VIA	ROUTING	SCHEDULED SHIP DATE	CHRG
BCM	397	027	600	00	0	X		OUR TRUCK	-NONE-	07/09/18	

LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
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*** KEY ACCOUNT ***

** Location: 27 **

1 HP NO-USP-2 Nitrous Oxide, 2.2 (5.1) CYL 2 2 2 372.00
NONFLAMMABLE GAS UN 1070
NITROUS OXIDE USP (56 LB) CGA 325

LOT NUMBERS:

391418171
3918418171

*** Lot Numbers Required ***

2 NEX HAZMAT
3 NEX MEDGAS FEE
4 NEX SURCHARGE

ENVIRONMENTAL COMPLIANCE
MEDICAL GAS FEE
FUEL SURCHARGE

EA
EA
EA

1
1
1

1
1
1

QTY
BKORD
0
0
0

BIN
LOC
0
0
0

WEIGHT

FOR SAFETY DATA SHEETS, VISIT -
WWW.NEXAIR.COM

Total Weight 372.0000

EMERGENCY RESPONSE TELEPHONE NUMBER: CHEMTREC - DAY OR NIGHT (800) 424-9300

SELECTED
JUL 10 2018

NET 30 DAYS X RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoice/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated herein, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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Carrier's Vehicle Placarded

Claim 125-1 Part 3

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.



PICKING TICKET

FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____				
ITEM COUNT					on _____, 20____, B/L # _____				
BY			BY		CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$

SOLD BY:

PURCHASE ORDER NO.

nexAir
175 Buckhorn Road
Batesville MS 38606

RELEASE NUMBER

(662) 563-8613

NEXAIR
USE ONLY 9877339626CUST.
NO. 29718ORDER
NO. 06203397-00ORDER
DATE 07/12/18PAGE
NO. 001 OF 001

SHIP TO:

SOLD TO:

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

PANOLA MEDICAL CENTER

12-JUL-18 06:44AM chuck.segar

ENTERED BY	SLSM	BRIH	TERR	FILM	UPS	PPD	COLL	OTHER	SHIP VIA	ROUTING	SCHEDULED SHIP DATE	CHRG
CKS	397	027	600	00	0	X		OTHER	-NONE-		07/12/18	

LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER-SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
		*** KEY ACCOUNT ***									
1	HP CDBEVCARB-20	CARBON DIOXIDE, 2.2 NONFLAMMABLE GAS UN 1013 CARBON DIOXIDE BEV 20LB	CYL	1	1		1	⊕	55.00	14.45	14.45

LOT NUMBERS:

3910319211

*** Lot Numbers Required ***

LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	QTY BKORD	BIN LOC	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
2	NEX HAZMAT	ENVIRONMENTAL COMPLIANCE	EA	1	1	0			2.00	2.00

FOR SAFETY DATA SHEETS, VISIT -
WWW.NEXAIR.COM

Total Weight 55.0000

Subtotal 16.45

Tax .00

Total Sale 16.45

EMERGENCY RESPONSE TELEPHONE NUMBER: CHEMTREC - DAY OR NIGHT (800) 424-9300

SELECTED

JUL 13 2018

NET 30 DAYS

RECEIVED BY CUSTOMER

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Carrier's Vehicle Placarded

According to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.

Case 3:18-bk-05665

Claim 125 - Part 3

Filed 11/21/18

Desc Attachment 2

Page

38 of 45

PICKING TICKET

FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
ITEM COUNT					CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$
BY			BY						

SOLD BY:

PURCHASE ORDER NO.

nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

RELEASE NUMBER

NEXAIR USE ONLY 9895549489

CUST. NO. 29718

ORDER NO. 06218580-00

ORDER DATE 07/20/18

PAGE NO. 001 OF 001

SHIP TO:

SOLD TO:

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

PANOLA MEDICAL CENTER

20-JUL-18 11:36AM michael.ham

ENTERED BY MH	SLSM 397	BRCH 027	TERR 600	FILM 00	UPB 0	PPD X	COLL	SHIP VIA OUR TRUCK	-NONE-	ROUTING	SCHEDULED SHIP DATE 07/23/18	CHRG
LINE NO.	ITEM NUMBER	ITEM DESCRIPTION		UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT	
ROUTE: Routing Pending SHIP DATE: 07/23/18												
*** KEY ACCOUNT ***												
** Location: 27 **												
1	GG OX-USP-VAN-E	UN1072 Oxygen, Compressed, 2.2 (5.1) OXYGEN - E-GRAB N GO VAPOR 50PSI PORT & WHITE DIAL ALUMINUM		CYL	4	4		4	60.00			
LOT NUMBERS: (4) 3919318149J												
*** Lot Numbers Required ***												
2	MD AIR-USP-E	UN1002 Air, Compressed, 2.2 AIR COMPRESSED USP SIZE E		CYL	1	1		1	15.00			
LOT NUMBERS: (1) 3910618221												
*** Lot Numbers Required ***												
3	NEX HAZMAT	ENVIRONMENTAL COMPLIANCE		EA	1	1		0				
4	NEX MEDGASFE	MEDICAL GAS FEE		EA	1	1		0				
5	NEX SURCHARGE	FUEL SURCHARGE		EA	1	1		0				
FOR SAFETY DATA SHEETS, VISIT - WWW.NEXAIR.COM												
Total Weight 75.0000												
EMERGENCY RESPONSE TELEPHONE NUMBER: CHEMTREC - DAY OR NIGHT (800) 424-9300												
SELECTED JUL 23 2018												

NET 30 DAYS X *[Signature]* RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoice/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated herein, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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Carrier's Vehicle Placarded

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the

Base 7-18-bk-05665 According to Existing Regulations Equipment Rental Agreement on the back of this ticket Page 39 of 45

PICKING TICKET

ITEM COUNT	FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
BY				BY		CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$

SOLD BY:

PURCHASE ORDER NO.

nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

RELEASE NUMBER

JEFF

NEXAIR USE ONLY 9914983294

CUST. NO. 29718

ORDER NO. 06234281-00

ORDER DATE 07/31/18

PAGE NO. 001 OF 001

SHIP TO:

SOLD TO:

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

PANOLA MEDICAL CENTER

31-JUL-18 08:07AM byron.gatli

ENTERED BY	SLSM	BRCH	TERR	FIRM	UPS	PPD	COLL	SHIP VIA	ROUTING	SCHEDULED SHIP DATE	CHRG
WBG	397	027	600	00	0	X		OUR TRUCK	-NONE-	07/31/18	

LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
ROUTE: Routing Pending		SHIP DATE: 07/31/18									
		*** KEY ACCOUNT ***									
		THEY ARE ON RESERVE									
		** Location: 27 **									
1	HP NI-NF-3	UN1066	CYL	4	4		4		680.00		
		Nitrogen Compressed									
		NITROGEN NF									
		LOT NUMBERS: 3922118113									
		*** Lot Numbers Required ***									

	QTY BKORD	BIN LOC	WEIGHT
2 NEX HAZMAT	1	1	0
3 NEX MEDGAS FEE	1	1	0
4 NEX SURCHARGE	1	1	0

FOR SAFETY DATA SHEETS, VISIT -
WWW.NEXAIR.COM

Total Weight 680.0000

EMERGENCY RESPONSE TELEPHONE NUMBER: CHEMTREC - DAY OR NIGHT (800) 424-9300

SELECTED

AUG 07 2018

NET 30 DAYS RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above-described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoice/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase, I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated herein, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$30 handling fee. Returned checks can also result in loss of charge privileges.

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION



Carrier's Vehicle Placarded

Accordant to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.

Case 18-bk-05665

Chad 123-118113

Filed 11/21/18

Desc Attachment 2 * Page

40 of 45

CERTIFIED BY NEX AIR

DATE OF INVOICE

AGREE TO RENTAL TERMS AND CONDITIONS

DATE



PICKING TICKET

FILLED		CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
ITEM COUNT						CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$
BY				BY						

SOLD BY:
nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

PURCHASE ORDER NO.
08/22/18 WOMENS CLINIC

RELEASE NUMBER

NEXAIR
USE ONLY
CUST. NO. 9962327668
29718
ORDER NO. 06274449-00
ORDER DATE 08/22/18
PAGE NO. 001 OF 001

SHIP TO:
PANOLA MEDICAL CENTER
ATTN RECEIVING
303 MEDICAL CENTER RD
BATESVILLE MS 38606

SOLD TO:
PANOLA MEDICAL CENTER

22-AUG-18 12:00PM batesvillem

ENTERED BY	SLSM	BRCH	TERR	FIRM	UPS	PPD	COLL	SHIP VIA	ROUTING	SCHEDULED SHIP DATE	CHRG		
JTB	397	027	600	00	0	X		WILL CALL	-NONE-	08/22/18			
LINE NO.	ITEM NUMBER	ITEM DESCRIPTION			UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER-SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
		Hardgood P/O:08/22/18 WOMENS CLINIC											
		*** KEY ACCOUNT ***											
	** Location: 27 **												
1	HP NO-USP-20	UN1070			CYL	1	1		1	1	55.00		
Nitrous Oxide, 2.2 (5.1)													
NITROUS OXIDE USP (20 LB) CGA													
326													
LOT NUMBERS:													

*** Lot Numbers Required ***

Lot: 3903218171

Qty: 1

2	NEX HAZMAT	ENVIRONMENTAL COMPLIANCE	EA	1	1	QTY BKORD	BIN LOC	WEIGHT		
3	NEX MEDGAS FEE	MEDICAL GAS FEE	EA	1	1	0	0			
FOR SAFETY DATA SHEETS, VISIT - WWW.NEXAIR.COM										
Total Weight 55.0000										
EMERGENCY RESPONSE TELEPHONE NUMBER: CHEMTREC - DAY OR NIGHT (800) 424-9300										
SELECTED (AUG 22 2018)										
Jim G. (mob)										

NET 30 DAYS

RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoice/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated herein, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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Carrier's Vehicle Placarded
Claim 125.1 Part 3

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the Equipment Rental Agreement on the back of this invoice.



PICKING TICKET

	FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
ITEM COUNT						CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$
BY				BY						

SOLD BY:

nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

PURCHASE ORDER NO.

08/22/18 WOMENS CLINIC

RELEASE NUMBER

NEXAIR
USE
ONLY
9962327668CUST.
NO. 29718ORDER
NO. 06274449-00ORDER
DATE 08/22/18PAGE
NO. 001 OF 001

SHIP TO:

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

SOLD TO:

PANOLA MEDICAL CENTER

22-AUG-18 12:00PM batesvillem

ENTERED BY JTB	SLSM 397	BRCH 027	TERR 600	FILM 00	UPS 0	PPD X	COLL	SHIP VIA WILL CALL	-NONE-	ROUTING	SCHEDULED SHIP DATE 08/22/18	CHRG
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LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
		Hardgood P/O:08/22/18 WOMENS CLINIC									
		*** KEY ACCOUNT ***									
1	HP NO-USP-20	UN1070 Nitrous Oxide, 2.2 (5.1) NITROUS OXIDE USP (20 LB) CGA 326	CYL	1	1		1	1	55.00		
		LOT NUMBERS:									

*** Lot Numbers Required ***

Lot: 3903218171

Qty: 1

	QTY BKORD	BIN LOC	WEIGHT		
2 NEX HAZMAT	ENVIRONMENTAL COMPLIANCE	EA	1	1	0
3 NEX MEDGASFREE	MEDICAL GAS FEE	EA	1	1	0

FOR SAFETY DATA SHEETS, VISIT -
WWW.NEXAIR.COM

Total Weight 55.0000

EMERGENCY RESPONSE TELEPHONE NUMBER:CHEMTREC - DAY OR NIGHT (800) 424-9800

NET 30 DAYS

RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoices/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated heron, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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PORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF
THE DEPARTMENT OF TRANSPORTATION.

☐ Carriers's Vehicle Placarded
According to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the
Equipment Rental Agreement on the back of this invoice.

Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page

CERTIFIED BY NEX AIR

DATE DELIVERED

42 of 45

AGREE TO RENTAL TERMS AND CONDITIONS

DATE

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.

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

It is further 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, LLC 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 covenants 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 lease agreement, lessee will immediately return the rented merchandise 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 while same is in our possession, under our control, subject to this lease. We further agree that lessee's obligation to return the rented merchandise to lessor at the termination of this lease 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 fault or negligence of lessee, lessee shall be liable to and shall pay lessor the full fair market value of 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 date originally agreed upon, it is understood and agreed that the lessee 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 fees, 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, LLC may at once take, without notice, possession of said rented equipment wherever the same may be found and remove the same, and nexAir, LLC or its agents shall in no way be liable for any claims for damages or injury arising from 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 equipment subject to the rental contract provisions which I have read and to which I agree.

Rental charges are for the time equipment is out. **NOT FOR TIME USED.** Our charges are for each day, 7 days per week including all holidays.



PICKING TICKET

	FILLED	CHECKED	STAGING AREA	TOTAL PKGS.	FREIGHT CHARGES	Shipped / Delivered via _____ on _____, 20____, B/L # _____				
ITEM COUNT						CVS	EX PCS	ZONE	GR WEIGHT	DECL. VALUE \$
BY				BY						

SOLD BY:

nexAir
175 Buckhorn Road
Batesville MS 38606
(662) 563-8613

PURCHASE ORDER NO.

08/22/18 WOMENS CLINIC

RELEASE NUMBER

NEXAIR
USE
ONLY
9962327668CUST.
NO. 29718ORDER
NO. 06274449-00ORDER
DATE 08/22/18PAGE
NO. 001 OF 001

SHIP TO:

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

SOLD TO:

PANOLA MEDICAL CENTER

22-AUG-18 12:00PM batesvillem

ENTERED BY JTB	SLSM 397	BRCH 027	TERR 600	FILM 00	UPS 0	PPD X	COLL	SHIP VIA WILL CALL	-NONE-	ROUTING	SCHEDULED SHIP DATE 08/22/18	CHRG
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LINE NO.	ITEM NUMBER	ITEM DESCRIPTION	UNIT	ORDER QTY.	SHIP QTY.	✓	-CYLINDER- SHIP	RETN	WEIGHT	UNIT AMOUNT	EXTENDED AMOUNT
		Hardgood P/O:08/22/18 WOMENS CLINIC									
		*** KEY ACCOUNT ***									
1	HP NO-USP-20	UN1070 Nitrous Oxide, 2.2 (5.1) NITROUS OXIDE USP (20 LB) CGA 326	CYL	1	1		1	1	55.00		
		LOT NUMBERS:									

*** Lot Numbers Required ***

Lot: 3903218171

Qty: 1

	QTY BKORD	BIN LOC	WEIGHT		
2 NEX HAZMAT	ENVIRONMENTAL COMPLIANCE	EA	1	1	0
3 NEX MEDGASFREE	MEDICAL GAS FEE	EA	1	1	0

FOR SAFETY DATA SHEETS, VISIT -
WWW.NEXAIR.COM

Total Weight 55.0000

EMERGENCY RESPONSE TELEPHONE NUMBER:CHEMTREC - DAY OR NIGHT (800) 424-9800

NET 30 DAYS

RECEIVED BY CUSTOMER

TERMS AND CONDITIONS: Buyer agrees to return all cylinders promptly when empty to point of delivery. On all cylinder not returned at the end of the month, buyer agrees to pay seller cylinder rental at the prevailing rate per month. The buyer shall pay promptly on demand for loss or damage to any cylinder(s) or fittings resulting from any cause while in control or possession of the buyer. Empty cylinders returned subject to inspection at plant. It is agreed and understood that the title of the above described property remains in the hands of nexAir, LLC until fully paid for. Buyer grants the seller a security interest in any goods or services sold to buyer. Upon approval of this credit application and your granting credit to me, I agree: To pay the balance due on my account in accord with the terms shown on my invoices/statement within 30 days of invoice date of each calendar month following the date of purchase. If I fail to pay the full amount of all purchases and services within 30 days of invoice date of the month following the date of purchase. I understand that no additional credit may be extended on the account when it becomes 90 days past due. I or we, hereby agree to pay in addition to the charges indicated heron, any service charge that may be imposed of 1 1/2 % per month (18 % per year) or the highest rate permitted by law on all past due accounts, and reasonable attorney's fee and cost of collection in the event it is necessary to place this sale in the hands of an attorney for collection. It is agreeable that the courts of Shelby County, Tennessee, are proper venue for any action to collect applicant's account. It is also agreeable that the laws of Tennessee, without regard to the conflict of law rules, shall govern all matters related to this account. No merchandise may be returned without our authorization and if returned will be subject to 20% handling charge. Returned checks will be subject to a \$20 handling fee. Returned checks can also result in loss of charge privileges.

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THE DEPARTMENT OF TRANSPORTATION.

☐ Carriers's Vehicle Placarded
According to Existing Regulations

RENTAL AGREEMENT: I have read and agree to the terms and conditions of the
Equipment Rental Agreement on the back of this invoice.

Case 3:18-bk-05665 Claim 125-1 Part 3 Filed 11/21/18 Desc Attachment 2 Page

CERTIFIED BY NEX AIR

DATE DELIVERED

44 of 45

AGREE TO RENTAL TERMS AND CONDITIONS

DATE

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.

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It is further 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, LLC 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 covenants 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 lease agreement, lessee will immediately return the rented merchandise 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 while same is in our possession, under our control, subject to this lease. We further agree that lessee's obligation to return the rented merchandise to lessor at the termination of this lease 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 fault or negligence of lessee, lessee shall be liable to and shall pay lessor the full fair market value of 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 date originally agreed upon, it is understood and agreed that the lessee 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 fees, 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, LLC may at once take, without notice, possession of said rented equipment wherever the same may be found and remove the same, and nexAir, LLC or its agents shall in no way be liable for any claims for damages or injury arising from 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 equipment subject to the rental contract provisions which I have read and to which I agree.

Rental charges are for the time equipment is out. **NOT FOR TIME USED.** Our charges are for each day, 7 days per week including all holidays.

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)
NEXAIR LR
PO BOX 125
MEMPHIS, TN 38101-
0125

Claim No: 125
Original Filed
Date: 11/21/2018
Original Entered
Date: 11/21/2018

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$12435.25

History:

[Details](#) [125-1](#) 11/21/2018 Claim #125 filed by NEXAIR LR, Amount claimed: \$12435.25 (admin)

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

Total Amount Claimed*	\$12435.25
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		