

FILED

NOV 27 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Fill in this information to identify the case:

Debtor 1 PANOLA MEDICAL CENTER

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number 18-05665

Official Form 410

Proof of Claim

12/15

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>Precision Dynamics Corporation</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Precision Dynamics Corporation</u> Name <u>27770 N Entertainment Drive Suite</u> Number Street <u>200 Valencia</u> <u>CA</u> <u>91455</u> City State ZIP Code Contact phone: <u>888-684-1901 / 877.395.6808</u> Contact email: <u>pdc_credit@bradycorp.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) <u>Precision Dynamics Corporation</u> Name <u>PO Box 71549</u> Number Street <u>Chicago,</u> <u>IL</u> <u>60694</u> City State ZIP Code Contact phone: <u>888-684-1901 / 877.395.6808</u> Contact email: <u>pdc_credit@bradycorp.com</u>
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 _____ MM / DD / YYYY	
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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 5 6 9

7. How much is the claim? \$ 1,601.58 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods Purchased

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed): _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 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.

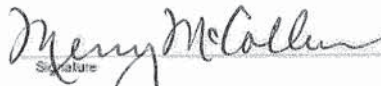
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 11/13/2018

MM / DD / YYYY


Signature

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

Name: Merry McCollum
First name: Merry Middle name: McCollum Last name: Merry

Title: Credit & Collection Supervisor

Company: Precision Dynamics Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 27770 N Entertainment Drive Suite 200

Number: 27770 Street: N Entertainment Drive Suite 200

Valencia, CA 91455

City: Valencia State: CA ZIP Code: 91455

Contact phone: 888-684-1901 / 877-395-680 Email: pdc_credit@bradycorp.com



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4270495	Invoice Date 23-AUG-18	Order Date 22-AUG-18	Page 1
Customer P.O. 00796	Order No. 4103897		Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0347346081		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
WBSHDA-10	WB CONFIDENT SHIELD POLY SNAP ADULT 500 CS KELLY GREEN	CASE	1	1	38.54	38.54	
					Subtotal	38.54	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	38.54	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	38.54	
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Cr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4264129	Invoice Date 17-AUG-18	Order Date 17-AUG-18	Page 1
Customer P.O. 00772		Order No. 4098511	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60684-1995
FED ID # 95-1929485

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debts with your payment.				
Carrier UPS-Parcel-Ground		Tracking Number 1Z3718670303325673		Freight Terms Freight Free				
Ordered By AMANDA COOK				Ordered For AMANDA COOK				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
IVSEALST2		IV BAG PORT SEAL BLUE 1.25X2.95 1000/RL		QTY ROLL	2	2	131.36	262.72
					Subtotal		262.72	
					Other Charges		0.00	
					Shipping and Handling		0.00	
					Tax		0.00	
					Grand Total		262.72	
					Payments		0.00	
					Adjustments		0.00	
					Balance Due		262.72	
Products not shipped in full have been backordered.							USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX.
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Cr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4236221	Invoice Date 19-JUL-18	Order Date 11-JUL-18	Page 1
Customer P.O. 00566		Order No. 4057763	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0347059605		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
6309-A01-PDG-SI	STD, BLOOD LBL, A01, 4 UNIT, 1 TUBE Contract#: PPM372 Customer Part: 6309-A223668	BOX	2	2	176.55	353.10	
						Subtotal	353.10
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	353.10
						Payments	0.00
						Adjustments	0.00
						Balance Due	353.10
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.6670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4214491	Invoice Date 27-JUN-18	Order Date 25-JUN-18	Page 1
Customer P.O. 00482	Order No. 4040382	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0346862328		Freight Terms Freight Free				
Ordered By AMANDA COOK				Ordered For AMANDA COOK				
Product Number	Description			Unit	Order Qty	Ship Qty	Price	Extended
WBSHDA-10	WB CONFIDENT SHIELD POLY SNAP ADULT 500 CS KELLY GREEN Contract#: PPM372			CASE	1	1	38.54	38.54
						Subtotal	38.54	
						Other Charges	0.00	
						Shipping and Handling	0.00	
						Tax	0.00	
						Grand Total	38.54	
						Payments	0.00	
						Adjustments	0.00	
						Balance Due	38.54	
Products not shipped in full have been backordered.							USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4212765	Invoice Date 26-JUN-18	Order Date 20-JUN-18	Page 1
Customer P.O. 00454		Order No. 4036248	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 12X8576A0346059985		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
SDW-SS612	SPEE-D-LINE 1MM SEMI-OPAQUE MAM NO BURNOUT STRETCH 120"/BX Contract#: DPM372	BOX	1	1	37.46	37.46	
SDG-M612	SPEE-D-RING 1/2 ID SEMI-OPAQUE MAM NO BURNOUT 100/BX Contract#: DPM372	BOX	1	1	34.48	34.48	
SDM-W25	SPEE-D-WING 2.5MM LEAD-FREE R/O 100/BX Contract#: DPM372	BOX	1	1	31.60	31.60	
				Subtotal	103.54		
				Other Charges	0.00		
				Shipping and Handling	0.00		
				Tax	0.00		
				Grand Total	103.54		
				Payments	0.00		
				Adjustments	0.00		
				Balance Due	103.54		
Products not shipped in full have been backordered.					USD		

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia, CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4209347	Invoice Date 21-JUN-18	Order Date 11-JUN-18	Page 1
Customer P.O. 00295	Order No. 4025052	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS	Account Manager MORSE, HEATHER	Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier UPS-Parcel-Ground	Tracking Number 1ZX8576A0346817743	Freight Terms Freight Free				
Ordered By AMANDA COOK	Ordered For AMANDA COOK					
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
6309-A01-PDG-SI	STD, BLOOD LBL, A01, 4 UNIT, 1 TUBE Contract#: PPMM372 Customer Part: 6309-A223668	BOX	2	2	176.55	353.10
Subtotal						353.10
Other Charges						0.00
Shipping and Handling						0.00
Tax						0.00
Grand Total						353.10
Payments						0.00
Adjustments						0.00
Balance Due						353.10
Products not shipped in full have been backordered.						USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4207505	Invoice Date 20-JUN-18	Order Date 14-JUN-18	Page 1
Customer F.O. 00418		Order No. 4029435	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71649
Chicago, IL 60694-1996
FED ID # 95-1929485

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number FedEx Tracking #		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
5033-02	LABEL BINDER PRINTED ID 5-3/8X1-3/8 YELLOW 200 RL R Contract#: PPMM372	QTY ROLL	4	4	12.69	50.76	
					Subtotal	50.76	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	50.76	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	50.76	
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdc.com

Invoice

Invoice No. 4204875	Invoice Date 18-JUN-18	Order Date 15-JUN-18	Page 1
Customer P.O. 00431		Order No. 4031201	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1996
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
ATTN: PO# 00431
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0346784887		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59746005	TAPE "ALLERGIC" 1X500" WHITE/RED 1" CORE 1RL R Contract#: PPMM372	ROLL	4	4	3.40	13.60	
59710132	TAPE "PATIENT RM NO DOCTOR" 1/2X500" ORANGE 1" CORE 1 RL R Contract#: PPMM372	ROLL	4	4	2.17	8.68	
					Subtotal	22.28	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	22.28	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	22.28	
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4169352	Invoice Date 01-JUN-18	Order Date 01-JUN-18	Page 1
Customer P.O. 00316	Order No. 4012951	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FedEx Standard Overnight: next business day afternoon		Tracking Number 435937909650		Freight Terms Third Party Billing				
Ordered By AMANDA COOK				Ordered For AMANDA COOK				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
59704842		LABEL BINDER "ROOM NO." 5-3/8X1-3/8 WHITE 500 RL R Contract# DPMM372		QTY ROLL	3	3	10.87	32.61
					Subtotal		32.61	
					Other Charges		0.00	
					Shipping and Handling		0.00	
					Tax		0.00	
					Grand Total		32.61	
					Payments		0.00	
					Adjustments		0.00	
					Balance Due		32.61	
Products not shipped in full have been backordered.							USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4186794	Invoice Date 31-MAY-18	Order Date 23-MAY-18	Page 1
Customer P.O. 00289	Order No. 4004413	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
ATTN: 00289
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 1ZX9576A0346629287		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
MV04SY0431	EXPIRATION DATE... 2-1/4 X 1 YELLOW Contract#: DPMM372	QTY ROLL	5	5	8.70	43.50	
						Subtotal	43.50
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	43.50
						Payments	0.00
						Adjustments	0.00
						Balance Due	43.50
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4186654	Invoice Date 30-MAY-18	Order Date 29-MAY-18	Page 1
Customer P.O. 00316		Order No. 4009272	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
ATTN: PO#00316
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0346623890		Freight Terms Freight Free				
Ordered By AMANDA COOK				Ordered For AMANDA COOK				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
59704842		LABEL BINDER "ROOM NO." 5-3/8X1-3/8 WHITE 500 RL R Contract#: PFMM372		QTY ROLL	3	3	10.87	32.61
					Subtotal		32.61	
					Other Charges		0.00	
					Shipping and Handling		0.00	
					Tax		0.00	
					Grand Total		32.61	
					Payments		0.00	
					Adjustments		0.00	
					Balance Due		32.61	
Products not shipped in full have been backordered.							USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia, CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4186373	Invoice Date 30-MAY-18	Order Date 24-MAY-18	Page 1
Customer P.O. 00295	Order No. 4006011	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
ATTN: 00295
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier UPS-Parcel-Ground		Tracking Number 1Z8AR4740358501763		Freight Terms Freight Free				
Ordered By AMANDA COOK				Ordered For AMANDA COOK				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
5033-03		LABEL BINDER PRINTED ID 5-3/8X1-3/8 YELLOW 200 RL R Contract#: PPM372		QTY ROLL	4	4	12.69	50.76
					Subtotal		50.76	
					Other Charges		0.00	
					Shipping and Handling		0.00	
					Tax		0.00	
					Grand Total		50.76	
					Payments		0.00	
					Adjustments		0.00	
					Balance Due		50.76	
Products not shipped in full have been backordered.							USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4185332	Invoice Date 29-MAY-18	Order Date 24-MAY-18	Page 1
Customer P.O. 00295	Order No. 4006011		Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
ATTN: 00295
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0346610886		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59713162	LABEL "EXPIRATION DATE " 2-1/4X7/8 FL YELLOW 1000 RL P Contract#: PPM372	QTY ROLL	2	2	15.89	31.78	
59704842	LABEL BINDER "ROOM NO." 5-3/8X1-3/8 WHITE 500 RL R Contract#: PPM372	QTY ROLL	2	2	10.87	21.74	
						Subtotal	53.52
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	53.52
						Payments	0.00
						Adjustments	0.00
						Balance Due	53.52
Products not shipped in full have been backordered.							USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia, CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4164291	Invoice Date 07-MAY-18	Order Date 04-MAY-18	Page 1
Customer P.O. 00178		Order No. 3984376	Customer No. 102569

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
ATTN: PO#00178
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier UPS-Parcel-Ground		Tracking Number 1ZX8576A0346421652		Freight Terms Freight Free			
Ordered By AMANDA COOK				Ordered For AMANDA COOK			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
WBSHDA-10	WE CONFIDENT SHIELD POLY SNAP ADULT 500 CS KELLY GREEN Contract#: PPM372	CASE	1	1	38.54	38.54	
59704842	LABEL BINDER "ROOM NO." 5- 3/8X1-3/8 WHITE 500 RL R Contract#: PPM372	QTY ROLL	2	2	10.87	21.74	
					Subtotal	60.28	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	60.28	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	60.28	
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4139381	Invoice Date 12-APR-18	Order Date 11-APR-18	Page 1
Customer F.O. 701-6710559	Order No. 3959025	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1995
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 45 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 1ZX8576A0346212495		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59746005	TAPE ""ALLERGIC"" 1X500"" WHITE/RED 1""CORE 1RL R Contract#: PPMM372 Customer Part: 9782	ROLL	3	3	3.40	10.20	
						Subtotal	10.20
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	10.20
						Payments	0.00
						Adjustments	0.00
						Balance Due	10.20
Products not shipped in full have been backordered.						USD	

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



27770 N. Entertainment Dr. Ste. 200
Valencia, CA 91355 USA
Tel 800.847.0670 or 818.897.1111
www.pdcorp.com

Invoice

Invoice No. 4082883	Invoice Date 20-FEB-18	Order Date 19-FEB-18	Page 1
Customer P.O. 701-6671699	Order No. 3902608	Customer No. 102569	

Remit To:
Precision Dynamics Corporation
PO Box 71549
Chicago, IL 60694-1996
FED ID # 95-1929495

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

SHIP TO:
PANOLA MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debts with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 424135671120		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
PPMS42	LABEL DIR THERM MCKESSON HBOC 3-1/2X1 WHT/NOTCH 5M/RL 2RL/CS Contract#: 597 Customer Part: 321510	CASE	3	3	31.84	95.52	
						Subtotal	95.52
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	95.52
						Payments	0.00
						Adjustments	0.00
						Balance Due	95.52
Products not shipped in full have been backordered.							USD

GO GREEN! CONTACT US AT PDC_CREDIT@BRADYCORP.COM TO RECEIVE YOUR INVOICES VIA EMAIL OR FAX
All claims for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.

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: (6792691)
PRECISION DYNAMICS
CORPORATION
27770 N ENTERTAINMENT
DRIVE SUITE
200 VALENCIA CA
91455

Claim No: 127
Original Filed
Date: 11/27/2018
Original Entered
Date: 11/27/2018

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: \$1601.58

History:

[Details](#) [127-1](#) 11/27/2018 Claim #127 filed by PRECISION DYNAMICS CORPORATION, Amount claimed: \$1601.58 (Intake1)

Description: (127-1) Goods Purchased

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$1601.58
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		