

FILED

NOV 27 2018

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

Fill in this information to identify the case:

Debtor 1 MERIT HEALTH GILMORE HOSPITAL  
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)	<b>Where should notices to the creditor be sent?</b>  <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): _____	<b>Where should payments to the creditor be sent? (if different)</b>  <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? _____	

**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: 8 0 6 9

7. How much is the claim? \$ 352.53 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:

	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 \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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)( ) that applies.	\$ _____

\* 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 11/19/2018  
MM / DD / YYYY

  
Signature

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

Name Merry McCollum  
First name Middle name Last name

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 Street  
Valencia, CA 91455  
City State ZIP Code

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. 4256146	Invoice Date 09-AUG-18	Order Date 07-AUG-18	Page 1
Customer F.O 01799		Order No. 4087690	Customer No. 38069

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

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 453410839101		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
AN-7	PENTANYL 1-1/2 X 1/2 BLUE Contract#: 597 Customer Part: 0007221	ROLL	2	2	1.73	3.46	
AN-155	DIP/PROP/10MG/ML 1-1/2 X 1/2 YELLOW Contract#: 597 Customer Part: 0007222	ROLL	2	2	2.30	4.60	
AN-11	LIDOCAINE 1-1/2 X 1/2 GREY Contract#: 597 Customer Part: 0007223	ROLL	2	2	1.73	3.46	
AN-149	VERSED 1-1/2 X 1/2 ORANGE Contract#: 597 Customer Part: 0007224	ROLL	2	2	1.73	3.46	
AN-81	PHENYLEPHRINE 1-1/2 X 1/2 VIOLET Contract#: 597 Customer Part: 0007225	ROLL	2	2	2.03	4.06	
AN-20	SUCCINYLCHOLINE 1-1/2 X 1/2 FL RED Contract#: 597 Customer Part: 0007226	ROLL	2	2	2.03	4.06	
AN-200	DILAUDID 1-1/2 X 1/2 BLUE Contract#: 597 Customer Part: 0007227	ROLL	2	2	2.30	4.60	

AN-161	Contract# 597 Customer Part: 0007227						
	ROCURIUM 1-1/2 X 1/2 FL RED Contract# 597 Customer Part: 0007335		ROLL	2	2	2.03	4.06
						Subtotal	31.76
						Other Charges	0.00
						Shipping and Handling	0.00

**Wire and ACH Payment Details:**

Beneficiary Name: Precision Dynamics Corporation Bank Name: BMO Harris Central N.A.  
Bank Address: 111 West Monroe Street, Chicago, IL 60603 ABA #: 071000288 Account #: 3719358 SWIFT Code: HATRUS44  
E-mail your remittance or payment advice to [pdc\\_remit@bradycorp.com](mailto:pdc_remit@bradycorp.com)

For our complete terms and conditions, which apply to your order, please visit our website: [www.pdcorp.com/terms](http://www.pdcorp.com/terms). Our terms and conditions are also available upon request.

**Invoice**



27770 N. Entertainment Dr. Ste. 200  
Valencia CA 91355 USA  
Tel 800.847.0670 or 818.897.1111  
[www.pdcorp.com](http://www.pdcorp.com)

Invoice No. 4256146	Invoice Date 09-AUG-18	Order Date 07-AUG-18	Page 2
Customer P.O. 01799	Order No. 4087690	Customer No. 38069	

Remit To:  
Precision Dynamics Corporation  
PO Box 71549  
Chicago, IL 60694-1995  
FED ID # 95-1929485

**BILL TO:**  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

**SHIP TO:**  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS	Account Manager MORSE, HEATHER	Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground	Tracking Number 453410839101	Freight Terms Third Party Billing				
Ordered By		Ordered For				
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
					Tax	0.00
					Grand Total	31.76
					Payments	0.00
					Adjustments	0.00
					Balance Due	31.76
Products not shipped in full have been backordered.						USD

GO GREEN! CONTACT US AT [PDC\\_CREDIT@BRADYCORP.COM](mailto: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.



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Valencia CA 91355 USA  
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# Invoice

Invoice No. 4245550	Invoice Date 30-JUL-18	Order Date 27-JUL-18	Page 1
Customer P.O. 072718		Order No. 4076790	Customer No. 38069

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938111438		Freight Terms Third Party Billing			
Ordered By LINDSEY HARMON				Ordered For LINDSEY HARMON			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
THERMDR47	LABEL DIRECT THERMAL 1"C 3-3/8X7/8 WHT 2750/RL 2RLS/CS R	CASE	1	1	34.51	34.51	
PFMS42	LABEL DIR THERM MCKESSON HEOC 3-1/2X1 WHT/NOTCH 5M/RL 2RL/CS	CASE	1	1	31.84	31.84	
					Subtotal	66.35	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	66.35	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	66.35	
Products not shipped in full have been backordered.						USD	

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# Invoice

Invoice No. 4246119	Invoice Date 30-JUL-18	Order Date 27-JUL-18	Page 1
Customer P.O. 01661		Order No. 4076888	Customer No. 38069

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938113029		Freight Terms Third Party Billing			
Ordered By MALLORY WRIGHT				Ordered For MALLORY WRIGHT			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
NPPB-2286-16	BLANK PT CHART LBL 1-3/8 X 5-3/8 AQUA	QTY ROLL	1	1	4.50	4.50	
					Subtotal	4.50	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	4.50	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	4.50	
Products not shipped in full have been backordered.						USD	

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# Invoice

Invoice No. 4242574	Invoice Date 26-JUL-18	Order Date 24-JUL-18	Page 1
Customer P.O. 01586	Order No. 4072211	Customer No. 38069	

Remit To:  
Precision Dynamics Corporation  
PO Box 74549  
Chicago, IL 60694-1995  
FED ID # 95-1929495

**BILL TO:**  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

**SHIP TO:**  
MERIT HEALTH GILMORE HOSPITAL  
ATTN: PO# 01586  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938103131		Freight Terms Third Party Billing			
Ordered By MALLORY WRIGHT				Ordered For RECEIVING			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
CM-L03600R	Processed Reprocessed By DTI Customer Part: 176284	QTY ROLL	5	5	23.08	115.40	
						Subtotal	115.40
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	115.40
						Payments	0.00
						Adjustments	0.00
						Balance Due	115.40
Products not shipped in full have been backordered.						USD	

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www.pdcorp.com

# Invoice

Invoice No. 4243243	Invoice Date 26-JUL-18	Order Date 25-JUL-18	Page 1
Customer P.O. 01625	Order No. 4074028	Customer No. 38069	

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
ATTN: 01625//RECEIVING  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER	Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938102157	Freight Terms Third Party Billing			
Ordered By MALLORY WRIGHT			Ordered For RECEIVING			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended
PAS-004	STICKER "I'M A BIG BROTHER" 2" CIRCLE BLUE 250/RL	QTY ROLL	1	1	12.21	12.21
PAS-003	STICKER "I'M A BIG SISTER" 2" CIRCLE PINK 250/RL	QTY ROLL	1	1	12.21	12.21
Subtotal						24.42
Other Charges						0.00
Shipping and Handling						0.00
Tax						0.00
Grand Total						24.42
Payments						0.00
Adjustments						0.00
Balance Due						24.42
Products not shipped in full have been backordered.						USD

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# Invoice

Invoice No. 4240713	Invoice Date 24-JUL-18	Order Date 23-JUL-18	Page 1
Customer P.O. 01584		Order No. 4070846	Customer No. 38069

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
ATTN: 01584//RECEIVING  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938094475		Freight Terms Third Party Billing			
Ordered By MALLORY WRIGHT				Ordered For RECEIVING			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
AN-155	DIP/PROP/10MG/ML 1/2 YELLOW	1-1/2 X	ROLL	1	1	2.30	2.30
AN-11	LIDOCAINE 1/2 GREY	1-1/2 X	ROLL	1	1	1.73	1.73
AN-149	VERSED 1/2 ORANGE	1-1/2 X	ROLL	1	1	1.73	1.73
AN-20	SUCCINYLCHOLINE 1/2 FL RED	1-1/2 X	ROLL	1	1	2.03	2.03
AN-200	DILAUDID 1/2 BLUE	1-1/2 X	ROLL	1	1	2.30	2.30
AN-161	ROCURONIUM 1/2 FL RED	1-1/2 X	ROLL	1	1	2.03	2.03
AN-7	PENTANYL 1/2 BLUE	1-1/2 X	ROLL	1	1	1.73	1.73
Subtotal						13.85	
Other Charges						0.00	
Shipping and Handling						0.00	
Tax						0.00	
Grand Total						13.85	
Payments						0.00	
Adjustments						0.00	
Balance Due						13.85	
Products not shipped in full have been backordered.						USD	

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www.pdcorp.com

# Invoice

Invoice No. 4223899	Invoice Date 06-JUL-18	Order Date 03-JUL-18	Page 1
Customer P.O. 01394	Order No. 4050077	Customer No. 38069	

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938032525		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59704613	LABEL "MEDICATION ADDED" 2-1/2X1-1/2 FL RED 1000 RL P Contract# 597 Customer Part: 0155630	QTY ROLL	1	1	5.68	5.68	
					Subtotal	5.68	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	5.68	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	5.68	
Products not shipped in full have been backordered.						USD	

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Valencia CA 91355 USA  
Tel 800.847.0670 or 818.897.1111  
[www.pdcorp.com](http://www.pdcorp.com)

# Invoice

Invoice No. 4220468	Invoice Date 03-JUL-18	Order Date 18-JUN-18	Page 1
Customer P.O. 01184		Order No. 4033267	Customer No. 38069

Remit To:  
Precision Dynamics Corporation  
PO Box 71549  
Chicago, IL 60684-1995  
FED ID # 95-1929495

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 435938025590		Freight Terms Third Party Billing				
Ordered By				Ordered For				
Product Number		Description		Unit	Order Qty	Ship Qty	Price	Extended
DFPOP04		LABEL "SUGAR FREE" 1-1/4X3/8 FL ORANGE 1000 RL P Contract#: 597 Customer Part: 0081001		QTY ROLL	3	3	6.90	20.70
						Subtotal	20.70	
						Other Charges	0.00	
						Shipping and Handling	0.00	
						Tax	0.00	
						Grand Total	20.70	
						Payments	0.00	
						Adjustments	0.00	
						Balance Due	20.70	
Products not shipped in full have been backordered.							USD	

GO GREEN! CONTACT US AT [PDC\\_CREDIT@BRADYCORP.COM](mailto: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. 208  
Valencia CA 91355 USA  
Tel 800.847.0670 or 818.897.1111  
www.pdcorp.com

# Invoice

Invoice No. 4219546	Invoice Date 02-JUL-18	Order Date 18-JUN-18	Page 1
Customer P.O. 01184		Order No. 4033267	Customer No. 38069

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

**BILL TO:**  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

**SHIP TO:**  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938018245		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59704860	LABEL BINDER BLANK 5-3/8X1-3/8 SILVER 500 RL R Contract#: 597 Customer Part: 0242021	QTY ROLL	1	1	8.40	8.40	
					Subtotal	8.40	
					Other Charges	0.00	
					Shipping and Handling	0.00	
					Tax	0.00	
					Grand Total	8.40	
					Payments	0.00	
					Adjustments	0.00	
					Balance Due	8.40	
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. 4217774	Invoice Date 29-JUN-18	Order Date 18-JUN-18	Page 1
Customer F.O 01184		Order No. 4032267	Customer No. 38069

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.			
Carrier FEDEX-Parcel-Ground		Tracking Number 435938016871		Freight Terms Third Party Billing			
Ordered By				Ordered For			
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
NPPB-2286-6	BLANK PT CHART LBL 1-3/8 X 5-3/8 ORANGE Contract#: 597 Customer Part: 0449421	QTY ROLL	1	1	3.36	3.36	
						Subtotal	3.36
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	3.36
						Payments	0.00
						Adjustments	0.00
						Balance Due	3.36
Products not shipped in full have been backordered.							USD

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27770 N. Entertainment Dr. Ste. 206  
Valencia CA 91355 USA  
Tel 800.847.0670 or 818.897.1111  
**www.pdcorp.com**

# Invoice

Invoice No. 4217687	Invoice Date 29-JUN-18	Order Date 20-JUN-18	Page 1
Customer P.O. 01215		Order No. 4035591	Customer No. 38069

Remit To:  
Precision Dynamics Corporation  
PO Box 71649  
Chicago, IL 60694-1995  
FED ID # 95-1929495

**BILL TO:**  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

**SHIP TO:**  
MERIT HEALTH GILMORE HOSPITAL  
ATTN: PO 01215  
1105 EARL FRYE BLVD  
AMORY MS 38821

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER		Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 435938016930		Freight Terms Third Party Billing				
Ordered By MALLORY WRIGHT				Ordered For MALLORY WRIGHT				
Product Number	Description			Unit	Order Qty	Ship Qty	Price	Extended
NPPB-2286-7	BLANK PT CHART LBL 1-3/8 X 5-3/8 BLUE Contract#: 597			QTY ROLL	2	2	3.36	6.72
					Subtotal		6.72	
					Other Charges		0.00	
					Shipping and Handling		0.00	
					Tax		0.00	
					Grand Total		6.72	
					Payments		0.00	
					Adjustments		0.00	
					Balance Due		6.72	
Products not shipped in full have been backordered.							USD	

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

# Invoice

Invoice No. 4198813	Invoice Date 12-JUN-18	Order Date 11-JUN-18	Page 1
Customer P.O. 01115		Order No. 4025188	Customer No. 38065

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

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38621

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38621

Terms NET DUE 30 DAYS		Account Manager MORSE, HEATHER	Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier FEDEX-Parcel-Ground		Tracking Number 435937946346	Freight Terms Third Party Billing				
Ordered By			Ordered For				
Product Number	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59705403	LABEL "NO CAFFEINE" 1-1/4X3/8 PL RED 1000 RL P Contract# 597 Customer Part: 0266510	QTY ROLL	3	3	5.93	17.79	
						Subtotal	17.79
						Other Charges	0.00
						Shipping and Handling	0.00
						Tax	0.00
						Grand Total	17.79
						Payments	0.00
						Adjustments	0.00
						Balance Due	17.79
Products not shipped in full have been backordered.						USD	

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27770 N. Entertainment Dr. Ste. 200  
Valencia CA 91355 USA  
Tel 800.847.0670 or 818.897.1111  
[www.pdcorp.com](http://www.pdcorp.com)

# Invoice

Invoice No. 4197982	Invoice Date 11-JUN-18	Order Date 05-JUN-18	Page 1
Customer P.O. 01028		Order No. 4016837	Customer No. 38069

Remit To:  
Precision Dynamics Corporation  
PO Box 71549  
Chicago, IL 60694-1995  
FED ID # 95-1929485

BILL TO:  
MERIT HEALTH GILMORE HOSPITAL  
1105 EARL FRYE BLVD  
AMORY MS 38821

SHIP TO:  
MERIT HEALTH GILMORE HOSPITAL  
ATTN: PO 01028  
1105 EARL FRYE BLVD  
AMORY MS 38821

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 435937939403		Freight Terms Third Party Billing				
Ordered By MALLORY WRIGHT		Ordered For MALLORY WRIGHT						
Product Number	Description			Unit	Order Qty	Ship Qty	Price	Extended
59704860	LABEL BINDER BLANK 5-3/8X1- 3/8 SILVER 500 RL R Contract#: 597			QTY ROLL	4	4	8.40	33.60
					Subtotal		33.60	
					Other Charges		0.00	
					Shipping and Handling		0.00	
					Tax		0.00	
					Grand Total		33.60	
					Payments		0.00	
					Adjustments		0.00	
					Balance Due		33.60	
Products not shipped in full have been backordered.							USD	

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# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

**Judge:** Charles M Walker

**Chapter:** 11

**Office:** Nashville

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

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

**Claim No:** 128  
*Original Filed*  
*Date:* 11/27/2018  
*Original Entered*  
*Date:* 11/27/2018

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

Amount claimed: \$352.53

*History:*

[Details](#) [128-1](#) 11/27/2018 Claim #128 filed by PRECISION DYNAMICS CORPORATION, Amount claimed: \$352.53 (Intake1)

*Description:* (128-1) 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

<b>Total Amount Claimed*</b>	\$352.53
<b>Total Amount Allowed*</b>	

\*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		