FILED

NOV 272018

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

Debter 1 MERIT HEALTH GILMORE HOSPITAL Debter 2 (Speuse, 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.

	Who is the current creditor?	Precision Dynamic Name of the current creditor	tor (the person or e	intity to be paid for this cl	ain)	Second or stand and which the descriptions	statistics to be began at should
	Has this claim been acquired from someone else?	☑ No □ Yes. From whom					
	Where should notices and payments to the creditor be sent?	Where should notice			different)	payments to the cred	
	Federal Rule of Bankruptcy Procedure	Precision Dynamics Corporation Name 27770 N Entertainment Drive Suite			Precision Dynamics Corporation Name PO Box 71549		
	(FRBP) 2002(g)	Number Street	iment Drive S	oune		45 reet	
		200 Valencia	CA	91455	Chicago,	IL.	60694
		City	State	ZIP Code	City City	State	Z⊮ Cod
		1.35					
		Contact phone 888-6	84-1901 / 877	7,395,6808	Contact phone	888-684-1901 / 87	8,000,000,0
		Contact email pdc c	credit@bradyo	corp.com	Contact email	pdc_credit@brady	corp.com
		Uniform claim identifier fo	while makes makes to be to	and state and state again and		Filed on	/ DD / YYYY
1.	one already filed?					10000	7 00 7 7777

i.	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.
	How much is the claim?	S 352.53 Does this amount include interest or other charges?
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Cianti	Attach reducted 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
	Is all or part of the claim	₹ No
	secured?	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.
		Cl. Motor vehicle
		Other, Describe:
		50 West County Transport County Count
		Basis for perfection:
	d N	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 filled 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
		C) Variable
		New Vertigues
1	0. Is this claim based on a	☑ No
	least (CLI Yes. Amount necessary to cure any default as of the date of the petition.
7	Is this claim subject to a right of setoff?	⊻i No
		[J] Yes. Identify the property:
L		

Is all or part of the claim entitled to priority under	₩ No					
11 U.S.C. § 507(a)?	Yes. Check	cone:		Amount entitled to priorit		
A claim may be partly priority and partly	Domest 11 U.S.	\$				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$1	2,775° of deposits toward purchase, lease, or ren al, family, or household use. 11 U.S.C. § 507(a)(7	tal of property or services fo).	r S _{reconstruction}		
Critica to pronty.	bankrus	salaries, or commissions (up to \$12,475*) earner otcy petition is filed or the debtor's business ends, C. § 507(a)(4).	d within 180 days before the whichever is earlier.	S		
	Taxes o	or penalties owed to governmental units. 11 U.S.C	C. § 507(a)(8).	S		
	Contrib	utions to an employee benefit plan. 11 U.S.C. § 5	07(a)(5).	\$		
	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	Check the appro	opriate hov				
The person completing this proof of claim must	**************************************	49* 139 Mentited (1900)				
sign and date it. FRBP 9011(b).	I am the creditor.					
f you file this claim	I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
ectronically, FRBP	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
5005(a)(2) authorizes courts to establish local rules	g.					
specifying what a signature is.	I understand the	at an authorized signature on this Proof of Claim	serves as an acknowledgme	ent that when calculating the		
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
fraudulent claim could be fined up to \$500,000,		d gre mormapor in this cross of claim and have				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	and correct.	penalty of perjury that the foregoing is true and c				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	and correct. I declare under	penalty of perjury that the foregoing is true and c				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	and correct.	penalty of perjury that the foregoing is true and c				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	and correct. I declare under Executed on da	penalty of perjury that the foregoing is true and coate 11/19/2018 MM / DD / YYYY				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	and correct. I declare under Executed on da	penalty of perjury that the foregoing is true and case 11/19/2018				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Security	penalty of perjury that the foregoing is true and coate 11/19/2018 MM / DD / YYYY	orrect.			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Security	penalty of perjury that the foregoing is true and content of the 11/19/2018 MCOULT Of the person who is completing and signing the Merry McCollum	orrect.			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on de Solution Print the name Name	penalty of perjury that the foregoing is true and coate 11/19/2018 MM / DD / YYYY of the person who is completing and signing the Merry McCollum First name Middle name	orrect.			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Print the name Name	penalty of perjury that the foregoing is true and contents and 11/19/2018 MM / DD / YYYY Of the person who is completing and signing the marrie Middle marrie Credit & Collection Supervisor	orrect.			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on de Solution Print the name Name	penalty of perjury that the foregoing is true and coate 11/19/2018 MM / DD / YYYY of the person who is completing and signing the Merry McCollum First name Middle name	als claim:			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Print the name Name	penalty of perjury that the foregoing is true and contents and 11/19/2018 MM / DD / YYYY of the person who is completing and signing the Merry McCollum First name Middle name Credit & Collection Supervisor Precision Dynamics Corporation	als claim: Last name thorized agent is a servicer.			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Print the name Name Title Company	penalty of perjury that the foregoing is true and contents and 11/19/2018 MM / DD / YYYY Of the person who is completing and signing the Merry McCollum First name Middle name Credit & Collection Supervisor Precision Dynamics Corporation Identify the corporate sensices as the company if the and	uls claim: Last name Last name			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Print the name Name Title Company	penalty of perjury that the foregoing is true and contents and 11/19/2018 MM / DD / YYYY Of the person who is completing and signing the Merry McCollum First name Middle mame Credit & Collection Supervisor Precision Dynamics Corporation identify the corporate sensicer as the company if the acceptance of the company of the acceptance of	uls claim: Last name uhorized agent is a servicer. O CA 91455			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under Executed on da Print the name Name Title Company	penalty of perjury that the foregoing is true and contents and 11/19/2018 MM / DD / YYYY Of the person who is completing and signing the Merry McCollum First name Middle mame Credit & Collection Supervisor Precision Dynamics Corporation identify the corporate sensicer as the company if the acceptance of the company of	uls claim: Lust name Lust name CA 91455 State ZIP Code	it@bradycorp.com		



Invoice

Invoice No. 4256146	Invoice Date 09-AUG-18	Order Date 07-AUG-18	Page 1
Customer P.O		Order No.	Customer No.
01799		408.7690	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

Terms NET DUE 30 DA	YS	MORSE, HI	Account Manager Please enclose paperwork for any short ship or p debits with your payment.				ip or pricing			
Carrier Tracking Number FEDEX-Parcel-Ground 453410839101 Ordered By					FreightTerms Third Party Billing OrderedFor					
Product Number	100000000000000000000000000000000000000	Descriptio	n. 1 411 1976	14 - No 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Unit	Order Qty	Ship Qty	Price	Extended	
AN-7	Contract#: 5.9	BLUE	1-1/2 X		ROLL	2	2	1.73	3.46	
AN-155	1/2 Contract#: 59	/10MG/ML YELLOW 17 t 0007222	1-1/2 X		ROLL	2	2	2.30	4.60	
AN-11	1/2 Contrac#; 59		1-1/2 X		ROLL	2	2	1.73	3.46	
N-149	Contract#: 55	ORANGE	1-1/2 X		ROLL	2	2	1.73	3.46	
AN-81	1 / 2 Contrac#: 5 9	HRINE VIOLET 17 1: 0007225	1-1/2 X		ROLL	2	2	2.03	4.06	
AN-20	1/2 Contract#: 59	CHOLINE FL RED 17 t 0007226	1-1/2 X	2	ROLL	2	2	2.03	4.06	
AN-200	Contract#: 5 9	BLUE	1-1/2 X		ROLL	2	2	2.30	4.60	

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

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 60003 ABA #: 071000288 Account #: 3719358 SWIFT Code: HATRUS44

E-mail your remittance or payment addition to pdc_remittances@bradycorp.com

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



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 2
Customer P.O		Order No.	Customer No.
01799		4087690	38069

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

BILL TO: MERIT HEALTH GILMORE HOSPITAL 1105 BARL FRYE BLVD AMORY MS 38821 SHIP TO: MERIT HEALTH GILMORE HOSPITAL 1105 BARL 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.					
Camer FEDEX-Parcel-Ground Ordered By	Tracking Number 453410839101	Third	FreightTerms Third Party Billing OrderedFor				
Product Number	Description	Unit	Order City	Ship Qty	Price	Extended	
Product Number	Description			Tax		0.00	
1			Gra	and Total		31.76	
12		Payments		ayments	0.00		
			Adj	ustments		0.00	
			Balance Due		31.76		
	Products not shipped in full	have been backordered	1.		, t	ISD	

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.



Invoice

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

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

Terms NET DUE 30 DAY						any short ship or pricing		
Carrier FEDEX-Parcel-G	round	Tracking Number 435938111438		Terms i Party Billing				
Ordered By LINDSEY HARMON	1		Ordered Fo	HARMON				
Product Number	100万元十七年2月	Description	Unit	Order Qty	Ship Qty	Price	Extended	
THERMDR47		IRECT THERMAL 1"C 3- WHT 2750/RL 2RLS/CS R	CASE	1	1	34.51	34.51	
PPMS42		IR THERM MCKESSON HEOC WHT/NOTCH 5M/RL	CASE	1	1	31.84	31.84	
	4				Subtotal		66.35	
				Other	Charges		0.00	
1		***			ing and landling		0.00	
*			8	100	Tax		0.00	
¥į					and Total		66.35	
					ayments		0.00	
	,	,1		and the second s	stments	30 P 10 S - 10 C 12 C	0.00	
				and the second second	nce Due		66.35	
		Products not shipped in full have	been backordered.				ISD	

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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.



Invoice

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

Remit To: Remt 10: 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

Tems NET DUE 30 DA	YS	Account Manager MORSE, HEATHER		nclose paperwork for any short ship or pricing th your payment.				
Carner FEDEX-Parcel-	Ground	Tracking Number Freight Terms ound 435938113029 Third Pax		ms Party Billing				
Ordered By MALLORY WRIGH	r		Ordered Fo MALLORY					
Product Number	I k	Description	Unit	Order Qty	Ship Oty	Price	Extended	
NPFB-2286-16	BLANK P	T CHART LBL 1-3/8 X S- AQUA	QTY ROLL	1	1	4.50	4.50	
	+				Subtotal		4.50	
				Other	Charges		0.00	
					oing and fandling	0.00		
					Tax		0.00	
	1			Gra	and Total		4.50 0.00	
				P	ayments			
				Adju	ustments			
				Bala	nce Due		4.50	
		Products not shipped in full have	e been backordered.	Contraction of		Ü	SD	

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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.



Invoice

Invoice No. 4242574	Invoice Date 26-JUL-18	Order Date 24-JUL-18	Page 1
Customer P.O		Order No.	Customer No.
01586		407.2211	36069

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

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

MERIT HEAUTH GILMORE HOSPITAL ATTN: PO# 01586 1105 EARL FRYE BLVD AMORY MS 38821

Terms NET DUE 30 DA	rs.	Account Manager MORSE , HEATHER	e enclose paperwork for any short ship or prici with your payment.						
Carner FEDEX-Parcel-	Found	Tracking Number 435938103131	Freight Terms Third Party Billing						
Ordered By MALLORY WRIGH	ī		Ordered Fo	ING -					
Product Number	Spring the Spring	Description	Unit	Order City	Ship Qty	Price	Extended		
CM-L03600R	Process DTI Customer Pa	ed Reprocessed By art: 176284	QTY ROLL	. 5	5	23.08	115.40		
	1				Subtotal		115.40		
	1.			Other	Charges	200	0.00		
	-				landling		0.00		
	1 4				Tax	AUEU TANA	0.00		
{				Gra	and Total		115.40		
CEC E	1 3	*		F	ayments	AMOUNT OF THE PARTY OF THE PART	0.00		
Ž.	- 1			Adj	ustments		0.00		
				Bala	ince Due		115.40		
Ť.		Products not shipped in full ha	we been backordered	31.4	-annual es	E	ISD		

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Case 3:18-bk-05665 Claim 128-1

Filed 11/27/18 Desc Main Document



Invoice

Invoice No. 4243243	Invoice Date 26-JUL-18	Order Date 25-JUL-18	Page 1
Customer P.O		Order No.	Customer No.
01625	S. March L. Dollar Control	4074028	38069

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

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 DA	YS	Account Manager MORSE, HEATHER					
Carrier FEDEX-Parcel-	Ground	Tracking Number 435938102157		Party Billing			
Ordered By MALLORY WRIGH	Т		Ordered Fo	ING			
Product Number		Description	Unit	Order Qty	Ship Qty	Price	Extended
PAS-004		"I'M A BIG BROTHER" LE BLUE 250/RL	QTY ROLL	1	1	12.21	12.21
	"I'M A BIG SISTER" 2" PINK 250/RL	QTY ROLL	1	1	12.21	12.21	
	٠,			T	Subtotal		24.42
				Other	Charges		0.00
					oing and fandling	0.00	
					Tax		0.00
	1			Gra	and Total		24.42
	Ť			P	ayments		0.00
				Adja	ustments		0.00
				Bala	ince Due		24.42
	teder Street	Products not shipped in full have	been backordered			U	SD

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.



2001 180

Invoice

Invoice No. 4240713	Invoice Date 24 - JUL-18	Order Date 23 - JUL - 18	Page 1
Customer P.O		Order No.	Customer No.
01594		4070848	38069

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

BRLITO: 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 I	DAYS	MORSE, HEATHER debits with your pay Tracking Number Freight Terms					work for any short ship or pricing nent.			
Carrier							eightTerms hird Party Billing			
FEDEX-Parcel Ordered By	i-Ground	ound 435938094475					11117			
MALLORY WRIG	THT				Ordered For RECEIVI	NG				
Product Number	2767050000	Description	on	FIRST TRANSPORT	Unit	Order Oty	Ship Qty	Price	Extended	
AN-155	DIP/PROD	P/10MG/ML YELLOW	1-1/2 X		ROLL	2	1	2.30	2.3	
AN-11	LIDOCAII	NE GREY	1-1/2 X		ROLL	1	1	1.73	1.7	
AN-149	VERSED	ORANGE	1-1/2 X	8	ROLL	1	1	1.73	1.7	
AN-20	SUCCINY:	LCHOLINE FL RED	1-1/2 X	7.	ROLL	3	1	2.03	2.0	
AN-200	DILAUDII 1/2	BLUE	1-1/2 X		ROLL	. 1	1	2.30	2.3	
AN-161	ROCURON:	IUM FL RED	1-1/2 X		ROLL	1	1	2.03	2.0	
AN-7	PENTANY	L BLUE	1-1/2 X		ROLL	3	1	1.73	1.7	
***************************************	Щ						Subtotal	1	/ 13.8	
		1				Other	Charges	- 19	0.0	
		\$				Shipp	and landing	1	0.0	
				al al			Tax	- 1	0.0	
		75		Ji.			and Total		13.8	
							ayments		0.0	
							ustments		0.0	
						Bala	nce Due		13.8	
		Proc	ducts not shipped	in full have been	backordered.			Ţ	Cet	



Invoice

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

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

MERIT HEALTH GILMORE HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821

Temms NET DUE 30 D	SYAC	Account Manager MORSE , HEATHER	Please enclose paperwork for any short ship or p debits with your payment.				
Camier FEDEX-Parcel	-Ground	Tracking Number 435938032525	Freight Ter	ms Party Bil	ling		
Ordered By	. oround	100000000000000000000000000000000000000	Ordered Fo				
Product Number		Description	Unit	Order Qty	Ship Qty	Price	Extended
59704613	1/2X1-1 Contract#: 5	MEDICATION ADDED" 2- /2 FL RED 1000 RL P 597 art: 0155630	QTY ROLL	1	1	5.68	5.68
				1	Subtotal		5.68
	-			Other	Charges		0.00
					ing and landling		0.00
					Tax		0.00
				Gra	and Total		5.68
	1			P	ayments	According to the Control of the Cont	0.00
	1			Adju	stments		0.00
				Bala	nce Due		5.68
	-	Products not shipped in full har	ve been backordered	į.		U	SD

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www.pdcorp.com

Invoice

Invoice No. 4220468	invoice Date 03 - JUL - 18	Order Date 18-JUN-18	Page 1
Customer P.O		Order No.	Customer No.
01184		40332€7	38069

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

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

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

Tems NET DUE 30 1	DAYS			th your pays		ny short s	hip or pricing		
Carrier FEDEX-Parce	l-Ground	Tracking Number 435938025590		Freight Terms Third Party Billing					
Ordered By			Ordered Fo	or .					
Product Number	(4) (4) P. KY KYW	Description	Unit	Order Qty	Ship Qty	Price	Extended		
DFFOP04	FL ORAN Contract#:	SUGAR FREE" 1-1/4X3/8 NGE 1000 RL P 597 Part: 0081001	QTY	3	3	6.90	20.70		
	-			 	Subtotal		20.70		
				Other	Charges		0.00		
					oing and Handling		0.00		
ž:	1 1			1,100,000	Tax	113/2/16/14	0.00		
A				Gra	and Total	P. C.	20.70		
Ç.				P	ayments		0.00		
				Adji	ustments		0.00		
* 7				y Bala	nce Due		20.70		
	-	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



Invoice

Invoice No.	Invoice Date	Order Date	Page
4219546	02-JUL-18	18-JUN-18	1
Customer P.O		Order No.	Customer No.
01184		4033267	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 SHIPTO: MERIT HEALTH GILMORE HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821

Tems NET DUE 30 DA	YS	Account Manager MORSE, HEATHER	debits wit	Please enclose paperwork for any short ship or pricin debits with your payment.				
Camer FEDEX-Parcel-	Ground	Tracking Number 435938018245	Third I	Freight Terms Third Party Billing				
Ordered By			Ordered Fo	NT .				
Product Number		Description	Unit	Order Qty	Ship Qty	Price	Extended	
59704860	3/8 SII Contract#: 5	NINDER BLANK 5-3/8X1- NVER 500 RL R 597 art: 0242021	QTY ROLL	1	1	8.40	8.40	
				1	Subtotal		8.40	
				Other	Charges		0.00	
					oing and Handling	0.0		
	-				Tax		0.00	
	1			Gra	and Total		8.40	
	i.			F	ayments		0.00	
	1			Adju	ustments		0.00	
				Bala	nce Due		8.40	
	7	Products not shipped in full ha	ve been backordered	e a man		U	SD	

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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.



Invoice

Invaice No. 4217774	invoice Date 29 - JUN - 18	Order Date 18 - JUN - 18	Page 1
Customer F.O		Order No.	Customer No.
01184		4033267	38069

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

Terms NET DUE 30 DA	YS	Account Manager MORSE , HEATHER		nclose paper th your payr		ny short shi	p or pricing	
Carrier FEDEX-Parcel-	Graund			ghtTerms ird Party Billing				
Ordered By	Ground	433736010071	Ordered F					
Product Number	Park Teles	Description	a Control	Order Qty	Ship City	Price	Extended	
NPFB-2286-6	3/8 Contracs#: 5	T CHART LBL 1-3/8 X 5- ORANGE 397 art 0449421	QTY ROLL	ì	. т	3.36	3.36	
		- de la constante de la consta		T	Subtotal		3.36	
	150			Other	Charges		0.00	
~					oing and Handling		0.00	
\$					Tax	and the same	0.00	
*		¥3		Gra	and Total		3.36	
	1			, P	ayments		0.00	
				Adj	ustments	E-STERRICE SALE	0.00	
Ě				Bala	nce Due		3.36	
	1	Products not shipped in full have	been backordered			Ü	SD	

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All dains for shortages and/or damages must be placed within ten days after receipt of goods. Merchandise returned without written consent will not be accepted.



Invoice

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

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

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

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

Tems NET DUE 30 DA	ys	Account Manager Please enclor MORSE, HEATHER debits with you				ny short shi	p or pricing
Carrier FEDEX-Parcel-	A STATE OF THE PARTY OF THE PAR		Freight Ten Third F				
Ordered By MALLORY WRIGH	T		Ordered Fo MALLORY	WRIGHT			
Product Number	I Park	Description	Unit	Order Qty	Ship Qty	Price	Extended
3/8		T CHART LBL 1-3/8 X 5- BLUE 597	QTY ROLL	2	2	3.36	6.72
					Subtotal		6.72
				Other	Charges		0.00
				Shipping and Handling		0.00	
					Tax	interest in the second	0.00
) i	Gra	and Total		6.72
	- 1			P	ayments		0.00
				Adju	ustments	-162-142-14	0.00
				Bala	nce Due		6.72
		Products not shipped in full have	been backordered.			U	SD

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Invoice

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

Temms NET DUE 30 DAY:			debits wit	Please enclose paperwork for any short ship or pricing debits with your payment.				
Carrier Tracking Number FEDEX-Parcel-Ground 435937946346		Third I	FreightTerms Third Party Billing					
Ordered By	***************************************		Ordered Fo	or				
Product Number	克里斯斯斯斯	Description	Unit	Order Qty	Ship Qty	Price	Extended	
59705403	FL RED 1 Contract#: 5	NO CAFFEINE® 1-1/4X3/8 1000 RL P 97 nt 0266510	QTY ROLL	3	3	5.93	17.79	
					Subtotal		17.79	
				Other	Charges		0.00	
	1				ding and Handling		0.00	
2	1 the				Tax		0.00	
5, 4		70y 7-4		Gra	and Total		17.79	
				F	ayments		0.00	
				Adj	ustments		0.00	
				Bala	nce Due		17.79	
	-	Products not shipped in full have	been hacknidered	1		El	SD	

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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.



Invoice

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

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

BILL TO: MERIT HEALTH GILMORE HOSPITAL 1105 BARL 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 DA	ΥS	B MORSE, HEATHER debits with Tracking Number Freight Tems		h your payn	close paperwork for any short ship or pricing a your payment.			
Carrier FEDEX-Parcel-	Ground			d Party Billing				
Ordered By MALLORY WRIGH	T		Ordered Fo MALLORY	r WRIGHT				
Product Number	Para Policia	Description	Unit	Order Qty	Ship Qty	Price	Extended	
	BINDER BLANK 5-3/8X1- LVER 500 RL R 597	QTY ROLL	4	4	8.40	33.60		
		CONTRACTOR OF THE PARTY OF THE			Subtotal		33.60	
				Other	Charges		0.00	
					oing and landling	2 2 2 2 4	0,00	
					Tax	Mary officers	0.00	
				Gra	and Total	-	33.60	
				P	ayments		0.00	
				Adju	ustments		0.00	
			arres a camaral	Bala	nce Due		33.60	
	151610 - 1656 C	Products not shipped in full ha	ve been backordered.			U	SD	

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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)Claim No: 128Status:PRECISION DYNAMICSOriginal FiledFiled by: CRCORPORATIONDate: 11/27/2018Entered by: Intake127770 N ENTERTAINMENTOriginal EnteredModified:

DRIVE SUITE *Date*: 11/27/2018

200 VALENCIA CA

91455

Amount claimed: \$352.53

History:

<u>Details</u> 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

Total Amount Claimed*	\$352.53
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		