

Fill in this information to identify the case:

Debtor 1

Curac Health

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the:

Middle

District of

TN

Case number

18-05665

FILED

DEC 21 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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?

Microtek Medical, Inc

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Microtek Medical Inc (Kdivisor not FOLIO)

2. Has this claim been acquired from someone else?

☒ No

☐ 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?

Microtek Medical, Inc

Name

PO Box 2407

Number

Street

COLUMBUS, MS 39704-2407

City

State

ZIP Code

Contact phone

662-244-3167

Contact email

Tammy.Ornick@ccdiab.com

Where should payments to the creditor be sent? (if different)

Microtek Medical, Inc

Name

File #4033P

P.O. Box 911633

Number

Street

DALLAS,

TX 75391-1633

City

State

ZIP Code

Contact phone

same

Contact email

same

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ 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?

☒ No

☐ 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: _____

141A, 5853, 401256, 401427 - invoices attached

7. How much is the claim? \$ 84,577.91 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 sold

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)?

☒ No

☐ Yes. Check one:

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.

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

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ 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.

\$ _____

* 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.

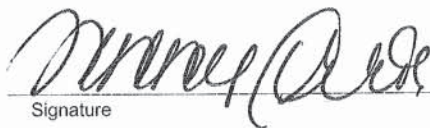
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

12 18 2018
MM / DD / YYYY


Signature

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

Name

Tammy

A

Orrick

First name

Middle name

Last name

Title

Admin. Finance Supervisor

Company

Microtek Medical, Inc

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

512 Lehmberg Rd

Number

Street

Columbus

Mo

30102

City

State

ZIP Code

Contact phone

614.244.3147

Email

Tammy.Orrick@ecolab.com

Customer Statement

Statement Date: 12/18/2018



Please Remit To:

Microtek Medical, Inc.
File #4033P
P.O. Box 911633
Dallas, TX 75391-1633

Bill To: 601627
NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Invoice Balance	6,859.08
Unapplied Amount	0.00
Account Balance	6,859.08
Last Payment Amount	706.32
Last Payment Date	12/17/2018

Inv/CM	Cust PO	Inv Date	Due Date	Inv/CM Amount	Cash Applied	Credit/ADJ Applied	Balance Due	Days Overdue
I 4330968	749-6724962	5/2/2018	6/1/2018	1,426.32	0.00	0.00	1,426.32	200
I 4348151	749-6742420	5/30/2018	6/29/2018	706.32	0.00	0.00	706.32	172
I 4354739	749-6749132	6/8/2018	7/8/2018	309.16	0.00	0.00	309.16	163
I 4361400	749-6754370	6/19/2018	7/19/2018	1,186.32	0.00	0.00	1,186.32	152
I 4371453	749-6762784	7/3/2018	8/2/2018	154.58	0.00	0.00	154.58	138
I 4377505	749-6765574	7/13/2018	8/12/2018	706.32	0.00	0.00	706.32	128
I 4379373	749-6769938	7/17/2018	8/16/2018	1,426.32	0.00	0.00	1,426.32	124
I 4384012	749-6773090	7/24/2018	8/23/2018	154.58	0.00	0.00	154.58	117
I 4389873	749-6779133	8/1/2018	8/31/2018	309.16	0.00	0.00	309.16	109
I 4403163	749-6789314	8/22/2018	9/21/2018	480.00	0.00	0.00	480.00	88

Account Status

Current	1 to 30	31 to 60	61 to 90	91 to 120	Over 120
0.00	0.00	0.00	480.00	463.74	5,915.34

Customer Statement

Statement Date: 12/18/2018



Please Remit To:

Microtek Medical, Inc.
File #4033P
P.O. Box 911633
Dallas, TX 75391-1633

Bill To: 1419

RUSSELLVILLE HOSPITAL - RUSSELLVILLE, AL
C/O LPNT
P O BOX 282308
NASHVILLE, TN 37228

Invoice Balance	168.49
Unapplied Amount	0.00
Account Balance	168.49
Last Payment Amount	1,005.24
Last Payment Date	10/30/2018

Inv/CM	Cust PO	Inv Date	Due Date	Inv/CM Amount	Cash Applied	Credit/ADJ Applied	Balance Due	Days Overdue
I 3942534	11324	9/12/2016	10/12/2016	168.49	0.00	0.00	168.49	797

Account Status					
Current	1 to 30	31 to 60	61 to 90	91 to 120	Over 120
0.00	0.00	0.00	0.00	0.00	168.49

Customer Statement

Statement Date: 12/18/2018



Please Remit To:

Microtek Medical, Inc.
File #4033P
P.O. Box 911633
Dallas, TX 75391-1633

Bill To: 5853

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Invoice Balance	2,964.85
Unapplied Amount	898.44
Account Balance	2,066.41
Last Payment Amount	515.44
Last Payment Date	11/26/2018

Inv/CM	Cust PO	Inv Date	Due Date	Inv/CM Amount	Cash Applied	Credit/ADJ Applied	Balance Due	Days Overdue
I 4173555	701-6498774	8/23/2017	9/22/2017	203.13	189.84	0.00	13.29	452
I 4178210	701-6506694	8/30/2017	9/29/2017	254.36	237.72	0.00	16.64	445
I 4181750	701-6515510	9/6/2017	10/6/2017	125.96	117.72	0.00	8.24	438
I 4186953	701-8521390	9/15/2017	10/15/2017	200.69	187.56	0.00	13.13	429
I 4188168	701-6527611	9/18/2017	10/18/2017	254.36	237.72	0.00	16.64	426
I 4202220	701-6549600	10/9/2017	11/8/2017	101.65	95.00	0.00	6.65	405
I 4207380	701-6556578	10/17/2017	11/16/2017	337.65	315.56	0.00	22.09	397
I 4211203	701-6563467	10/23/2017	11/22/2017	112.18	104.84	0.00	7.34	391
I 4216108	701-6570028	10/30/2017	11/29/2017	125.96	117.72	0.00	8.24	384
I 4225627	701-6584645	11/13/2017	12/13/2017	182.67	170.72	0.00	11.95	370
I 4235412	701-6596495	11/29/2017	12/29/2017	185.11	0.00	0.00	185.11	354
I 4244269	701-6611140	12/12/2017	1/11/2018	251.92	235.44	0.00	16.48	341
I 4268888	701-6647308	1/23/2018	2/22/2018	128.40	120.00	0.00	8.40	299
I 4268889	701-6647308	1/23/2018	2/22/2018	200.69	187.56	0.00	13.13	299
I 4273286	701-6653877	1/30/2018	3/1/2018	125.96	117.72	0.00	8.24	292
I 4276076	701-6659282	2/2/2018	3/4/2018	138.93	129.84	0.00	9.09	289
I 4287127	701-6672940	2/21/2018	3/23/2018	251.92	235.44	0.00	16.48	270
I 4290037	701-6676407	2/26/2018	3/28/2018	128.40	120.00	0.00	8.40	265
I 4318844	701-6712432	4/13/2018	5/13/2018	367.56	0.00	0.00	367.56	219
I 4325617	00059	4/24/2018	5/24/2018	235.44	0.00	0.00	235.44	208
I 4329459	00124	4/30/2018	5/30/2018	104.84	0.00	0.00	104.84	202
I 4331817	00168	5/3/2018	6/2/2018	104.84	0.00	0.00	104.84	199
I 4347127	00305	5/29/2018	6/28/2018	120.00	0.00	0.00	120.00	173
I 4348150	00314	5/30/2018	6/29/2018	235.44	0.00	0.00	235.44	172
I 4368655	00504	6/28/2018	7/28/2018	120.00	0.00	0.00	120.00	143
I 4368656	00513	6/28/2018	7/28/2018	365.28	0.00	0.00	365.28	143
I 4375682	00559	7/11/2018	8/10/2018	194.87	0.00	0.00	194.87	130
I 4386084	00648	7/26/2018	8/25/2018	106.89	0.00	0.00	106.89	115
I 4393369	00704	8/7/2018	9/6/2018	235.44	0.00	0.00	235.44	103
I 4395047	00716	8/9/2018	9/8/2018	194.87	0.00	0.00	194.87	101

Account Number
5853

For Questions Regarding This Statement Call

Case 3:18-bk-05665

Claim 150-1

Filed 12/21/18 Desc Main Document

Page 6 of 6

Fax: (675) 328-8892

Customer Statement

Statement Date: 12/18/2018



Please Remit To:

Microtek Medical, Inc.
File #4033P
P.O. Box 911633
Dallas, TX 75391-1633

Bill To: 5853
TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Invoice Balance	2,964.85
Unapplied Amount	898.44
Account Balance	2,066.41
Last Payment Amount	515.44
Last Payment Date	11/26/2018

Inv/CM	Cust PO	Inv Date	Due Date	Inv/CM Amount	Cash Applied	Credit/ADJ Applied	Balance Due	Days Overdue
I 4400164	00693	8/17/2018	9/16/2018	189.84	0.00	0.00	189.84	93

Account Status					
Current	1 to 30	31 to 60	61 to 90	91 to 120	Over 120
0.00	0.00	-710.88	-187.56	727.04	2,237.81

Customer Statement

Statement Date: 12/18/2018



Please Remit To:

Microtek Medical, Inc.
File #4033P
P.O. Box 911633
Dallas, TX 75391-1633

Bill To: 601256
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoice Balance	15,712.57
Unapplied Amount	228.64
Account Balance	15,483.93
Last Payment Amount	5,923.10
Last Payment Date	11/8/2018

Inv/CM	Cust PO	Inv Date	Due Date	Inv/CM Amount	Cash Applied	Credit/ADJ Applied	Balance Due	Days Overdue
I 4266101	754-6644124	1/18/2018	2/17/2018	1,191.20	0.00	0.00	1,191.20	304
I 4276939	754-6660203	2/5/2018	3/7/2018	894.68	0.00	0.00	894.68	286
I 4283723	754-6669667	2/15/2018	3/17/2018	1,160.00	0.00	0.00	1,160.00	276
I 4302064	754-6691730	3/16/2018	4/15/2018	1,160.00	0.00	0.00	1,160.00	247
I 4305471	00080	3/22/2018	4/21/2018	1,711.99	0.00	0.00	1,711.99	241
I 4318068	00444	4/12/2018	5/12/2018	580.00	0.00	0.00	580.00	220
I 4326564	00599	4/25/2018	5/25/2018	598.12	0.00	0.00	598.12	207
I 4333397	00704	5/7/2018	6/6/2018	520.77	0.00	0.00	520.77	195
I 4334323	00724	5/8/2018	6/7/2018	894.68	0.00	0.00	894.68	194
I 4347130	00940	5/29/2018	6/28/2018	894.71	0.00	0.00	894.71	173
I 4353805	01063	6/7/2018	7/7/2018	598.16	0.00	0.00	598.16	164
I 4361397	01140	6/19/2018	7/19/2018	598.16	0.00	0.00	598.16	152
I 4362357	01214	6/20/2018	7/20/2018	598.14	0.00	0.00	598.14	151
I 4364312	01262	6/22/2018	7/22/2018	460.33	0.00	0.00	460.33	149
I 4367542	01308	6/27/2018	7/27/2018	580.00	0.00	0.00	580.00	144
I 4368657	01321	6/28/2018	7/28/2018	460.33	0.00	0.00	460.33	143
I 4373076	01414	7/6/2018	8/5/2018	598.14	0.00	0.00	598.14	135
I 4380269	01547	7/18/2018	8/17/2018	598.14	0.00	0.00	598.14	123
I 4386958	01642	7/27/2018	8/26/2018	436.88	0.00	0.00	436.88	114
I 4391480	01725	8/3/2018	9/2/2018	580.00	0.00	0.00	580.00	107
I 4397615	01853	8/14/2018	9/13/2018	598.14	0.00	0.00	598.14	96

Account Status					
Current	1 to 30	31 to 60	61 to 90	91 to 120	Over 120
0.00	0.00	-228.64	0.00	1,615.02	14,097.55



INVOICE

Invoice No.
3942534

Customer No.		Customer P.O. No.	
1419		11324	
Invoice Date	Due Date	Page	
9/12/2016	10/12/2016	1 of 1	

Bill To:

RUSSELLVILLE HOSPITAL - RUSSELLVILLE, AL
C/O LPNT
P O BOX 282308
NASHVILLE, TN 37228

Ship To:

RUSSELLVILLE HOSPITAL - RUSSELLVILLE, AL
15155 HIGHWAY 43
PO BOX 1089
RUSSELLVILLE, AL 35653
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
2984754	9/9/2016	9/12/2016	92	WILLIAM ACTON	0501H10506 - Birmingham

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	2008S	TRANSFER DEVICE-	154.58	154.58
			Shipment No.	4397168		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	151016		
			Additional Tax:	COUNTY	3.09	3.09
				CITY	4.64	4.64
				STATE	6.18	6.18
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	154.58
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	13.91

Total Due	168.49
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4173555

Customer No.		Customer P.O. No.	
5853		701-6498774	
Invoice Date	Due Date	Page	
8/23/2017	9/22/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3185648	8/22/2017	8/23/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4727643		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ17216		
			Additional Tax:	STATE	8.40	8.40
2	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4727643		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170612J		
			Additional Tax:	STATE	4.89	4.89
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	189.84
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	13.29

Total Due	203.13
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4178210

Customer No.		Customer P.O. No.	
5853		701-6506694	
Invoice Date	Due Date	Page	
8/30/2017	9/29/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3189454	8/29/2017	8/30/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4734375		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ17220		
			Additional Tax:	STATE	8.40	8.40
2	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4734375		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17237		
			Additional Tax:	STATE	8.24	8.24
3			S&H	SHIPPING & HANDLING	0.00	0.00
Comments:				662-712-2277 AMANDA		

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	237.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	16.64

Total Due	254.36
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4181750

Customer No.		Customer P.O. No.	
5853		701-6515510	
Invoice Date	Due Date	Page	
9/6/2017	10/6/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3192707	9/5/2017	9/6/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4740029		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17219		
			Additional Tax:	STATE	8.24	8.24
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms

NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	117.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	8.24
Total Due	125.96

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4186953

Customer No.		Customer P.O. No.	
5853		701-8521390	
Invoice Date	Due Date	Page	
9/15/2017	10/15/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3195653	9/11/2017	9/14/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4747072		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170618Z		
			Additional Tax:	STATE	4.89	4.89
2	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4747072		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17219		
			Additional Tax:	STATE	8.24	8.24
3			S&H	SHIPPING & HANDLING	0.00	0.00
Comments:				YOUR ORDER MAY BE DELAYED IN SHIPPING DUE TO THE HURRICANE		

Terms

NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	187.56
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	13.13

Total Due 200.69

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4188168

Customer No.		Customer P.O. No.	
5853		701-6527611	
Invoice Date	Due Date	Page	
9/18/2017	10/18/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3199325	9/18/2017	9/18/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4750302		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ17236		
			Additional Tax:	STATE	8.40	8.40
2	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4750302		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17248		
			Additional Tax:	STATE	8.24	8.24
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	237.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	16.64

Total Due	254.36
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4202220

Customer No.		Customer P.O. No.	
5853		701-6549600	
Invoice Date	Due Date	Page	
10/9/2017	11/8/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3211515	10/9/2017	10/9/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC3838-2-BN	BAG W/DRAWCORD, BLUE, 100/CS	60.00	60.00
			Shipment No.	4770915		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170717Z		
			Additional Tax:	STATE	4.20	4.20
2			MIN ORDER	MINIMUM ORDER VALUE FEE	35.00	35.00
			Additional Tax:	STATE	2.45	2.45
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	60.00
Misc. Charges	35.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	6.65

Total Due	101.65
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4207380

Customer No.		Customer P.O. No.	
5853		701-6556578	
Invoice Date	Due Date	Page	
10/17/2017	11/16/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3215797	10/16/2017	10/17/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	B2423-1P3-RPN	RED KICKBUCKET BAG, PRINTED BIOHAZARD, 250/CS, BULK N/S	40.00	40.00
			Shipment No.	4778388		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170703J		
			Additional Tax:	STATE	2.80	2.80
2	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4778388		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170710Z		
			Additional Tax:	STATE	4.89	4.89
3	1	CS	LABWS-01N-CS	ARMBOARD COVER W/STRAPS, IMP. DISP.	88.00	88.00
			Shipment No.	4778388		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170811D		
			Additional Tax:	STATE	6.16	6.16
4	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4778388		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17277		
			Additional Tax:	STATE	8.24	8.24
5			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	315.56
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	22.09

Total Due	337.65
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4211203

Customer No.		Customer P.O. No.	
5853		701-6563467	
Invoice Date	Due Date	Page	
10/23/2017	11/22/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3219487	10/23/2017	10/23/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4784161		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170724Z		
			Additional Tax:	STATE	4.89	4.89
2			MIN ORDER	MINIMUM ORDER VALUE FEE	35.00	35.00
			Additional Tax:	STATE	2.45	2.45
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	69.84
Misc. Charges	35.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	7.34
Total Due	112.18

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4216108

Customer No.	Customer P.O. No.	
5853	701-6570028	
Invoice Date	Due Date	Page
10/30/2017	11/29/2017	1 of 1

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3223675	10/30/2017	10/30/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4791279		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17289		
			Additional Tax:	STATE	8.24	8.24
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS**Currency**

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	117.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	8.24

Total Due 125.96

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4225627

Customer No.		Customer P.O. No.	
5853		701-6584645	
Invoice Date	Due Date	Page	
11/13/2017	12/13/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3231959	11/13/2017	11/13/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	92000N	WIPE, MICROFIBER	53.00	53.00
			Shipment No.	4805030		
			Commodity Code	SRT REPACK		
			Lot/Serial:	J17298		
			Additional Tax:	STATE	3.71	3.71
2	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4805030		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17300		
			Additional Tax:	STATE	8.24	8.24
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	170.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	11.95

Total Due	182.67
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4235412

Customer No.		Customer P.O. No.	
5853		701-6596495	
Invoice Date	Due Date	Page	
11/29/2017	12/29/2017	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3239258	11/27/2017	11/28/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4818325		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ17307		
			Additional Tax:	STATE	8.40	8.40
2	1	CS	92000N	WIPE, MICROFIBER	53.00	53.00
			Shipment No.	4818325		
			Commodity Code	SRT REPACK		
			Lot/Serial:	J17311		
			Additional Tax:	STATE	3.71	3.71
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	173.00
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	12.11

Total Due	185.11
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4244269

Customer No.		Customer P.O. No.	
5853		701-6611140	
Invoice Date	Due Date	Page	
12/12/2017	1/11/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3248020	12/11/2017	12/12/2017	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	235.44
			Shipment No.	4832087		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J17311		
			Additional Tax:	STATE	16.48	16.48
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	235.44
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	16.48

Total Due	251.92
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4266101

Customer No.		Customer P.O. No.	
601256		754-6644124	
Invoice Date	Due Date		Page
1/18/2018	2/17/2018		1 of 1

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3267888	1/17/2018	1/18/2018	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	4	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	1,100.00
			Shipment No.	4863527		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	77342			
2			HANDLING	HANDLING CHG	60.00	60.00
3			S&H	SHIPPING & HANDLING	31.20	31.20

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	1,100.00
Misc. Charges	91.20
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	1,191.20

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4268888

Customer No.		Customer P.O. No.	
5853		701-6647308	
Invoice Date	Due Date	Page	
1/23/2018	2/22/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3270134	1/22/2018	1/22/2018	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4866994		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ17360		
			Additional Tax:	STATE	8.40	8.40
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	120.00
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	8.40

Total Due	128.40
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4268889

Customer No.		Customer P.O. No.	
5853		701-6647308	
Invoice Date	Due Date	Page	
1/23/2018	2/22/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3270134	1/22/2018	1/23/2018	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4868580		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	170918Z		
			Additional Tax:	STATE	4.89	4.89
2	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4868580		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J18008		
			Additional Tax:	STATE	8.24	8.24
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	187.56
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	13.13

Total Due	200.69
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4273286

Customer No.		Customer P.O. No.	
5853		701-6653877	
Invoice Date	Due Date	Page	
1/30/2018	3/1/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3274038	1/29/2018	1/30/2018	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4874497		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J18012		
			Additional Tax:	STATE	8.24	8.24
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	117.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	8.24

Total Due	125.96
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4276076

Customer No.		Customer P.O. No.	
5853		701-6659282	
Invoice Date	Due Date	Page	
2/2/2018	3/4/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3277131	2/2/2018	2/2/2018	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4879086		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	171009Z		
			Additional Tax:	STATE	4.89	4.89
2	1	CS	BDC3838-2-BN	BAG W/DRAWCORD, BLUE, 100/CS	60.00	60.00
			Shipment No.	4879086		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	171016Z		
			Additional Tax:	STATE	4.20	4.20
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	129.84
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	9.09

Total Due	138.93
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4276939

Customer No.		Customer P.O. No.	
601256		754-6660203	
Invoice Date	Due Date	Page	
2/5/2018	3/7/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3277684	2/5/2018	2/5/2018	92	GARY SHEARER	0501R20205 - Memphis

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	3	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	825.00
			Shipment No.	4879893		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	77349			
2			HANDLING	HANDLING CHG	45.00	45.00
3			S&H	SHIPPING & HANDLING	24.68	24.68

Terms NET 30 DAYS

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	825.00
Misc. Charges	69.68
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 894.68

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4283723

Customer No.		Customer P.O. No.	
601256		754-6669667	
Invoice Date	Due Date		Page
2/15/2018	3/17/2018		1 of 1

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3284267	2/15/2018	2/15/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	4	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	1,100.00
			Shipment No.	4890238		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	77356			
2			HANDLING	HANDLING CHG	60.00	60.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms

NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	1,100.00
Misc. Charges	60.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 1,160.00

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4287127

Customer No.		Customer P.O. No.	
5853		701-6672940	
Invoice Date	Due Date	Page	
2/21/2018	3/23/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3286716	2/21/2018	2/21/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	235.44
			Shipment No.	4894768		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J18037		
			Additional Tax:	STATE	16.48	16.48
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms

NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	235.44
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	16.48

Total Due 251.92

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4290037

Customer No.		Customer P.O. No.	
5853		701-6676407	
Invoice Date	Due Date	Page	
2/26/2018	3/28/2018	1	of 1

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3289103	2/26/2018	2/26/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4898972		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ18031		
			Additional Tax:	STATE	8.40	8.40
2			S&H	SHIPPING & HANDLING	0.00	0.00

Comments:

IN ORDER TO ENSURE THAT YOUR PRODUCTS ARE
RECEIVED, PLEASE SEND ALL PO'S FOR PRODUCT
MF92053N TO
CUSTOMERSERVICE@MICROTEKMED.COM OR FAX
TO 800-642-0255 IN THE FUTURE

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	120.00
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	8.40

Total Due 128.40

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4302064

Customer No.		Customer P.O. No.	
601256		754-6691730	
Invoice Date	Due Date	Page	
3/16/2018	4/15/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3300101	3/15/2018	3/16/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	4	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	1,100.00
			Shipment No.	4916763		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78017			
2			HANDLING	HANDLING CHG	60.00	60.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms

NET 30 DAYS

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	1,100.00
Misc. Charges	60.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	1,160.00
------------------	-----------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4305471

Customer No.		Customer P.O. No.	
601256		00080	
Invoice Date	Due Date	Page	
3/22/2018	4/21/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3302845	3/21/2018	3/22/2018	20	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	ORS-400	SCOPE PILLOW WARMER DRAPE, 44" X 66"	495.00	495.00
			Shipment No.	4921191		
			Commodity Code	ORS DIFFICULT		
		Lot/Serial:	D180221			
2			HANDLING	HANDLING CHG	60.00	60.00
3			FRT CHG	FREIGHT CHARGES	10.79	10.79
4			HANDLING	HANDLING CHG	15.00	15.00
5	4	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	1,100.00
			Shipment No.	4921391		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78026			
6			S&H	SHIPPING & HANDLING	31.20	31.20

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	1,595.00
Misc. Charges	116.99
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	1,711.99
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4318068

Customer No.		Customer P.O. No.	
601256		00444	
Invoice Date	Due Date	Page	
4/12/2018	5/12/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3315302	4/12/2018	4/12/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	4940735		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78033			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	30.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	580.00

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4318844

Customer No.		Customer P.O. No.	
5853		701-6712432	
Invoice Date	Due Date	Page	
4/13/2018	5/13/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3315998	4/13/2018	4/13/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4941986		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ18074		
2	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4941986		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	171212Z		
3	1	CS	BDC3838-2-BN	BAG W/DRAWCORD, BLUE, 100/CS	60.00	60.00
			Shipment No.	4941986		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	171211Z		
4	1	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.72
			Shipment No.	4941986		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J18079		
5			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	367.56
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	367.56
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4325617

Customer No.		Customer P.O. No.	
5853		00059	
Invoice Date	Due Date	Page	
4/24/2018	5/24/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3320846	4/23/2018	4/24/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	235.44
			Shipment No.	4951048		
			Commodity Code	CLEAN-OP		
		Lot/Serial:	J18085			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	235.44
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	235.44
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4326564

Customer No.	Customer P.O. No.	
601256	00599	
Invoice Date	Due Date	Page
4/25/2018	5/25/2018	1 of 1

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3322142	4/25/2018	4/25/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	4952702		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78047			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.12	18.12

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	48.12
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 598.12

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4329459

Customer No.		Customer P.O. No.	
5853		00124	
Invoice Date	Due Date	Page	
4/30/2018	5/30/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3324914	4/30/2018	4/30/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4956572		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	171219Z			
2			MIN ORDER	MINIMUM ORDER VALUE FEE	35.00	35.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	69.84
Misc. Charges	35.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	104.84
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4330968

Customer No.		Customer P.O. No.	
601627		749-6724962	
Invoice Date	Due Date	Page	
5/2/2018	6/1/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3326164	5/2/2018	5/2/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	6	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	706.32
			Shipment No.	4958683		
			Commodity Code	CLEAN-OP		
		Lot/Serial:	J18089			
2	6	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	720.00
			Shipment No.	4958683		
			Commodity Code	SRT REPACK		
		Lot/Serial:	HJ18094			
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms

NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	1,426.32
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 1,426.32

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4331817

Customer No.		Customer P.O. No.	
5853		00168	
Invoice Date	Due Date	Page	
5/3/2018	6/2/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3327027	5/3/2018	5/3/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	4960212		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	180116Z			
2			MIN ORDER	MINIMUM ORDER VALUE FEE	35.00	35.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS**Currency**

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	69.84
Misc. Charges	35.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 104.84

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4333397

Customer No.		Customer P.O. No.	
601256		00704	
Invoice Date	Due Date	Page	
5/7/2018	6/6/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3328035	5/4/2018	5/7/2018	20	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	ORS-400	SCOPE PILLOW WARMER DRAPE, 44" X 66"	495.00	495.00
			Shipment No.	4961775		
			Commodity Code	ORS DIFFICULT		
		Lot/Serial:	D180371			
2			FRT CHG	FREIGHT CHARGES	10.77	10.77
3			HANDLING	HANDLING CHG	15.00	15.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	495.00
Misc. Charges	25.77
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	520.77
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4334323

Customer No.		Customer P.O. No.	
601256		00724	
Invoice Date	Due Date	Page	
5/8/2018	6/7/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3328828	5/7/2018	5/8/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	3	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	825.00
			Shipment No.	4963264		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78040			
2			HANDLING	HANDLING CHG	45.00	45.00
3			S&H	SHIPPING & HANDLING	24.68	24.68

Terms

NET 30 DAYS

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	825.00
Misc. Charges	69.68
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	894.68
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4347127

Customer No.		Customer P.O. No.	
5853		00305	
Invoice Date	Due Date	Page	
5/29/2018	6/28/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3340441	5/25/2018	5/29/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	4981593		
			Commodity Code	SRT REPACK		
		Lot/Serial:	HJ18117			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
--------------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	120.00
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	120.00

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4347130

Customer No.		Customer P.O. No.	
601256		00940	
Invoice Date	Due Date	Page	
5/29/2018	6/28/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3340534	5/25/2018	5/29/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	3	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	825.00
			Shipment No.	4982184		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78075			
2			HANDLING	HANDLING CHG	45.00	45.00
3			S&H	SHIPPING & HANDLING	24.71	24.71

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	825.00
Misc. Charges	69.71
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	894.71
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4348150

Customer No.		Customer P.O. No.	
5853		00314	
Invoice Date	Due Date	Page	
5/30/2018	6/29/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3341174	5/29/2018	5/30/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	235.44
			Shipment No.	4983899		
			Commodity Code	CLEAN-OP		
		Lot/Serial:	J18118			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	235.44
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	235.44
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4348151

Customer No.	Customer P.O. No.	
601627	749-6742420	
Invoice Date	Due Date	Page
5/30/2018	6/29/2018	1 of 1

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3341684	5/30/2018	5/30/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	6	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	706.32
			Shipment No.	4983734		
			Commodity Code	CLEAN-OP		
		Lot/Serial:	J18118			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	706.32
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	706.32

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4353805

Customer No.		Customer P.O. No.	
601256		01063	
Invoice Date	Due Date	Page	
6/7/2018	7/7/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srv	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3346667	6/6/2018	6/7/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	4991273		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78082			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.16	18.16

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	48.16
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	598.16
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4354739

Customer No.		Customer P.O. No.	
601627		749-6749132	
Invoice Date	Due Date	Page	
6/8/2018	7/8/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3347921	6/8/2018	6/8/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	2008S	TRANSFER DEVICE-	154.58	309.16
			Shipment No.	4992633		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	171116			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	309.16
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	309.16
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4361397

Customer No.		Customer P.O. No.	
601256		01140	
Invoice Date	Due Date	Page	
6/19/2018	7/19/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3353169	6/18/2018	6/19/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5001415		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78075			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.16	18.16

Terms

NET 30 DAYS

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	48.16
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	598.16
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4361400

Customer No.		Customer P.O. No.	
601627		749-6754370	
Invoice Date	Due Date	Page	
6/19/2018	7/19/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3353325	6/18/2018	6/19/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	6	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	706.32
			Shipment No.	5001998		
			Commodity Code	CLEAN-OP		
		Lot/Serial:	J18030			
			J18096			
			J18141			
2	4	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	480.00
			Shipment No.	5001998		
			Commodity Code	SRT REPACK		
		Lot/Serial:	HJ18129			
			HJ18136A			
3			S&H	SHIPPING & HANDLING	0.00	0.00
Comments:				EFFECTIVE JULY 1, 2018 OUR TERMS AND CONDITIONS REGARDING MINIMUM ORDER FEES WILL CHANGE TO THE FOLLOWING: A \$40 FEE WILL BE APPLIED TO ANY ORDER LESS THAN \$150		

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency
USD

Sale Amount	1,186.32
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	1,186.32
-----------	----------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4362357

Customer No.		Customer P.O. No.	
601256		01214	
Invoice Date	Due Date	Page	
6/20/2018	7/20/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3354498	6/19/2018	6/20/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5003379		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78082			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.14	18.14

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	48.14
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	598.14

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4364312

Customer No.		Customer P.O. No.	
601256		01262	
Invoice Date	Due Date	Page	
6/22/2018	7/22/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3356902	6/22/2018	6/22/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	3787	PROBE DRAPE ,5" X 96"	460.33	460.33
			Shipment No.	5006461		
			Commodity Code	PROBE DRAPES TIP		
		Lot/Serial:	D181141			
2			S&H	SHIPPING & HANDLING	0.00	0.00
Comments:				PLEASE NOTE PRICE CORRECTION ON 3787		

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency
USD

Sale Amount	460.33
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	460.33
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4367542

Customer No.		Customer P.O. No.	
601256		01308	
Invoice Date	Due Date	Page	
6/27/2018	7/27/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3358952	6/26/2018	6/27/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5009867		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78082			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
-------	-------------

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	30.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	580.00
------------------	---------------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4368655

Customer No.		Customer P.O. No.	
5853		00504	
Invoice Date	Due Date	Page	
6/28/2018	7/28/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3359750	6/27/2018	6/28/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	5011235		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ18138A		
2			S&H	SHIPPING & HANDLING	0.00	0.00

Comments:

EFFECTIVE JULY 1, 2018 OUR TERMS AND
CONDITIONS REGARDING MINIMUM ORDER FEES
WILL CHANGE TO THE FOLLOWING: A \$40 FEE WILL
BE APPLIED TO ANY ORDER LESS THAN \$150

Terms NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	120.00
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 120.00

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4368656

Customer No.		Customer P.O. No.	
5853		00513	
Invoice Date	Due Date	Page	
6/28/2018	7/28/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3360489	6/28/2018	6/28/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP Shipment No. 5012340 Commodity Code CLEAN-OP	117.72	235.44
			Lot/Serial: J18145			
2	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S Shipment No. 5012340 Commodity Code CENTPLAN6	69.84	69.84
			Lot/Serial: 180312Z			
3	1	CS	BDC3838-2-BN	BAG W/DRAWCORD, BLUE, 100/CS Shipment No. 5012340 Commodity Code CENTPLAN6	60.00	60.00
			Lot/Serial: 180129Z			
4			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency
USD

Sale Amount	365.28
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	365.28
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4368657

Customer No.		Customer P.O. No.	
601256		01321	
Invoice Date	Due Date		Page
6/28/2018	7/28/2018		1 of 1

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3359812	6/27/2018	6/28/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	3787	PROBE DRAPE ,5" X 96"	460.33	460.33
			Shipment No.	5011191		
			Commodity Code	PROBE DRAPES TIP		
		Lot/Serial:	D181231			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	460.33
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 460.33

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4371453

Customer No.		Customer P.O. No.	
601627		749-6762784	
Invoice Date	Due Date	Page	
7/3/2018	8/2/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3362323	7/2/2018	7/3/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	2008S	TRANSFER DEVICE-	154.58	154.58
			Shipment No.	5015490		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	180223			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	154.58
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	154.58
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4373076

Customer No.	Customer P.O. No.	
601256	01414	
Invoice Date	Due Date	Page
7/6/2018	8/5/2018	1 of 1

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3364150	7/5/2018	7/6/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5018375		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78075			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.14	18.14

Terms NET 30 DAYS**Remit To:**

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	48.14
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 598.14

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4375682

Customer No.	Customer P.O. No.	
5853	00559	
Invoice Date	Due Date	Page
7/11/2018	8/10/2018	1 of 1

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3366385	7/10/2018	7/11/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	PC1296	GEN PURPOSE PROBE COVER, 4" X 24"	194.87	194.87
			Shipment No.	5022047		
			Commodity Code	PROBE DRAPES NO		
		Lot/Serial:	D180171			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS**Currency**

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 91633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	194.87
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 194.87

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4379373

Customer No.		Customer P.O. No.	
601627		749-6769938	
Invoice Date	Due Date	Page	
7/17/2018	8/16/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3369524	7/16/2018	7/16/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	6	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	706.32
			Shipment No.	5026796		
			Commodity Code	CLEAN-OP		
			Lot/Serial:	J18169		
2	6	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	720.00
			Shipment No.	5026796		
			Commodity Code	SRT REPACK		
			Lot/Serial:	HJ18150		
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	1,426.32
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	1,426.32
-----------	----------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4380269

Customer No.		Customer P.O. No.	
601256		01547	
Invoice Date	Due Date	Page	
7/18/2018	8/17/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3370616	7/17/2018	7/18/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5028680		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78089			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.14	18.14

Terms	NET 30 DAYS
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Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	550.00
Misc. Charges	48.14
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	598.14
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4384012

Customer No.		Customer P.O. No.	
601627		749-6773090	
Invoice Date	Due Date	Page	
7/24/2018	8/23/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3373354	7/23/2018	7/23/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	2008S	TRANSFER DEVICE-	154.58	154.58
			Shipment No.	5033245		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	180226		
2			S&H	SHIPPING & HANDLING	0.00	0.00

Comments:

EFFECTIVE JULY 1, 2018 OUR TERMS AND
CONDITIONS REGARDING MINIMUM ORDER FEES
WILL CHANGE TO THE FOLLOWING: A \$40 FEE WILL
BE APPLIED TO ANY ORDER LESS THAN \$150

Terms	NET 30 DAYS
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Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	154.58
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	154.58
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4386084

Customer No.		Customer P.O. No.	
5853		00648	
Invoice Date	Due Date	Page	
7/26/2018	8/25/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3376418	7/26/2018	7/26/2018	1	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	B2423-1P3-RPN	RED KICKBUCKET BAG, PRINTED BIOHAZARD, 250/CS, BULK N/S	40.00	40.00
			Shipment No.	5037334		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	180205J		
2			MIN ORDER	MINIMUM ORDER VALUE FEE	40.00	40.00
3			S&H	SHIPPING & HANDLING	26.89	26.89

Comments:

EFFECTIVE JULY 1, 2018 OUR TERMS AND
CONDITIONS REGARDING MINIMUM ORDER FEES
WILL CHANGE TO THE FOLLOWING: A \$40 FEE WILL
BE APPLIED TO ANY ORDER LESS THAN \$150

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	40.00
Misc. Charges	66.89
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	106.89
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4386958

Customer No.		Customer P.O. No.	
601256		01642	
Invoice Date	Due Date	Page	
7/27/2018	8/26/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3376580	7/26/2018	7/27/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	24001	FILTER, EXTERNAL DISPOSABLE POINT ONE	230.69	230.69
			Shipment No.	5037926		
			Commodity Code	CENTPLAN8		
			Lot/Serial:	S180592		
2	1	CS	24009	VACUUM TUBING, (7/8" X 6") LVT-102, N/S (24/CS)	188.05	188.05
			Shipment No.	5037926		
			Commodity Code	ELECTRICAL MEDIC		
			Lot/Serial:	C18205		
3			S&H	SHIPPING & HANDLING	18.14	18.14

Terms NET 30 DAYS**Currency**

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	418.74
Misc. Charges	18.14
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 436.88

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4389873

Customer No.		Customer P.O. No.	
601627		749-6779133	
Invoice Date	Due Date	Page	
8/1/2018	8/31/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3379531	8/1/2018	8/1/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	2008S	TRANSFER DEVICE-	154.58	309.16
			Shipment No.	5042397		
			Commodity Code	CENTPLAN6		
			Lot/Serial:	180227		
2			S&H	SHIPPING & HANDLING	0.00	0.00

Comments:

EFFECTIVE JULY 1, 2018 OUR TERMS AND
CONDITIONS REGARDING MINIMUM ORDER FEES
WILL CHANGE TO THE FOLLOWING: A \$40 FEE WILL
BE APPLIED TO ANY ORDER LESS THAN \$150

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	309.16
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	309.16
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4391480

Customer No.		Customer P.O. No.	
601256		01725	
Invoice Date	Due Date	Page	
8/3/2018	9/2/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3380526	8/2/2018	8/3/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5044499		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78068			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	550.00
Misc. Charges	30.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	580.00
-----------	--------

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4393369

Customer No.		Customer P.O. No.	
5853		00704	
Invoice Date	Due Date	Page	
8/7/2018	9/6/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3382200	8/6/2018	8/7/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	235.44
			Shipment No.	5047638		
			Commodity Code	CLEAN-OP		
		Lot/Serial:	J18184			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	235.44
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due	235.44
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PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4395047

Customer No.		Customer P.O. No.	
5853		00716	
Invoice Date	Due Date	Page	
8/9/2018	9/8/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3383941	8/8/2018	8/9/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	PC1296	GEN PURPOSE PROBE COVER, 4" X 24"	194.87	194.87
			Shipment No.	5050156		
			Commodity Code	PROBE DRAPES NO		
		Lot/Serial:	D181621			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms NET 30 DAYS

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	194.87
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 194.87

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4397615

Customer No.		Customer P.O. No.	
601256		01853	
Invoice Date	Due Date	Page	
8/14/2018	9/13/2018	1 of 1	

Bill To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship To:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3386539	8/13/2018	8/14/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP THERMABASIN DRAPE, 5/CS STERILE	275.00	550.00
			Shipment No.	5053354		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	78124			
2			HANDLING	HANDLING CHG	30.00	30.00
3			S&H	SHIPPING & HANDLING	18.14	18.14

Terms

NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	550.00
Misc. Charges	48.14
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 598.14

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.

4400164

Customer No.		Customer P.O. No.	
5853		00693	
Invoice Date	Due Date	Page	
8/17/2018	9/16/2018	1 of 1	

Bill To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE, MS 38606

Ship To:

TRI LAKES MEDICAL CENTER
303 MEDICAL CENTER DR
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3389078	8/17/2018	8/17/2018	92	GARY SHEARER	0501G73524 - Surg Nashville

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	120.00
			Shipment No.	5057395		
			Commodity Code	SRT REPACK		
		Lot/Serial:	HJ18204			
2	1	CS	BDC4040-2-CN	BAG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/S	69.84	69.84
			Shipment No.	5057395		
			Commodity Code	CENTPLAN6		
		Lot/Serial:	180402Z			
3			S&H	SHIPPING & HANDLING	0.00	0.00

Comments:

EFFECTIVE JULY 1, 2018 OUR TERMS AND
CONDITIONS REGARDING MINIMUM ORDER FEES
WILL CHANGE TO THE FOLLOWING: A \$40 FEE WILL
BE APPLIED TO ANY ORDER LESS THAN \$150

Terms NET 30 DAYS

Currency

USD

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Sale Amount	189.84
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00

Total Due 189.84

PHONE: 1-800-844-0988

FAX: 1-662-328-8892



INVOICE

Invoice No.
4403163

Customer No.		Customer P.O. No.	
601627		749-6789314	
Invoice Date	Due Date	Page	
8/22/2018	9/21/2018	1 of 1	

Bill To:

NORTHWEST MISSISSIPPI MEDICAL
P O BOX 1218
CLARKSDALE, MS 38614

Ship To:

NORTHWEST MISSISSIPPI MEDICAL
1970 HOSPITAL DRIVE
NORTHWEST MISSISSIPPI RMC
CLARKSDALE, MS 38614
UNITED STATES

Sales/RMA/Srvc	Order Date	Ship Date	Ship Via	Sales Rep	Sales Territory
3390441	8/20/2018	8/22/2018	92	CASEY LASOURCE	0501G73523 - Surg Shreveport

Line	Qty	UOM	Part/Misc. Charge	Description	Unit Price	Extended
1	4	CS	MF92053N	MOP HEAD, MICRO FIBER	120.00	480.00
			Shipment No.	5060710		
			Commodity Code	SRT REPACK		
		Lot/Serial:	HJ18193			
2			S&H	SHIPPING & HANDLING	0.00	0.00

Terms	NET 30 DAYS
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Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P P O BOX 911633
DALLAS, TX 75391-1633
UNITED STATES

Currency

USD

Sale Amount	480.00
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	480.00

PHONE: 1-800-844-0988

FAX: 1-662-328-8892

<input type="checkbox"/> Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.	
5. Brief description of claim (attach any additional information): Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: <u>Various</u> Shipment date of goods: <u>Various</u> Place of delivery of goods: <u>Various</u> Method of delivery of goods: <u>Freight carrier</u> Name of carrier of goods: <u>Fedex</u> Value of goods: <u>\$24,577.91</u> Whether the value of goods listed in this claim relates to services and goods: <u>goods</u> The percentage of value related to services and the percentage of value related to goods: <u>100% goods</u> Whether claimant has filed any other claim against debtor relating to goods underlying this claim: <u>no</u> <u>Attach supporting materials required by field 8 and instructions below.</u>	
6. Credits, setoffs, and counterclaims: All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:	7. Assignment: <input type="checkbox"/> Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.
8. Supporting documents: <u>Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.</u> <u>All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.</u> <u>Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.</u> <u>Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.</u>	
9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.	
10. Signature: Check the appropriate box. <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004). <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005). I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.	

Print name:

Title:

Company:

Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number:

Email:

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by **January 21, 2019**.

Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by **January 21, 2019**. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before **January 21, 2019**, to the following address:

Office of the Clerk of the United States Bankruptcy Court
for the Middle District of Tennessee
(Nashville Division)
Customs House Room 170
701 Broadway
Nashville, TN 37203

Items to be completed in proof of claim form.

Creditor's name and address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Debtor's name:

Check the box next to the debtor from whom the debt is owed.

Account or other number by which creditor identifies debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

2. Date debt was incurred:

State the date or dates on which the debt was incurred.

3. Date goods received by debtor:

State the date or dates on which the goods underlying the claim were received by the debtor.

4. Total amount of claim as of the date the debt was incurred:

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

5. Brief description of claim (attach any additional information):

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

6. Credits, setoffs, and counterclaims:

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. If claim is subject to setoff or counterclaim, check box and provide an explanation.

7. Assignment:

Check box and include copy of assignment if claimant obtained claim by way of assignment.

8. Supporting documents:

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

9. Date and signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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: 01/21/2019

Trustee:

Last Date to file (Govt):

Creditor: (6809545)
MICROTEK MEDICAL INC
PO BOX 2487
COLUMBUS MS 39704-
2487

Claim No: 150
Original Filed
Date: 12/21/2018
Original Entered
Date: 12/21/2018

Status:
Filed by: CR
Entered by: Intake3
Modified:

Amount claimed: \$24577.91

History:

[Details](#) [150-1](#) 12/21/2018 Claim #150 filed by MICROTEK MEDICAL INC, Amount claimed: \$24577.91
(Intake3)

Description: (150-1) Goods Sold

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*	\$24577.91
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		