Fill in this inf	ormation to identify the case:	n a st. of t one a state
Debtor 1 _	curae realin	
Debtor 2 (Spouse, if filing)		
United States B	ankruptcy Court for the: MINNL District of TN	
Case number	10.00000	

FILED

DEC 2 1 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.

ŀ	art 1: Identify the Cl	aim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this class)  Other names the creditor used with the debtor	YEK MEDICAL INC (KDIVIAIONOF)
2.	Has this claim been acquired from someone else?	No Yes. From whom?	(CONUT)
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 PORUM ABO  Number Street  Oliver Street  City State ZIP Code  Contact phone Contact email TAMMY. OFFICK O  COLOR COM  Uniform claim identifier for electronic payments in chapter 13 (if you to	Where should payments to the creditor be sent? (if different)  MICROYCK MICOLOGY, INC.  Name, Inc.  Number Street  TX 15391-1433  City State ZIP Code  Contact phone  Contact email
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Case 3:18-bk-05665 Claim 150-1

Filed 12/21/18 Proof of 75im

Desc Main Document

Page 1 of

F	art 2: Give Information	on About the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
	1410 00043	Leolague, Leollear - invidices attached
7.	How much is the claim?	UDIANGL, LOTUAT - INVIDICES OUTSUINED  \$ 94,617.91 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.
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.)
	*ia	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	<b>№</b> No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
1	1. Is this claim subject to a	Ď No
	right of setoff?	Yes. Identify the property:

Proof of Olaim

Case 3:18-bk-05665 Claim 150-1 Filed 12/21/18 Desc Main Document

Page 2 of

Official Form 410

12. Is all or part of the claim entitled to priority under	No  Yes. Check one:  Amount e	ntitled to priority
11 U.S.C. § 507(a)?  A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under	
nonpriority. For example, in some categories, the law limits the amount	☐ 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).	
entitled to priority.	<ul> <li>□ 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.</li> <li>11 U.S.C. § 507(a)(4).</li> </ul>	
	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.	
(4)	* 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	Check the appropriate box:	
this proof of claim must sign and date it.	☐ I am the creditor.	
FRBP 9011(b).	I am the creditor's attorney or authorized agent.	
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when c amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.	alculating the
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is t and correct.	rue
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.	
3571.	Executed on date 19 10 1000	
	Through a signature	
	Print the name of the person who is completing and signing this claim:	
	Name Tammy A OFFICK  First name Middle name Last name	
	Title admin. I nance aupervisor	
	Company  Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address GIA Lenmburg Rd	
	COLUMBUA M6 30702	
	Contact phone City State ZIP Code Tammy. Orriginal Email	(P
	ecolab. Con	N

Case 3:18-bk-05665 Claim 150-1 Filed 12/21/18 Desc Main Document Page 3 of Proof of Claim Proof of Claim page 3

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
4330968	749-6724962	5/2/2018	6/1/2018	1,426.32	0.00	0.00	1,426.32	200
4348151	749-6742420	5/30/2018	6/29/2018	706.32	0.00	0.00	706.32	172
4354739	749-6749132	6/8/2018	7/8/2018	309.16	0.00	0.00	309.16	163
4361400	749-6754370	6/19/2018	7/19/2018	1,186.32	0.00	0.00	1,186.32	152
4371453	749-6762784	7/3/2018	8/2/2018	154.58	0.00	0.00	154.58	138
4377505	749-6765574	7/13/2018	8/12/2018	706.32	0.00	0.00	706.32	128
4379373	749-6769938	7/17/2018	8/16/2018	1,426.32	0.00	0.00	1,426.32	124
4384012	749-6773090	7/24/2018	8/23/2018	154.58	0.00	0.00	154.58	117
4389873	749-6779133	8/1/2018	8/31/2018	309.16	0.00	0.00	309.16	109
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

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 Last Payment Date** 

1,005.24 10/30/2018

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

		Account	Status	Aller Andrews	AND STREET
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

Statement Date: 12/18/2018



Bill To: 5853

TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606 Please Remit To:

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

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

Days Overdue	Balance Due	Credit/ADJ Applied	Cash Applied	Inv/CM Amount	Due Date	Inv Date	Cust PO	Inv/CM
452	13.29	0.00	189.84	203.13	9/22/2017	8/23/2017	701-6498774	4173555
44	16.64	0.00	237.72	254.36	9/29/2017	8/30/2017	701-6506694	1 4178210
438	8.24	0.00	117.72	125.96	10/6/2017	9/6/2017	701-6515510	1 4181750
429	13.13	0.00	187.56	200.69	10/15/2017	9/15/2017	701-8521390	I 4186953
420	16.64	0.00	237.72	254.36	10/18/2017	9/18/2017	701-6527611	1 4188168
40	6.65	0.00	95.00	101.65	11/8/2017	10/9/2017	701-6549600	1 4202220
39	22.09	0.00	315.56	337.65	11/16/2017	10/17/2017	701-6556578	1 4207380
39	7.34	0.00	104.84	112.18	11/22/2017	10/23/2017	701-6563467	1 4211203
38	8.24	0.00	117.72	125.96	11/29/2017	10/30/2017	701-6570028	1 4216108
37	11.95	0.00	170.72	182.67	12/13/2017	11/13/2017	701-6584645	1 4225627
35	185.11	0.00	0.00	185.11	12/29/2017	11/29/2017	701-6596495	I 4235412
34	16.48	0.00	235.44	251.92	1/11/2018	12/12/2017	701-6611140	1 4244269
29	8.40	0.00	120.00	128.40	2/22/2018	1/23/2018	701-6647308	1 4268888
29	13.13	0.00	187.56	200.69	2/22/2018	1/23/2018	701-6647308	1 4268889
29	8.24	0.00	117.72	125.96	3/1/2018	1/30/2018	701-6653877	1 4273286
28	9.09	0.00	129.84	138.93	3/4/2018	2/2/2018	701-6659282	1 4276076
27	16.48	0.00	235.44	251.92	3/23/2018	2/21/2018	701-6672940	I 4287127
26	8.40	0.00	120.00	128.40	3/28/2018	2/26/2018	701-6676407	1 4290037
21	367.56	0.00	0.00	367.56	5/13/2018	4/13/2018	701-6712432	1 4318844
20	235.44	0.00	0.00	235.44	5/24/2018	4/24/2018	00059	I 4325617
20	104.84	0.00	0.00	104.84	5/30/2018	4/30/2018	00124	1 4329459
19	104.84	0.00	0.00	104.84	6/2/2018	5/3/2018	00168	I 4331817
17	120.00	0.00	0.00	120.00	6/28/2018	5/29/2018	00305	I 4347127
17	235.44	0.00	0.00	235.44	6/29/2018	5/30/2018	00314	1 4348150
14	120.00	0.00	0.00	120.00	7/28/2018	6/28/2018	00504	1 4368655
14	365.28	0.00	0.00	365.28	7/28/2018	6/28/2018	00513	1 4368656
13	194.87	0.00	0.00	194.87	8/10/2018	7/11/2018	00559	1 4375682
11	106.89	0.00	0.00	106.89	8/25/2018	7/26/2018	00648	1 4386084
10	235.44	0.00	0.00	235.44	9/6/2018	8/7/2018	00704	1 4393369
10	194.87	0.00	0.00	194.87	9/8/2018	8/9/2018	00716	1 4395047

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	2,237.8

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
4266101	754-6644124	1/18/2018	2/17/2018	1,191.20	0.00	0.00	1,191.20	304
1 4276939	754-6660203	2/5/2018	3/7/2018	894.68	0.00	0.00	894.68	286
1 4283723	754-6669667	2/15/2018	3/17/2018	1,160.00	0.00	0.00	1,160.00	276
1 4302064	754-6691730	3/16/2018	4/15/2018	1,160.00	0.00	0.00	1,160.00	247
I 4305471	08000	3/22/2018	4/21/2018	1,711.99	0.00	0.00	1,711.99	241
1 4318068	00444	4/12/2018	5/12/2018	580.00	0.00	0.00	580.00	220
1 4326564	00599	4/25/2018	5/25/2018	598.12	0.00	0.00	598.12	207
1 4333397	00704	5/7/2018	6/6/2018	520.77	0.00	0.00	520.77	195
1 4334323	00724	5/8/2018	6/7/2018	894.68	0.00	0.00	894.68	194
1 4347130	00940	5/29/2018	6/28/2018	894.71	0.00	0.00	894.71	173
1 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
1 4362357	01214	6/20/2018	7/20/2018	598.14	0.00	0.00	598.14	151
1 4364312	01262	6/22/2018	7/22/2018	460.33	0.00	0.00	460.33	149
1 4367542	01308	6/27/2018	7/27/2018	580.00	0.00	0.00	580.00	144
1 4368657	01321	6/28/2018	7/28/2018	460.33	0.00	0.00	460.33	143
1 4373076	01414	7/6/2018	8/5/2018	598.14	0.00	0.00	598.14	135
1 4380269	01547	7/18/2018	8/17/2018	598.14	0.00	0.00	598.14	123
1 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	14,097.5		



Invoice No. 3942534

Customer No.	Custome	r P.O.	No.	
1419	113	324		
Invoice Date	Due Date		Page	е
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/F	RMA/Srvc	Order	Date Ship Date	Ship Via	Sales Rep	Sales Territory	HAD I	
		9/9/20	THE PLANE STATE	92	WILLIAM ACTON	0501H10506 - Birmingham		
Line	Qtv	UOM	Part/Misc. Char	ge Description	数据《新三维》。 <del>张</del>	Unit Price	Extended	
1	1	CS	2008\$	TRANSFER DEV	/ICE-	154.58	154.58	
			Shipment No.	4397168				
			Commodity Cod	e CENTPLAN6				
	Lot/Serial	l:	151016					
	Additiona	I Tax:	COUNTY	County Sales Ta	x	3.09	3.09	
			CITY	City Sales Tax		4.64	4.64	
			STATE	State Sales Tax		6.18	6.18	
2			S&H	SHIPPING & HA	NDLING	0.00	0.00	

Remit To:

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

Currency USD

	Total Due	168.49
	Sales Tax	13.91
	Shipping/Handling	0.00
	Discounts	0.00
	Misc. Charges	0.00
	Sale Amount	154.58
_		

PHONE: 1-800-844-0988



Invoice No. 4173555

Customer No.	Custom	Customer P.O. No.				
5853	701-6	349877	4			
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	A 665 mg
318564	48	8/22/2	2017	8/23/2017	92	GARY SHEARER	0501R20205 - Memphis	
Line	Qty	UOM	Part	/Misc. Charg	e Description		Unit Price	Extended
1	1	CS	MF	92053N	MOP HEAD, MI	CRO FIBER	120.00	120.00
			Shi	pment No.	4727643			
			Cor	mmodity Code	SRT REPACK			
	Lot/Seria	d:	HJ1	17216				
	Additiona	al Tax:	STA	ATE	State Sales Tax		8.40	8.40
2	1	CS	BD	C4040-2-CN	BAG WITH DRA	AWCORD, CLEAR, 40" X 40", BULK	( N/S 69.84	69.84
			Shi	pment No.	4727643			
			Cor	mmodity Code	centplan6			
	Lot/Seria	d:	170	0612J				
	Additiona	al Tax:	STA	ATE	State Sales Tax		4.89	4.89
3			S&I	Н	SHIPPING & HA	ANDLING	0.00	0.00

Terms **NET 30 DAYS** MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

Currency USD

Sale Amount	189.84
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	13.29
Total Due	203.13



Invoice No. 4178210

Customer No.	Custome	Customer P.O. No.			
5853	701-6	5506694			
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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via		Sales Rep	Sales Territory	
318945	i4	8/29/2	2017	8/30/2017	92		GARY SHEARER	0501R20205 - Memphis	
Line	Qty	UOM	Part	/Misc. Charg	je -	Description	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unit Price	Extended
1	1	cs	MF	92053N		MOP HEAD, MICR	O FIBER	120.00	120.00
			Ship	pment No.		4734375			
			Cor	nmodity Cod	е	SRT REPACK			
	Lot/Serial	:	HJ1	17220					
	Additiona	l Tax:	STA	ATE		State Sales Tax		8.40	8.40
2	1	CS	CH	S-04D		INF CTL SYS FOR	COMMUNITY HEALTH SYSTEM	S 117.72	117.72
			Shi	pment No.		4734375			
			Cor	mmodity Cod	е	CLEAN-OP			
	Lot/Serial	l:	J17	237					
	Additiona	I Tax:	STA	ATE		State Sales Tax		8.24	8.24
3			S&I	Н		SHIPPING & HAN	DLING	0.00	0.00
Comn	nents:					662-712-2277 AMANDA			

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P PO 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
appear representation of the state of the st	

PHONE: 1-800-844-0988



Invoice No. 4181750

Customer No.	Custom	er P.O.	No.	
5853	701-6	551551	0	
Invoice Date	Due Date	22 機能	Page	е
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/R	MA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sales Territory	
319270	7	9/5/20	)17	9/6/2017	92	GARY SHEARER	0501R20205 - Mem	nphis
Line	Qty	UOM	Part	Misc. Charge	Description	· 人工 医 第二人 医	Unit Price	Extended
1	1	CS	CHS	6-04D	INF CTL SYS I	FOR COMMUNITY HEALTH SY SS OREHP	STEMS 117.72	117.72
			Ship	ment No.	4740029			
			Con	nmodity Code	CLEAN-OP			
	Lot/Seri	al:	J17	219				
	Addition	Additional Tax:		TE	State Sales Ta	XX	8.24	8.24
2			S&H	1	SHIPPING & F	HANDLING	0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P PO 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



Invoice No. 4186953

Customer No.	P.O. No.				
5853	701-85	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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via	<b>3</b>	Sales Rep	Sale	es Territory	
319565	3	9/11/2	2017	9/14/2017	92		GARY SHEARER	050	1R20205 - Memphis	
Line	Qty I	MOU	Part/	Misc. Charg	e [	Description			Unit Price	Extended
1	1	CS	BDC	4040-2-CN		BAG WITH DRAW	CORD, CLEAR, 40" X 4	10", BULK N/S	69.84	69.84
			Ship	ment No.		4747072				
			Com	modity Code		CENTPLAN6				
	Lot/Serial	:	1706	518Z						
	Additional	Tax:	STA	TE		State Sales Tax			4.89	4.89
2	1	CS	CHS	6-04D		INF CTL SYS FOR W/ENCOMPASS C	COMMUNITY HEALTH	H SYSTEMS	117.72	117.72
			Ship	ment No.		4747072				
			Com	nmodity Code	•	CLEAN-OP				
	Lot/Serial	:	J172	219						
	Additiona	l Tax:	STA	TE		State Sales Tax			8.24	8.24
3			S&H	1		SHIPPING & HAND	DLING		0.00	0.00
Comn	nents:					YOUR ORDER MA	AY BE DELAYED IN SI NE	HIPPING DUE		

Terms	NET 30 DAYS
Remit To:	
MICROT	EK MEDICAL, INC.
FILE 403	33P PO BOX 911633
DALLAS	s, TX 75391-1633
UNITED	STATES

Currency USD

Total Due	200.69
Sales Tax	13.13
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	187.56

PHONE: 1-800-844-0988



Invoice No. 4188168

Customer No.	Custome	er P.O. No.
5853	701-6	527611
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/R	MA/Srvc	Orde	Date	Ship Date	Ship Via	Sales Rep	Sales Territory	
319932	CONTRACTOR OF THE PARTY OF THE	9/18/2	2017	9/18/2017	92	GARY SHEARER	0501R20205 - Memphis	
Line	Qty	UOM	Part	/Misc. Charge	Description		Unit Price	Extended
1	1	CS	MF	92053N	MOP HEAD, MICR	O FIBER	120.00	120.00
			Shi	pment No.	4750302			
			Cor	nmodity Code	SRT REPACK			
	Lot/Seria	d:	HJ1	17236				
	Additiona	al Tax:	STA	ATE	State Sales Tax		8.40	8.40
2	1	CS	СН	S-04D	INF CTL SYS FOR W/ENCOMPASS O	COMMUNITY HEALTH SYSTEM DREHP	S 117.72	117.72
			Shi	pment No.	4750302			
			Cor	mmodity Code	CLEAN-OP			
	Lot/Seria	d:	J17	248				
	Additiona	al Tax:	ST	ATE	State Sales Tax		8.24	8.24
3			S&	Н	SHIPPING & HANI	DLING	0.00	0.00

Remit To:

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

Currency
USD

Total Due	254.36
Sales Tax	16.64
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	237.72

PHONE: 1-800-844-0988



Invoice No. 4202220

Customer No.	Custom	Customer P.O. No. 701-6549600			
5853	701-6				
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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sales Territory	114
321151	ECONOMIC STREET	10/9/2		10/9/2017	92	GARY SHEARER	0501R20205 - Memphis	
Line	Qtv	UOM	Part	Misc. Charge	Description		Unit Price	Extended
1	1	cs	BDO	C3838-2-BN	BAG W/DRAWO	ORD, BLUE, 100/CS	60.00	60.00
			Ship	oment No.	4770915			
			Con	nmodity Code	CENTPLAN6			
	Lot/Seria	l:	170	717Z				
	Additiona	I Tax:	STA	ATE	State Sales Tax		4.20	4.20
2			MIN	ORDER	MINIMUM ORDI	ER VALUE FEE	35.00	35.00
	Additiona	al Tax:	STA	ATE	State Sales Tax		2.45	2.45
3			S&I	Н	SHIPPING & HA	ANDLING	0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633

UNITED STATES

Currency
USD

Total Due	101.65
Sales Tax	6.65
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	35.00
Sale Amount	60.00



Invoice No. 4207380

Customer No.	Custome	Customer P.O. No. 701-6556578			
5853	701-6				
Invoice Date	Due Date		Pag	е	
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/F	RMA/Srvc Order	Date Ship Date Ship	Via Sales Rep	Sales Territory	F'//L
321579	7 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	State Sales Tax	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	State Sales Tax	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	State Sales Tax	6.16	6.10
4	1 CS	CHS-04D	INF CTL SYS FOR COMMUNITY HEALTH SYSTEMS W/ENCOMPASS OREHP	117.72	117.7
		Shipment No.	4778388		
		Commodity Code	CLEAN-OP		
	Lot/Serial:	J17277			
	Additional Tax:	STATE	State Sales Tax	8.24	8.2
5		S&H	SHIPPING & HANDLING	0.00	0.0

Remit To:

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

Currency USD

22.09
0.00
0.00
0.00
315.56

PHONE: 1-800-844-0988



Invoice No. 4211203

Customer No.	Custom	Customer P.O. No. 701-6563467			
5853	701-6				
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	A/Srvc O	rder Date	Ship Date	Ship Via	Sales Rep	Sales Territory	ا حازال
3219487	1	0/23/2017	10/23/2017	92	GARY SHEARER (	0501R20205 - Memphis	
Line	Qty UC	M Part	Misc. Charge	De	scription	Unit Price	Extended
1	1 C	S BDC	C4040-2-CN	В	AG WITH DRAWCORD, CLEAR, 40" X 40", BULK N/	S 69.84	69.84
		Ship	ment No.	4	784161		
		Con	nmodity Code	C	ENTPLAN6		
Lo	ot/Serial:	170	724Z				
Ad	dditional T	ax: STA	TE	S	tate Sales Tax	4.89	4.89
2		MIN	ORDER	N	IINIMUM ORDER VALUE FEE	35.00	35.00
A	dditional T	ax: STA	TE	S	tate Sales Tax	2.45	2.45
3		S&H	1	S	HIPPING & HANDLING	0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P PO 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



Invoice No. 4216108

Customer No.	Custome	Customer P.O. No.			
5853	701-6	57002	8		
Invoice Date	Due Date		Page	9	
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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via		Sales Rep	S	ales Territory	
322367	75	10/30/2017					GARY SHEARER	0	501R20205 - Memphis	
Line	Qty	UOM	Part	Misc. Charge	9	Description		AND	Unit Price	Extended
1 1		cs	CHS	S-04D		INF CTL SYS FO	OR COMMUNITY HEALTH S S OREHP	YSTEMS	117.72	117.72
			Ship	ment No.		4791279				
			Con	nmodity Code		CLEAN-OP				
	Lot/Seria	l:	J17	289						
	Additiona	I Tax:	STA	TE		State Sales Tax			8.24	8.24
2			S&F	1		SHIPPING & HA	ANDLING		0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO 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



Invoice No. 4225627

Customer No.	Custome	Customer P.O. No. 701-6584645			
5853	701-65				
Invoice Date	Due Date		Pag	е	
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/F	RMA/Srvc	Order	Date Ship Date	Ship Via	Sales Rep	Sales Territory	
323195	i9	11/13	/2017 11/13/2017	92	GARY SHEARER	0501R20205 - Memphis	
Line	Qty	UOM	Part/Misc. Charg	ge Description	MININE TO A LOCAL DE	Unit Price	Extended
1	1	CS	92000N	WIPE, MICROF	IBER	53.00	53.00
			Shipment No.	4805030			
			Commodity Cod	e SRT REPACK			
	Lot/Seria	I:	J17298				
	Additiona	al Tax:	STATE	State Sales Tax		3.71	3.71
2	1	CS	CHS-04D	INF CTL SYS FOW/ENCOMPAS	OR COMMUNITY HEALTH SYS S OREHP	STEMS 117.72	117.72
			Shipment No.	4805030			
			Commodity Cod	e CLEAN-OP			
	Lot/Seria	ıl:	J17300				
	Additiona	al Tax:	STATE	State Sales Tax		8.24	8.24
3			S&H	SHIPPING & HA	ANDLING	0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633

UNITED STATES

Currency USD

170.72	Sale Amount
0.00	Misc. Charges
0.00	Discounts
0.00	Shipping/Handling
11.95	Sales Tax
192 67	Total Duo

Total Due 182.67

PHONE: 1-800-844-0988



Invoice No. 4235412

Customer No.	Custome	Customer P.O. No. 701-6596495			
5853	701-6				
Invoice Date	Due Date		Page	Э	
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	
323925	58		/2017 11/28/201	7 92	GARY SHEARER	0501R20205 - Memphis	
Line	Qty	UOM	Part/Misc. Char	ge Description		Unit Price	Extended
1	1	cs	MF92053N	MOP HEAD,	MICRO FIBER	120.00	120.00
			Shipment No.	4818325			
			Commodity Cod	le SRT REPAC	K		
	Lot/Seria	I:	HJ17307				
	Additiona	al Tax:	STATE	State Sales	Тах	8.40	8.40
2	1	CS	92000N	WIPE, MICR	OFIBER	53.00	53.00
			Shipment No.	4818325			
			Commodity Co	de SRT REPAC	K		
	Lot/Seria	d:	J17311				
	Additiona	al Tax:	STATE	State Sales	Тах	3.71	3.71
3			S&H	SHIPPING 8	A HANDLING	0.00	0.00

Terms **NET 30 DAYS** Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

Total Due	185.11
Sales Tax	12.11
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	173.00

FAX: 1-662-328-8892

PHONE: 1-800-844-0988



Invoice No. 4244269

Customer No.	Custome	Customer P.O. No. 701-6611140			
5853	701-6				
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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via		Sales Rep		Sales Territory	
324802	20	12/11	/2017	12/12/2017	92		GARY SHEARER	C	0501R20205 - Memphis	
Line	Qty	UOM	Part/	Misc. Charge		escription			Unit Price	Extended
1	2	cs	0.735.55	6-04D oment No.	1	NF CTL SYS FC W/ENCOMPASS 4832087	R COMMUNITY HEALTH SY OREHP	STEMS	117.72	235.44
			Con	nmodity Code	a 89	CLEAN-OP				
	Lot/Serial	l:	J173	311						
	Additiona	I Tax:	STA	TE	;	State Sales Tax			16.48	16.48
2			S&H	1		SHIPPING & HA	NDLING		0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P PO 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



Invoice No. 4266101

Customer No.	Custome	er P.O. No.
601256	754-6	644124
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/F	RMA/Srvc	Order	Date	Ship Date	Ship Vi	a Page State	Sales Rep	Sa	les Territory	
326788	8	1/17/2	2018	1/18/2018	92		GARY SHEARER	05	01R20205 - Memphis	
Line	Qty	UOM	Part	Misc. Charg	е	Description	MIN WELL		Unit Price	Extended
1	4	cs	ITB	100		INTRATEMP TH	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	1,100.00
			Ship	ment No.		4863527				
			Con	nmodity Code	•	CENTPLAN6				
	Lot/Seria	l:	773	42						
2			IAH	NDLING		HANDLING CH	G		60.00	60.00
3			S&I	1		SHIPPING & HA	ANDLING		31.20	31.20

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4268888

Customer No.	Custom	er 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	7.1.73
327013	34	1/22/2	2018 1/22/2018	92	GARY SHEARER	0501R	20205 - Memphis	
Line	Qty	UOM	Part/Misc. Char	ge Description	No X N. M. Maria		Unit Price	Extended
1	1	CS	MF92053N	MOP HEAD, N	MICRO FIBER		120.00	120.00
			Shipment No.	4866994				
			Commodity Cod	de SRT REPACK				
	Lot/Seria	ıl:	HJ17360					
	Additiona	al Tax:	STATE	State Sales Ta	ax		8.40	8.40
2			S&H	SHIPPING & I	HANDLING		0.00	0.00

Terms **NET 30 DAYS** Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

Total Due	128.40
Sales Tax	8.40
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	120.00

FAX: 1-662-328-8892

Page 23 of

PHONE: 1-800-844-0988



Invoice No. 4268889

Customer No.	Custo	Customer P.O. No.			
5853	70	1-6647308			
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/R	MA/Srvc	Order	Date	Ship Date	Ship Via		Sales Rep	Sale	es Territory	
327013	4	1/22/2	2018	1/23/2018	92		GARY SHEARER	0501	1R20205 - Memphis	
Line	Qty	UOM	Part	/Misc. Charg	e .	Description	在一位 1873年版		Unit Price	Extended
1	1	CS	BDG	C4040-2-CN		BAG WITH DRAV	VCORD, CLEAR, 40" X 40"	, BULK N/S	69.84	69.84
			Ship	pment No.		4868580				
			Cor	nmodity Code	•	CENTPLAN6				
	Lot/Seria	al:	170	918Z						
	Additiona	al Tax:	STA	ATE		State Sales Tax			4.89	4.89
2	1	CS	CH	S-04D		INF CTL SYS FO W/ENCOMPASS	R COMMUNITY HEALTH S OREHP	SYSTEMS	117.72	117.72
			Shi	pment No.		4868580				
			Cor	mmodity Code	)	CLEAN-OP				
	Lot/Seria	al:	J18	8008						
	Addition	al Tax:	STA	ATE		State Sales Tax			8.24	8.24
3			S&	Н		SHIPPING & HAI	NDLING		0.00	0.00

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

Total Due	200.69
Sales Tax	13.13
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	187.56

PHONE: 1-800-844-0988



Invoice No. 4273286

Customer No.	Custom	er P.O. No.
5853	701-6	653877
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	
327403	38	1/29/2	2018 1/30/2018	92	GARY SHEARER	0501R20205 - Memphis	
Line	Qty	UOM	Part/Misc. Char	ge Description		Unit Price	Extended
1 1		cs	CHS-04D	INF CTL SYS W/ENCOMPA	FOR COMMUNITY HEALTH SY SS OREHP	STEMS 117.72	117.72
			Shipment No.	4874497			
			Commodity Cod	de CLEAN-OP			
	Lot/Seria	l:	J18012				
	Additiona	al Tax:	STATE	State Sales Ta	ax	8.24	8.24
2			S&H	SHIPPING &	HANDLING	0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

FILE 4033P PO BOX 9116 DALLAS, TX 75391-1633 UNITED STATES

PHONE: 1-800-844-0988

USD USD

Sale Amount	117.72
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	8.24
Total Due	125 96



Invoice No. 4276076

Customer No.	Custom	Customer P.O. No. 701-6659282				
5853	701-6					
Invoice Date	Due Date	8. 44	Page	Э		
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	340E(	Sales Rep	Sa	les Territory	4-365
327713	31	2/2/20	018	2/2/2018	92		GARY SHEARER	050	01R20205 - Memphis	
Line	Qty	UOM	Part	/Misc. Charg	e [	escription		7 4000	Unit Price	Extended
1	1	cs	BDO	C4040-2-CN		BAG WITH DRAWC	ORD, CLEAR, 40" X	40", BULK N/S	69.84	69.84
			Ship	pment No.		4879086				
			Cor	nmodity Code		CENTPLAN6				
	Lot/Seria	al:	171	009Z						
	Additiona	al Tax:	STA	ATE		State Sales Tax			4.89	4.89
2	1	CS	BD	C3838-2-BN		BAG W/DRAWCOR	D, BLUE, 100/CS		60.00	60.00
			Shi	pment No.		4879086				
			Cor	nmodity Code		CENTPLAN6				
	Lot/Seria	al:	171	016Z						
	Additiona	al Tax:	STA	ATE		State Sales Tax			4.20	4.20
3			S&I	Н		SHIPPING & HAND	LING		0.00	0.00

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

PHONE: 1-800-844-0988



Invoice No. 4276939

Customer No.	Custome	Customer P.O. No.				
601256	754-66	754-6660203				
Invoice Date	Due Date		Pag	е		
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/RI	MA/Srvc	Order	Date	Ship Date	Ship Via	TIE:	Sales Rep	Sale	es Territory	
3277684	1	2/5/20	018	2/5/2018	92		GARY SHEARER	050	1R20205 - Memphis	
Line	Qty	UOM	Part	Misc. Charg	8	Description			Unit Price	Extended
1	3	cs	ITB	100		INTRATEMP T	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	825.00
			Ship	ment No.		4879893				
			Con	nmodity Code	6	CENTPLAN6				
	Lot/Seria	i:	773	49						
2			1AH	NDLING		HANDLING CH	lG		45.00	45.00
3			S&F	1		SHIPPING & H	IANDLING		24.68	24.68

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633

UNITED STATES

Currency USD



Invoice No. 4283723

Customer No.	er P.O. No.	
601256	754-6	669667
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/R	MA/Srvc	Orde	Date	Ship Date	Ship Vi	a 44 110	Sales Rep	Sa	les Territory		
		2/15/	2/15/2018 2/15/2018		92		GARY SHEARER	05	0501G73524 - Surg Nashville		
Line	Qty	UOM	Part	Misc. Charg	e	Description	PERSONAL TERMINATION	de la companya de la	Unit Price	Extended	
1	4	CS	ITB	100		INTRATEMP T	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	1,100.00	
			Ship	oment No.		4890238					
			Con	nmodity Code	1	CENTPLAN6					
	Lot/Seria	d:	773	56							
2			HAN	NDLING		HANDLING CH	lG		60.00	60.00	
3			S&H	Н		SHIPPING & H	IANDLING		0.00	0.00	

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633

UNITED STATES

Currency USD

Total Due	1,160.00
 Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	60.00
Sale Amount	1,100.00



Invoice No. 4287127

Customer No.	Custom	Customer P.O. No.				
5853	701-6	701-6672940				
Invoice Date	Due Date	Page				
2/21/2018	3/23/2018	1 of '				

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/R	MA/Srv	; C	rder	Date	Ship Date	Ship Via	a Sales Rep		Sales Territory	
3286716		2	2/21/201		2/21/2018	92	GARY SHEARER	(	0501G73524 - Surg Nas	hville
Line	Qty	U(	OM	Part	Misc. Charg	е	<b>Description</b>		Unit Price	Extended
1		2 (	cs		S-04D		INF CTL SYS FOR COMMUNITY HEALTH W/ENCOMPASS OREHP	SYSTEMS	117.72	235.44
					oment No.		4894768 CLEAN-OP			
				Con	nmodity Code	in .	CLEAN-OP			
	Lot/Ser	ial:		J18	037					
	Addition	nal T	Гах:	STA	ATE		State Sales Tax		16.48	16.48
2				S&H	1		SHIPPING & HANDLING		0.00	0.00

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

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
TOTAL COUNTY OF CONTROL OF CONTRO	400000 DOCUMENT



Invoice No. 4290037

Customer No.	Custome	Customer P.O. No. 701-6676407				
5853	701-6					
Invoice Date	Due Date		Pag	е		
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	Orde	Date	Ship Date	Ship Via		Sales Rep	Sales Territory	
32891	103	2/26/	2018	2/26/2018	92		GARY SHEARER	0501G73524 - Surg Na	shville
Line	Qty	UOM	Part	/Misc. Charge	· med i	Description		Unit Price	Extended
1	1	cs	MF	92053N		MOP HEAD, I	MICRO FIBER	120.00	120.00
			Shi	pment No.		4898972			
			Cor	mmodity Code		SRT REPACK	(		
	Lot/Seria	al:	HJ	18031					
	Additiona	al Tax:	STA	ATE		State Sales T	ax	8.40	8.40
2			S&	Н		SHIPPING &	HANDLING	0.00	0.00
Com	ments:					RECEIVED, F MF92053N TO CUSTOMERS	D ENSURE THAT YOUR PROI PLEASE SEND ALL PO'S FOR D BERVICE@MICROTEKMED.C 1255 IN THE FUTURE	PRODUCT	

Remit To:

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

Currency
USD



Invoice No. 4302064

Customer No.	Custom	Customer P.O. No.				
601256	754-6	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/I	RMA/Srvc	Orde	Date	Ship Date	Ship Vi		Sales Rep	Sa	ales Territory		11/2
3300101		3/15/2018				COSSISSION STATE OF THE STATE O	GARY SHEARER	05	0501G73524 - Surg Nashville		
Line	Qty	UOM	Part	Misc. Charg	е	escription			Unit Price	15.25	Extended
1	4	CS	ITB	100		INTRATEMP T	HERMABASIN DRAPE, 5/CS S	TERILE	275.00		1,100.00
			Ship	oment No.		4916763					
			Con	nmodity Code		CENTPLAN6					
	Lot/Seria	I:	780	17							
2			1AH	NDLING		HANDLING CH	IG		60.00	17	60.00
3			S&F	1		SHIPPING & H	ANDLING		0.00		0.00

Remit To:

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

Currency
USD

	the state of the s
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



Invoice No. 4305471

Customer No.	Custom	Customer P.O. No. 00080				
601256	00					
Invoice Date	Due Date		Page	е		
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/R	MA/Srvc	Orde	r Date	Ship Date	Ship Via	Sales Rep	Sales Territory	
3302845	5	3/21/	2018	3/22/2018	20	GARY SHEARER	0501G73524 - Surg Na	shville
Line	Qty	UOM	Part	/Misc. Charg	e [	Description	Unit Price	Extended
1	1	cs	OR	S-400		SCOPE PILLOW WARMER DRAPE, 44" X 66"	495.00	495.00
			Shi	pment No.		4921191		
			Cor	nmodity Code	F0: 1.1	ORS DIFFICULT		
	Lot/Seria	al:	D18	30221				
2			HAI	NDLING		HANDLING CHG	60.00	60.00
3			FR	T CHG		FREIGHT CHARGES	10.79	10.79
4			HAI	NDLING		HANDLING CHG	15.00	15.00
5	4	CS	ITB	100		INTRATEMP THERMABASIN DRAPE, 5/CS STERIL	E 275.00	1,100.00
			Shi	pment No.		4921391		
			Cor	nmodity Code	1	CENTPLAN6		
	Lot/Seria	al:	780	26				
6			S&I	Н		SHIPPING & HANDLING	31.20	31.20

Remit To:

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

Currency
USD

Total Due	1,711.99
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	116.99
Sale Amount	1,595.00



Invoice No. 4318068

Customer No.	Custome	Customer P.O. No. 00444			
601256	00				
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/RM	A/Srvc	Order	Date Ship Date	Ship Via	Sales Rep	Sales Territory	
3315302		4/12/2	2018 4/12/2018	92	GARY SHEARER	0501G73524 - Surg Nashville	
Line	Qty	UOM	Part/Misc. Char	ge Des	ion	Unit Price Ext	ended
1	2	CS	ITB100	INT	EMP THERMABASIN DRAPE, 5/CS	STERILE 275.00	550.00
			Shipment No.	494			
			Commodity Co	de CE	AN6		
L	.ot/Seria	l:	78033				
2			HANDLING	HA	NG CHG	30.00	30.00
3			S&H	SH	NG & HANDLING	0.00	0.00

Remit To:

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

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4318844

Customer No.	Custom	701-6712432			
5853	701-6				
Invoice Date	Due Date	16	Pag	е	
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 O	rder Da	te Ship Date Ship	o Via	Sales Rep	Sales Territory	Carolina .
331599	200 K (200 K)	/13/2018	MANUFACTURE STATE OF THE STATE		GARY SHEARER	0501G73524 - Surg Nas	shville
Line	Qty UC	OM Pa	art/Misc. Charge	Description		Unit Price	Extended
1			NF92053N	MOP HEAD, MICR	O FIBER	120.00	120.00
		S	Shipment No.	4941986			
		C	Commodity Code	SRT REPACK			
	Lot/Serial:	H	J18074				
2	1 0	CS E	BDC4040-2-CN	BAG WITH DRAW	CORD, CLEAR, 40" X 40", BULK	N/S 69.84	69.84
		S	Shipment No.	4941986			
		C	Commodity Code	CENTPLAN6			
	Lot/Serial:	1	71212Z				
3	1 (	CS E	3DC3838-2-BN	BAG W/DRAWCO	RD, BLUE, 100/CS	60.00	60.00
		5	Shipment No.	4941986			
		C	Commodity Code	CENTPLAN6			
	Lot/Serial:	1	71211Z				
4	1 (	cs c	CHS-04D	INF CTL SYS FOR W/ENCOMPASS	R COMMUNITY HEALTH SYSTEM OREHP	MS 117.72	117.72
		5	Shipment No.	4941986			
		(	Commodity Code	CLEAN-OP			
	Lot/Serial:	J	118079				
5		5	S&H	SHIPPING & HAN	IDLING	0.00	0.00

Terms	NET 30 DAYS
Remit To:	
MICROTI	EK MEDICAL, INC.
FILE 403	3P PO BOX 911633
DALLAS,	TX 75391-1633
UNITED S	STATES

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4325617

Customer No.	Custom	Customer P.O. No.			
5853	0				
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/R	RMA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sales Territory	
332084	1000	4/23/2	2018	4/24/2018	92	GARY SHEARE	R 0501G73524 - Surg Nashv	ille
Line	Qty	UOM	Part	Misc. Charg	e W	Description	Unit Price	Extended
1	2	cs	CHS	S-04D	711	INF CTL SYS FOR COMMUNITY HEA W/ENCOMPASS OREHP	LTH SYSTEMS 117.72	235.44
			Ship	oment No.		4951048		
			Con	nmodity Code	•	CLEAN-OP		
	Lot/Seria	l:	J18	085				
2			S&F	1		SHIPPING & HANDLING	0.00	0.00

Terms **NET 30 DAYS** Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633 UNITED STATES

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4326564

Customer No.	Custom	Customer P.O. No.				
601256	0	00599				
Invoice Date	Due Date		Page	е		
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/RN	/A/Srvc	Orde	r Date	Ship Date	Ship Via		Sales Rep		Sales Territory	
3322142		4/25/	SE STORES	4/25/2018	92	20407 N. AJA W 170 E	GARY SHEARER	.0	0501G73524 - Surg Nas	hville
Line	Qtv	UOM	Part	Misc. Charg	e	Description	(#18 F. W. S. W. S		Unit Price	Extended
1	2		ITB			INTRATEMP TH 4952702	HERMABASIN DRAPE, 5/CS	STERILE	275.00	550.00
			Con	nmodity Code	)	CENTPLAN6				
	Lot/Seria	al:	780	47						
2			IAH	NDLING		HANDLING CH	G		30.00	30.00
3			S&H	+		SHIPPING & H	ANDLING		18.12	18.12

Remit To:

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

PHONE: 1-800-844-0988

USD

 Sale Amount
 550.00

 Misc. Charges
 48.12

 Discounts
 0.00

 Shipping/Handling
 0.00

 Sales Tax
 0.00

 Total Due
 598.12



Invoice No. 4329459

Customer No.	Custo	omer P	.0.	No.	
5853		00124			
Invoice Date	Due Date	246		Page	9
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/R	MA/Srvc	Order	Date Ship D	ate Ship \	/ia	Sales Rep	Sale	s Territory	
332491	4	4/30/2	2018 4/30/20	018 92		GARY SHEARER	0501	IG73524 - Surg Nas	shville
Line	Qty	UOM	Part/Misc. C	harge	Description			Unit Price	Extended
1	1	CS	BDC4040-2-	-CN	BAG WITH DE	RAWCORD, CLEAR, 40" X 40", I	BULK N/S	69.84	69.84
			Shipment No	0.	4956572				
			Commodity	Code	CENTPLAN6				
	Lot/Seria	l:	171219Z						
2			MIN ORDER	₹	MINIMUM OR	DER VALUE FEE		35.00	35.00
3			S&H		SHIPPING & I	HANDLING		0.00	0.00

Remit To:

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

PHONE: 1-800-844-0988

Currency

Total Due	104.84
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	35.00
Sale Amount	69.84



Invoice No. 4330968

Customer No.	Custom	Customer P.O. No. 749-6724962			
601627	749-6				
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/F	RMA/Srvc	Orde	r Date	Ship Date	Ship Via	Sales Rep	Sales Territory	
332616	64	5/2/2	018	5/2/2018	92	CASEY LASOURCE	0501G73523 - Surg	Shreveport
Line	Qty	UOM	Part	/Misc. Charg	e Description		Unit Price	Extended
1	6	cs	СН	S-04D	INF CTL SYS FO W/ENCOMPASS	R COMMUNITY HEALTH SYST OREHP	TEMS 117.72	706.32
			Shi	pment No.	4958683			
			Cor	mmodity Code	CLEAN-OP			
	Lot/Seria	al:	J18	3089				
2	6	CS	MF	92053N	MOP HEAD, MIC	RO FIBER	120.00	720.00
			Shi	pment No.	4958683			
			Co	mmodity Code	SRT REPACK			
	Lot/Seria	al:	HJ	18094				
3			S&	Н	SHIPPING & HAM	NDLING	0.00	0.00

Remit To:

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

Currency USD

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

PHONE: 1-800-844-0988 FAX: 1-662-328-8892



Invoice No. 4331817

Customer No.	Custome	Customer P.O. No.			
5853	00	0168			
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/R	MA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sale	s Territory	
332702	7	5/3/20	018	5/3/2018	92	GARY SHEARER	0501	IG73524 - Surg Nas	shville
Line	Qty	UOM	Part	Misc. Charge		escription	17.7	Unit Price	Extended
1	1	cs	BDC	C4040-2-CN		BAG WITH DRAWCORD, CLEAR, 40" X 40", BU	LK N/S	69.84	69.84
			Ship	oment No.		4960212			
			Con	nmodity Code		CENTPLAN6			
	Lot/Seria	ıl:	180	116Z					
2			MIN	ORDER		MINIMUM ORDER VALUE FEE		35.00	35.00
3			S&F	1		SHIPPING & HANDLING		0.00	0.00

Terms **NET 30 DAYS** Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 **DALLAS, TX 75391-1633** UNITED STATES

Currency USD

Total Due	104.84
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	35.00
Sale Amount	69.84



Invoice No. 4333397

Customer No.	Custom	Customer P.O. No.			
601256	00	0704			
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/R	MA/Srvc	Orde	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. Charg	e Description		Unit Price	Extended	
1	1	CS	ORS-400	SCOPE PILLO	W WARMER DRAPE, 44" X 66"	495.00	495.00	
			Shipment No.	4961775				
			Commodity Code	ORS DIFFICUL	_T			
	Lot/Seria	al:	D180371					
2			FRT CHG	FREIGHT CHA	RGES	10.77	10.77	
3			HANDLING	HANDLING CH	IG	15.00	15.00	

Remit To:

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

Currency
USD

Total Due	520.77
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	25.77
Sale Amount	495.00

PHONE: 1-800-844-0988



Invoice No. 4334323

Customer No.	Custom	er P.O. No.
601256	0	0724
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/RI	MA/Srvc	Order	Date	Ship Date	Ship V	ia Na Art	Sales Rep	Sa	les Territory	
3328828	3	5/7/20	018	5/8/2018	92	2008	GARY SHEARER	05	01G73524 - Surg Nas	hville
Line	Qty	UOM	Part	/Misc. Charg	е	Description			Unit Price	Extended
1	3	CS	ITB	100		INTRATEMP TI	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	825.00
			Ship	pment No.		4963264				
			Cor	nmodity Code	Э	CENTPLAN6				
	Lot/Seria	al:	780	40						
2			HAI	NDLING		HANDLING CH	G		45.00	45.00
3			S&I	Н		SHIPPING & H	ANDLING		24.68	24.68

Remit To:

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

Currency
USD

Total Due	894.68
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	69.68
Sale Amount	825.00

PHONE: 1-800-844-0988



Invoice No. 4347127

Customer No.	Custome	r P.O. No.
5853	00	305
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/RI	MA/Srvc	Orde	Date	Ship Date	Ship Via	Sales Rep	Sale	s Territory	
3340441	SS. TRUE PROVIDE	5/25/	2018	5/29/2018	92	GARY SHEARER	0501	G73524 - Surg Na	shville
Line	Qty	UOM	Part	/Misc. Charg	e Descriptio			Unit Price	Extended
1	1	CS	MF	92053N	MOP HEA	D, MICRO FIBER		120.00	120.00
			Ship	oment No.	4981593				
			Cor	nmodity Code	SRT REP	ACK			
	Lot/Seria	ıl:	HJ1	8117					
2			S&H	Н	SHIPPING	& HANDLING		0.00	0.00

Remit To:

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

USD

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

PHONE: 1-800-844-0988



Invoice No. 4347130

Customer No.	Custome	er P.O. No.
601256	00	940
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/R	MA/Srvc	Orde	Date Ship Date	Ship Via	Sales Rep	Sale	s Territory	
3340534		5/25/2		92	GARY SHEARER	0501	G73524 - Surg Nas	shville
Line	Qty	UOM	Part/Misc. Char	ge Description			Unit Price	Extended
1	3	cs	ITB100	INTRATEMP T	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	825.00
			Shipment No.	4982184				
			Commodity Cod	le CENTPLAN6				
	Lot/Seria	ıl:	78075					
2			HANDLING	HANDLING CH	G		45.00	45.00
3			S&H	SHIPPING & H	ANDLING		24.71	24.71

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P PO 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



Invoice No. 4348150

Customer No.	Custome	r P.O. No.
5853	00	314
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/Ri	MA/Srvc	Orde	Date Ship Date	Ship Via	Sales Rep	Sales Territory	
3341174		5/29/	2018 5/30/2018	92	GARY SHEARER	0501G73524 - Surg Nas	hville
Line	Qty	UOM	Part/Misc. Charg	ge Description		Unit Price	Extended
1	2	cs	CHS-04D	INF CTL SYS I W/ENCOMPAS	FOR COMMUNITY HEALTH SY SS OREHP	STEMS 117.72	235.44
			Shipment No.	4983899			
			Commodity Cod	e CLEAN-OP			
	Lot/Seria	d:	J18118				
2			S&H	SHIPPING & F	IANDLING	0.00	0.00

Remit To:

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

Currency USD

Discounts Shipping/Handling Sales Tax	0.00 0.00 0.00
Discounts	0.000,000,000
	0.00
inion offargoo	
Misc. Charges	0.00
Sale Amount	235.44

PHONE: 1-800-844-0988



Invoice No. 4348151

Custom	Customer P.O. No.				
749-6	3742420	)			
Due Date		Page	9		
6/29/2018	1	of	1		
	749-6 Due Date	749-6742420 Due Date	749-6742420 Due Date Page		

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/RI	MA/Srvc	Orde	Date Ship Date	Ship Vi	a la	Sales Rep	Sal	es Territory	T75 11.
3341684		5/30/	2018 5/30/2018	92		CASEY LASOURCE	050	1G73523 - Surg Shr	eveport
Line	Qty	UOM	Part/Misc. Cha	rge	Description		學療()。	Unit Price	Extended
1	6	cs	CHS-04D		INF CTL SYS FO	OR COMMUNITY HEALTH SY S OREHP	STEMS	117.72	706.32
			Shipment No.		4983734				
			Commodity Co	de	CLEAN-OP				
	Lot/Seria	ıl:	J18118						
2			S&H		SHIPPING & HA	ANDLING		0.00	0.00

Remit To:

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

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4353805

Customer	Customer P.O. No. 01063			
0106				
Due Date	- 4	Pag	9	
7/7/2018	1	of	1	
	Due Date	01063 Due Date	01063  Due Date Page	

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

MA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sales	Territory	
7	6/6/20	18	6/7/2018	92	GARY SHEARER	05010	373524 - Surg Nas	shville
Qty	UOM	Part	Misc. Charge	e Description			Unit Price	Extended
2	cs	ITB	100	INTRATEMP	THERMABASIN DRAPE, 5/CS S	TERILE	275.00	550.00
		Ship	oment No.	4991273				
		Con	nmodity Code	CENTPLAN6				
Lot/Seria	d:	780	82					
		IAH	NDLING	HANDLING CI	HG		30.00	30.00
		S&H	4	SHIPPING & F	HANDLING		18.16	18.16
į	7 Qty 2	7 6/6/20 Qty UOM	7 6/6/2018  Qty UOM Part/ 2 CS ITB- Ship Con Lot/Serial: 780 HAN	Qty UOM Part/Misc. Charge 2 CS ITB100 Shipment No. Commodity Code	Qty         UOM         Part/Misc. Charge         Description           2         CS         ITB100         INTRATEMP           Shipment No.         4991273           Commodity Code         CENTPLAN6           Lot/Serial:         78082           HANDLING         HANDLING CI	Qty         UOM         Part/Misc. Charge         Description           2         CS         ITB100         INTRATEMP THERMABASIN DRAPE, 5/CS S           Shipment No.         4991273           Commodity Code         CENTPLAN6           Lot/Serial:         78082           HANDLING         HANDLING CHG	7 6/6/2018 6/7/2018 92 GARY SHEARER 05010  Qty UOM Part/Misc. Charge Description  2 CS ITB100 INTRATEMP THERMABASIN DRAPE, 5/CS STERILE  Shipment No. 4991273  Commodity Code CENTPLAN6  Lot/Serial: 78082  HANDLING HANDLING CHG	Qty         UOM         Part/Misc. Charge         Description         Unit Price           2         CS         ITB100         INTRATEMP THERMABASIN DRAPE, 5/CS STERILE         275.00           Shipment No.         4991273           Commodity Code         CENTPLAN6           Lot/Serial:         78082           HANDLING         HANDLING CHG         30.00

Remit To:

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

PHONE: 1-800-844-0988

Currency
USD



Invoice No. 4354739

Customer No.	Custom	er 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/RI	/IA/Srvc	Order	Date	Ship Date	Ship Via	i i i i i i i i i i i i i i i i i i i	Sales Rep	Sales Territory	
3347921		6/8/20	018	6/8/2018	92		CASEY LASOURCE	0501G73523 - Surg Shr	eveport
Line	Qty	UOM	Part	Misc. Charg	е	Description	*1.7.数 多型推出2.75	Unit Price	Extended
1	2	cs	200	8S		TRANSFER DI	EVICE-	154.58	309.16
			Ship	oment No.		4992633			
			Con	nmodity Code	•	CENTPLAN6			
	Lot/Seria	l:	171	116					
2			S&F	1		SHIPPING & F	ANDLING	0.00	0.00

Remit To:

MICROTEK MEDICAL, INC.
FILE 4033P PO 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 No. 4361397

Customer No.	Custom	er P.O. No.
601256	0	1140
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/RI	MA/Srvc	Orde	Date Ship Date	Ship Via	Sales Rep	Sale	s Territory	
3353169		6/18/			GARY SHEARER	0501	IG73524 - Surg Nas	shville
Line	Qty	UOM	Part/Misc. Char	ge Description		AB	Unit Price	Extended
1	2	CS	ITB100	INTRATEMP 1	THERMABASIN DRAPE, 5/CS S	TERILE	275.00	550.00
			Shipment No.	5001415				
			Commodity Co	de CENTPLAN6				
	Lot/Seria	ıl:	78075					
2			HANDLING	HANDLING C	HG		30.00	30.00
3			S&H	SHIPPING &	HANDLING		18.16	18.16

Remit To:

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

PHONE: 1-800-844-0988

USD

Walti I	Total Due	598.16
t)	Sales Tax	0.00
Shi	pping/Handling	0.00
	Discounts	0.00
	Misc. Charges	48.16
	Sale Amount	550.00



Invoice No. 4361400

Customer No.	Custom	er P.O. No.		
601627	749-6	3754370		
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/F	RMA/Srvc	Order	Date Ship Date	Ship Via	7676	Sales Rep	Sales Territory	
335332		6/18/2	3-25 PROSCORD, ENG. 9 10 HOUSE	92	A 5 THE R S 1785	CASEY LASOURCE	0501G73523 - Surg Sh	reveport
Line	Qty	UOM	Part/Misc. Charg	e	Description		Unit Price	Extended
1	6	cs	CHS-04D		INF CTL SYS F W/ENCOMPAS 5001998	FOR COMMUNITY HEALTH SYSTEMS SS OREHP	S 117.72	706.32
			Shipment No.					
			Commodity Code	9	CLEAN-OP			
	Lot/Seria	l:	J18030					
			J18096					
			J18141					
2	4	CS	MF92053N		MOP HEAD, M	IICRO FIBER	120.00	480.00
			Shipment No.		5001998			
			Commodity Code	Э	SRT REPACK			
	Lot/Seria	1:	HJ18129					
			HJ18136A					
3			S&H		SHIPPING & F	IANDLING	0.00	0.00
Comn	ments:				CONDITIONS WILL CHANGE	ULY 1, 2018 OUR TERMS AND REGARDING MINIMUM ORDER FEE E TO THE FOLLOWING: A \$40 FEE V FO ANY ORDER LESS THAN \$150		

Terms	NET 30 DAYS
Remit To:	
MICROT	EK MEDICAL, INC.
	3P PO BOX 911633
DALLAS	, TX 75391-1633
UNITED	후 : 즐겁게 있다. 나는 사람들은 사람들이 되는 그는 사람들은 사람들이 보다.

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



Invoice No. 4362357

Customer No. Custo		er P.O. No.			
601256	01	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/RI	MA/Srvc	Orde	r Date Ship Date	Ship Via	Sales Rep	Sales	Territory	
3354498		6/19/	2018 6/20/2018	92	GARY SHEARER	0501	G73524 - Surg Nas	shville
Line	Qty	UOM	Part/Misc. Charg	ge Description	表25%。25是"在155A.		Unit Price	Extended
1	2	cs	ITB100	INTRATEMP T	HERMABASIN DRAPE, 5/CS ST	ERILE	275.00	550.00
			Shipment No.	5003379				
			Commodity Code	e CENTPLAN6				
	Lot/Seria	al:	78082		~			
2			HANDLING	HANDLING CH	HG		30.00	30.00
3			S&H	SHIPPING & F	HANDLING		18.14	18.14

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

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

PHONE: 1-800-844-0988



Invoice No. 4364312

Customer No.	Custome	er P.O.	No.			
601256	01	01262				
Invoice Date	Due Date	34	Pag	е		
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 I	Date Ship Date	Ship Via	Sales Rep	Sales Territory	
3356902	6/22/20		DESCRIPTION OF THE PROPERTY AND THE	GARY SHEARER	R 0501G73524 - Surg Nashville	
Line Qty	UOM :	Part/Misc. Char	ge Descript	ition	Unit Price	Extended
1 1	cs	3787	PROBE	DRAPE ,5" X 96"	460.33	460.33
		Shipment No.	500646	1		
		Commodity Cod	le PROBE	DRAPES TIP		
Lot/Seria	l:	D181141				
2		S&H	SHIPPII	NG & HANDLING	0.00	0.00
Comments:			PLEASI	E NOTE PRICE CORRECTION ON 378	37	

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4367542

Customer No.	Custom	er P.O. No.
601256	0.	1308
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/R	MA/Srvc	Order	Date	Ship Date	Ship Via	a TJES	Sales Rep	Sa	les Territory	(10)
335895	2	6/26/2	2018	6/27/2018	92	35 110 100 100 100 100 100 100 100 100 10	GARY SHEARER	05	01G73524 - Surg Nas	shville
Line	Qty	UOM	Part	Misc. Charg	e d	Description			Unit Price	Extended
1	2	No.	ITB	100		INTRATEMP TI	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	550.00
			Ship	oment No.		5009867				
			Con	nmodity Code		CENTPLAN6				
	Lot/Seria	d:	780	82						
2			1AH	NDLING		HANDLING CH	G		30.00	30.00
3			S&H	4		SHIPPING & H	ANDLING		0.00	0.00

NET 30 DAYS Terms MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

Currency USD



Invoice No. 4368655

Customer No.	Custom	er P.O. No.
5853	00	0504
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/F	RMA/Srvc	Orde	Date	Ship Date	Ship Vi	a live	Sales Rep	Sale	s Territory	
335975	2660111772236	6/27/	CHICAGO SERVICE	6/28/2018	92	200 AUC 300 DE 2000	GARY SHEARER	0501	G73524 - Surg Na	shville
Line	Qtv	UOM	Part	Misc. Charg	e alle and	Description	S. D. P. W. P. T.		Unit Price	Extended
1	1	CS	MF	92053N		MOP HEAD, M	ICRO FIBER		120.00	120.00
			Shi	pment No.		5011235				
			Cor	nmodity Code		SRT REPACK				
	Lot/Seria	ıl:	HJ1	8138A						
2			S&I	Н		SHIPPING & H	ANDLING		0.00	0.00
Comn	nents:					CONDITIONS I	JLY 1, 2018 OUR TERMS AND REGARDING MINIMUM ORDER E TO THE FOLLOWING: A \$40 F TO ANY ORDER LESS THAN \$1:	EE WILL		

NET 30 DAYS Terms Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

Currency USD

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



Invoice No. 4368656

Customer No.	Custome	r P.O.	No.		
5853	00	513			
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/Ri	MA/Srvc	Orde	r Date	Ship Date	Ship Via		Sales Rep	Sal	es Territory	BA A FI
3360489	)	6/28/	2018	6/28/2018	92		GARY SHEARER	050	1G73524 - Surg Nas	shville
Line	Qty	UOM	Part	/Misc. Charg	<b>0</b>	Description	\$1.00 · 大曹州。于宋	7.W.	Unit Price	Extended
1	2	cs	CH	S-04D		INF CTL SYS F W/ENCOMPAS	OR COMMUNITY HEALTH SY S OREHP	STEMS	117.72	235.44
			Ship	pment No.		5012340				
			Con	nmodity Code	V.	CLEAN-OP				
	Lot/Seria	l:	J18	145						
2	1	CS	BD	C4040-2-CN		BAG WITH DR	AWCORD, CLEAR, 40" X 40",	BULK N/S	69.84	69.84
			Ship	pment No.		5012340				
			Cor	nmodity Code	•	CENTPLAN6				
	Lot/Seria	l:	180	312Z						
3	1	CS	BD	C3838-2-BN		BAG W/DRAW	CORD, BLUE, 100/CS		60.00	60.00
			Shi	pment No.		5012340		(6)		
			Cor	mmodity Code	)	CENTPLAN6				
	Lot/Seria	ıl:	180	)129Z						
4			S&I	Н		SHIPPING & H	ANDLING		0.00	0.00

Remit To:

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

Currency
USD

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

PHONE: 1-800-844-0988



Invoice No. 4368657

Customer No.	Custome	er P.O. No.
601256	01	1321
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/RN	MA/Srvc	Order	Date	Ship Date	Ship Via	a hall	Sales Rep	Sales Territory	
3359812		6/27/2	2018	6/28/2018	92	P 世間ina BRIDA	GARY SHEARER	0501G73524 - Surg Nas	hville
Line	Qty	UOM	Part	Misc. Charg	е	Description	THE PERSON NAMED IN	Unit Price	Extended
1	1	CS	378	7		PROBE DRAPE	,5" X 96"	460.33	460.33
			Ship	oment No.		5011191			
			Cor	nmodity Code	•	PROBE DRAPES	STIP		
	Lot/Seria	ıl:	D18	31231					
2			S&I	4		SHIPPING & HA	NDLING	0.00	0.00

Remit To:

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

PHONE: 1-800-844-0988

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



Invoice No. 4371453

Customer No.	Custom	er P.O	No.	
601627	749-	676278	4	
Invoice Date	Due Date	Y HIT I	Pag	е
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/R	MA/Srvc	Order	Date	Ship Date	Ship Vi	a l	Sales Rep	Sales Territory		
3362323	3	7/2/20		7/3/2018	92		CASEY LASOURCE	0501G73523 - Surg Shreveport		
Line	Qty	UOM	Part	Misc. Charg	е	Description		Unit Price	Extended	
1	1	CS	200	8S		TRANSFER D	EVICE-	154.58	154.58	
			Ship	ment No.		5015490				
			Con	nmodity Code	9	CENTPLAN6				
	Lot/Seria	1:	180	223						
2			S&F	1		SHIPPING & I	HANDLING	0.00	0.00	

Remit To:

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

PHONE: 1-800-844-0988

Currency
USD



Invoice No. 4373076

Customer No.	Custome	r P.O. No.
601256	014	414
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/RI	MA/Srvc	Orde	Date	Ship Date	Ship Via		Sales Rep	S	ales Territory	
3364150		7/5/2	018	7/6/2018	92		GARY SHEARER	0501G73524 - Surg Nashville		
Line	Qty	UOM	Part	/Misc. Charg	e l	Description		1 17	Unit Price	Extended
1	2	cs	ITB	100		INTRATEMP TH	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	550.00
			Ship	oment No.		5018375				
			Con	nmodity Code	)	CENTPLAN6				
	Lot/Seria	al:	780	75						
2			HAI	NDLING		HANDLING CH	G		30.00	30.00
3			S&I	1		SHIPPING & H	ANDLING		18.14	18.14

Terms NET 30 DAYS Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

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
RESERVE FOR SEASON DESCRIPTION OF STREET STREET, STREE	



Invoice No. 4375682

Customer No.	Custom	er P.O. No.			
5853	00	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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sales Territory	774
336638	The second second	7/10/2		7/11/2018	92	GARY SHEARER	0501G73524 - Surg Nas	shville
Line	Qtv	UOM	Part	Misc. Charg	e	escription	Unit Price	Extended
1	1	cs	PC1	1296		EN PURPOSE PROBE COVER, 4" X 24"	194.87	194.87
			Ship	oment No.		022047		
			Con	nmodity Code	)	ROBE DRAPES NO		
	Lot/Seria	ıl:	D18	80171				
2			S&H	-		HIPPING & HANDLING	0.00	0.00

Remit To:

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

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



Invoice No. 4379373

Customer No.	Custome	r P.O.	No.		
601627	749-67	749-6769938			
Invoice Date	Due Date		Page	Э	
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/F	RMA/Srvc	Orde	Date S	hip Date	Ship Via	2000 15	Sales Rep	Sales	Territory	
336952	4	7/16/	2018 7	/16/2018	92		CASEY LASOURCE	0501	G73523 - Surg Sh	reveport
Line	Qty	UOM	Part/Mi	isc. Charg	е	Description		1.	Unit Price	Extended
1	6		CHS-0	)4D		INF CTL SYS FC W/ENCOMPASS	R COMMUNITY HEALTH SYSTOREHP	TEMS	117.72	706.32
			Shipm	ent No.		5026796				
			Comm	nodity Code	ı	CLEAN-OP				
	Lot/Seria	1:	J1816	9						
2	6	CS	MF920	053N		MOP HEAD, MIC	RO FIBER		120.00	720.00
			Shipm	ent No.		5026796				
			Comm	nodity Code	)	SRT REPACK				
	Lot/Seria	l:	HJ181	50						
3			S&H			SHIPPING & HA	NDLING		0.00	0.00

Terms	NET 30 DAYS
Remit To:	
MICROTE	EK MEDICAL, INC.
	3P PO BOX 911633
DALLAS,	TX 75391-1633
UNITED	

USD

The state of the s	1.426.32
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	1,426.32

PHONE: 1-800-844-0988



Invoice No. 4380269

Customer No.	Custome	er P.O. No.			
601256	01	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/F	RMA/Srvc	Order	Date S	Ship Date	Ship Via	F 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sales Rep	Sa	les Territory	
337061		7/17/2		7/18/2018	92	22 155 15 15 15 15 15 15 15 15 15 15 15 15	GARY SHEARER	05	01G73524 - Surg Nas	shville
Line	Qty	UOM	Part/M	isc. Charg	е	Description	rt de said de	- TE-F	Unit Price	Extended
1	2	CS	ITB10	0		INTRATEMP TH	HERMABASIN DRAPE, 5/CS	STERILE	275.00	550.00
			Shipm	nent No.		5028680				
			Comm	nodity Code		CENTPLAN6				
	Lot/Seria	d:	78089	)						
2			HAND	LING		HANDLING CH	G		30.00	30.00
3			S&H			SHIPPING & HA	ANDLING		18.14	18.14

Terms	NET 30 DAYS
Remit To:	
MICROT	EK MEDICAL, INC.
FILE 403	3P PO BOX 911633
DALLAS	, TX 75391-1633
UNITED	STATES

USD

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

PHONE: 1-800-844-0988



Invoice No. 4384012

Customer No.	Custom	er P.O. No.		
601627	749-6	749-6773090 Due Date Page		
Invoice Date	Due Date			
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	Orde	Date Ship Date Ship	o Via	Sales Rep	Sales Territory	
3373354		7/23/	2018 - 7/23/2018 92		0501G73523 - Surg Shr	eveport	
Line	Qty	UOM	Part/Misc. Charge	Description	THE REAL PROPERTY.	Unit Price	Extended
1	1	cs	2008S	TRANSFER DEV	ICE-	154.58	154.58
			Shipment No.	5033245			
			Commodity Code	CENTPLAN6			
	Lot/Seria	ıl:	180226				
2			S&H	SHIPPING & HAI	NDLING	0.00	0.00
Com	ments:			CONDITIONS RE WILL CHANGE T	Y 1, 2018 OUR TERMS AND EGARDING MINIMUM ORDER FI O THE FOLLOWING: A \$40 FEE ANY ORDER LESS THAN \$150	E WILL	

Remit To:

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

PHONE: 1-800-844-0988

**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



Invoice No. 4386084

Customer No.	Custo	Customer P.O. No.			
5853		00648			
Invoice Date	Due Date		Pag	е	
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	17. 9. 3
3376418		7/26/2	018	7/26/2018	1	GARY SHEARER C	0501G73524 - Surg Nash	rville
Line	Qty	UOM	Part	/Misc. Charg	e l	Description	Unit Price	Extended
1	1	CS	B24	23-1P3-RPN		RED KICKBUCKET BAG, PRINTED BIOHAZARD, 250/CS, BULK N/S	40.00	40.00
			Ship	oment No.		5037334		
			Cor	nmodity Code		CENTPLAN6		
	Lot/Seria	l:	180	205J				
2			MIN	ORDER		MINIMUM ORDER VALUE FEE	40.00	40.00
3			S&I	Н		SHIPPING & HANDLING	26.89	26.89
Com	ments:					EFFECTIVE JULY 1, 2018 OUR TERMS AND CONDITIONS REGARDING MINIMUM ORDER FEES WILL CHANGE TO THE FOLLOWING: A \$40 FEE WII BE APPLIED TO ANY ORDER LESS THAN \$150	e. LL:	

Terms **NET 30 DAYS** MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

Total Due	106.89
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	66.89
Sale Amount	40.00

FAX: 1-662-328-8892

PHONE: 1-800-844-0988



Invoice No. 4386958

Customer No.	Custom	Customer P.O. No.			
601256	0.	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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via		Sales Rep	Sales Territory	
3376580		7/26/2	2018	7/27/2018	92	8 - 26 - 200 C   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	GARY SHEARER	0501G73524 - Surg Na	shville
Line	Qty	UOM	Part	Misc. Charg	e al	Description	可是"无法"。	Unit Price	Extended
1	1	CS	240	01		FILTER, EXTERN	IAL DISPOSABLE POINT ONE	230.69	230.69
			Ship	oment No.		5037926			
			Con	nmodity Code	Ē	CENTPLAN8			
	Lot/Seria	l:	S18	80592					
2	1	CS	240	09		VACUUM TUBING	G, (7/8" X 6') LVT-102, N/S (24/CS	188.05	188.05
			Shi	pment No.		5037926			
			Cor	nmodity Code	•	ELECTRICAL ME	EDIC		
	Lot/Seria	ıl:	C18	3205					
3			S&I	H		SHIPPING & HAN	NDLING	18.14	18.14

Remit To:

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

Currency
USD

Total Due	436.88
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	18.14
Sale Amount	418.74

PHONE: 1-800-844-0988



Invoice No. 4389873

Customer No.	Custom	Customer P.O. No.				
601627	749-6	749-6779133				
Invoice Date	Due Date		Page	е		
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/RM	MA/Srvc Order	Date Ship Date S	hip Via	Sales Rep	Sales Territory	
3379531	8/1/20	delina della	2	CASEY LASOURCE	0501G73523 - Surg Shr	eveport
Line	Qty UOM	Part/Misc. Charge	Description	和蒙古(教)。· · · · · · · · · · · · · · · · · · ·	Unit Price	Extended
1	2 CS	2008S	TRANSFER DE	EVICE-	154.58	309.16
		Shipment No.	5042397			
		Commodity Code	CENTPLAN6			
	Lot/Serial:	180227				
2		S&H	SHIPPING & H	ANDLING	0.00	0.00
Comme	ents:		CONDITIONS F WILL CHANGE	JLY 1, 2018 OUR TERMS AND REGARDING MINIMUM ORDER : TO THE FOLLOWING: A \$40 FI O ANY ORDER LESS THAN \$15	EE WILL	

Terms **NET 30 DAYS** MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Currency USD

Total Due	309.16
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	309.16
	100100000000000000000000000000000000000

PHONE: 1-800-844-0988



Invoice No. 4391480

Customer No.	Custom	Customer P.O. No. 01725			
601256	0.				
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

MA/Srvc	Orde	Date	Ship Date	Ship Via	Sales Rep	Sale	es Territory	7 ja - 1
3380526		CONTRACTOR OF THE PROPERTY OF		92	GARY SHEARER	0501G73524 - Surg Nashville		
Qty	UOM	Part	/Misc. Charge	Description			Unit Price	Extended
		ITB	100	INTRATE	MP THERMABASIN DRAPE, 5/CS	STERILE	275.00	550.00
		Shi	pment No.	5044499				
		Cor	nmodity Code	CENTPLA	N6			
Lot/Seria	al:	780	68					
		HAI	NDLING	HANDLING	G CHG		30.00	30.00
		S&I	Н	SHIPPING	& HANDLING		0.00	0.00
į	Qty	Qty UOM	Qty UOM Part 2 CS ITB Ship Cor Lot/Serial: 780	Qty UOM Part/Misc. Charge 2 CS ITB100 Shipment No. Commodity Code	Qty         UOM         Part/Misc. Charge         Description           2         CS         ITB100         INTRATEM           Shipment No.         5044499           Commodity Code         CENTPLA           Lot/Serial:         78068         HANDLING         HANDLING	State	Solution   State   Strip Plate   Strip Pla	State

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633

UNITED STATES

Currency
USD

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

PHONE: 1-800-844-0988



Invoice No. 4393369

Customer No.	Custome	Customer P.O. No.				
5853	00	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	Orde	Date	Ship Date	Ship Via	Sales Rep	Sales	Territory	
3382200		8/6/2	6/2018 8/7/2018		92	GARY SHEARER	0501G	0501G73524 - Surg Nashville		
Line		Qty	UOM	Part	Misc. Charge	e Description	ar un dans		Unit Price	Extended
1		2	cs	CH	6-04D	INF CTL SYS W/ENCOMPA	FOR COMMUNITY HEALTH SY SS OREHP	STEMS	117.72	235.44
				Ship	oment No.	5047638			*	
				Con	nmodity Code	CLEAN-OP				
	Lot	/Seria	ıl:	J18	184 ·					
2				S&H	4	SHIPPING & I	HANDLING		0.00	0.00

Terms **NET 30 DAYS** Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

Case 3:18-bk-05665

Currency USD

Filed 12/21/18 Desc Main Document

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

FAX: 1-662-328-8892

Claim 150-1



Invoice No. 4395047

Customer No.	Custom	er P.O. No.			
5853	00	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/F	RMA/Srvc	Order	Date	Ship Date	Ship Via	Sales Rep	Sales Territory	The A		
338394	1	0.00 (				8/9/2018	92	GARY SHEARER	0501G73524 - Surg Nas	shville
Line	Qty	UOM	Part/	Misc. Charg	e De	ription	Unit Price	Extended		
1	1	cs	PC1	296	G	I PURPOSE PROBE COVER, 4" X 24"	194.87	194.87		
			Ship	ment No.	5	0156				
			Con	nmodity Code	P	BE DRAPES NO				
	Lot/Seria	l:	D18	1621						
2			S&F	ł	S	PPING & HANDLING	0.00	0.00		

Remit To:

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

PHONE: 1-800-844-0988

USD

Total Due	194 87
Sales Tax	0.00
Shipping/Handling	0.00
Discounts	0.00
Misc. Charges	0.00
Sale Amount	194.87



Invoice No. 4397615

Customer No.	Custom	Customer P.O. No.				
601256	0.	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/R	MA/Srvc	Orde	Date	Ship Date	Ship Vi	a la	Sales Rep	Sa	les Territory		
338653	3386539		SERVICE STANDARD CONTRACTOR		CHR - COMPANY SALE		GARY SHEARER	050	0501G73524 - Surg Nashville		
Line	Qty	UOM	Part	Misc. Charg	9	Description		The Control	Unit Price	Extended	
1	2	CS	ITB	100		INTRATEMP T	HERMABASIN DRAPE, 5/CS S	TERILE	275.00	550.00	
			Ship	ment No.		5053354					
			Con	nmodity Code		CENTPLAN6					
	Lot/Seria	d:	781	24							
2			HAN	NDLING		HANDLING CH	lG		30.00	30.00	
3			S&H	4		SHIPPING & F	HANDLING		18.14	18.14	

Remit To:

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

Currency USD

a managed Million and a second
es Tax 0.00
ndling 0.00
ounts 0.00
arges 48.14
nount 550.00

PHONE: 1-800-844-0988



Invoice No. 4400164

Customer No.	Custome	Customer P.O. No.				
5853	00	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	Orde	Date	Ship Date	Ship Via		Sales Rep	Sale	es Territory	
3389078		ENROLL CONTROL OF ST. SECURIO		7. PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSONAL PROPERTY A			GARY SHEARER	050	501G73524 - Surg Nashville	
Line	Qty	UOM	Part	Misc. Charg	e l	Description	<b>建设设置</b> 各级数据。	The His	Unit Price	Extended
1	1	cs	MF	92053N		MOP HEAD, MIC	RO FIBER		120.00	120.00
			Ship	oment No.		5057395				
			Con	nmodity Code	6	SRT REPACK				
	Lot/Seria	al:	HJ1	8204						
2	1	CS	BDO	C4040-2-CN		BAG WITH DRAN	WCORD, CLEAR, 40" X 40",	BULK N/S	69.84	69.84
			Ship	oment No.		5057395				
			Con	nmodity Code	1	CENTPLAN6				
	Lot/Seria	al:	180	402Z						
3			S&H	Н		SHIPPING & HA	NDLING		0.00	0.00
Com	ments:					CONDITIONS REWILL CHANGE 1	Y 1, 2018 OUR TERMS AND EGARDING MINIMUM ORDE TO THE FOLLOWING: A \$40 ANY ORDER LESS THAN S	ER FEES FEE WILL		

Remit To:

MICROTEK MEDICAL, INC.

FILE 4033P PO BOX 911633

DALLAS, TX 75391-1633

UNITED STATES

PHONE: 1-800-844-0988

Currency USD

Sale Amount	189.84
Misc. Charges	0.00
Discounts	0.00
Shipping/Handling	0.00
Sales Tax	0.00
Total Due	189.84
Control of the Contro	



Invoice No. 4403163

Custom	Customer P.O. No. 749-6789314			
749-6				
Due Date	Page			
9/21/2018	1 of 1			
	749-6 Due Date			

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 3390441		8/20/2018		Order Date Ship Date Ship Via		a 🗐 🐼 🖟 🧸	Sales Rep CASEY LASOURCE	Sales	Sales Territory 0501G73523 - Surg Shreveport		
				018 8/22/2018 92		0501					
Line	Qty	UOM	Part	Misc. Charg	e	Description			Unit Price	Extended	
1	4	cs	MF	92053N		MOP HEAD, MIC	CRO FIBER		120.00	480.00	
			Ship	oment No.		5060710					
			Con	nmodity Code	•	SRT REPACK					
	Lot/Seria	I:	HJ1	8193							
2			S&H	Н		SHIPPING & HA	NDLING		0.00	0.00	

Terms **NET 30 DAYS** Remit To: MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633 **UNITED STATES** 

PHONE: 1-800-844-0988

Currency USD

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

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)			503(b)(9) ADMINISTRATIVE EXPENSE CLAIM	
	ADMINISTRATIVE			
In re: Chapter 11 Case No.			BAR DATE: January 21, 2019	
Debtor.		A CONTRACTOR OF THE PROPERTY O		
NOTE: This form should be used only by expense claim arising under 11 U.S.C. § for any other types of claim.	claimants asserti 503(b)(9). This fo	ng an administrative rm should not be used	DEC 2 1 2018	
Name of creditor:	Name of debtor:	D. 1970年7月日日1日日日 1000年1月1日日日1日日日日日日日日日日日日日日日日日日日日日日日日日日日日	DEC 2 1 2010	
(The person or other entity to whom the debtor owed money or property.)	(The entity owin  Curae Healt  Amory Reg	g money or property) h, Inc. ional Medical Center,	U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN	
	Inc. Batesville Center, Inc.	Regional Medical		
i k	Clarksdale Center, Inc.	Regional Medical		
- 1	☐ Amory Reg	ional Physicians, LLC		
	☐ Batesville LLC	Regional Physicians,		
	☐ Clarksdale LLC	Regional Physicians,	<u>.</u>	
Name and addresses where notices should be sent:  MICHOREK MEDICAL INC.  P.D. POLY DADJ  COLUMNIA, MA  nation-104-104-11	anyone else claim rela Attach cop particulars.	if you are aware that has filed a proof of ting to your claim. y of statement giving if you have never ny notices from the		
ma104- n401	bankruptcy  Check box from the ac	court in this case.  if your address differs ddress on the envelope by the court.	THIS SPACE IS FOR COURT USE ONLY	
Telephone number: UUA. 944. DIUT Email: TAMMY. OTTICK @	acolah-com	<i>n</i>		
Last four digits of account or other number by which creditor identifies debtor: UOIU37, 1410, 5963, UOI364		☐ Check this box if this claim amends a previously filed claim. Claim number (if known): Filed on:		
1. Basis for claim:		2. Date debt was incurred:		
X Goods sold	K Goods sold		eeuthand	
☐ Services performed		ANII . ANIA . AN	~ - a ha to h a h	
Other (describe briefly)				
3. Date goods were received by debtor	3. Date goods were received by debtor: Various.			
4. Total amount of claim as of the date the debt was incurred: DA, 1817-G1				

Check this box if the request includes interest or other charges in addition to Attach itemized statement of all interest or additional charges.	to the principal amount of the request.
5. Brief description of claim (attach any additional information):	
Type(s) of goods received by debtor within twenty (20) days before the August Shipment date of goods: VIVIDUO	24, 2018 petition date:
	-
Place of delivery of goods: VWIOUA	2
Method of delivery of goods: Prumt Carrier	+
Name of carrier of goods: FWW	
Value of goods: \$74.677.41	
Whether the value of goods listed in this claim relates to services and goods:	0100016
The percentage of value related to services and the percentage of value related	to goods: 100 70 600016
Whether claimant has filed any other claim against debtor relating to goods un	derlying this claim: $\int \int  heta$
Attach supporting materials required by field 8 and instructions below.	45
6. Credits, setoffs, and counterclaims:	7. Assignment:
All payments made on this claim by the debtor have been credited and	Check this box if claimant
deducted from the amount claimed hereon.  This claim is subject to setoff or counterclaim as follows:	has obtained this claim by assignment and attached a copy of assignment.
8. Supporting documents: Attach redacted copies of supporting documents, orders, invoices, itemized statements of running accounts, or contracts.	such as promissory notes, purchaser
All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i of lading, and similar materials identifying the goods underlying the claim; (ii under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the good debtor.	ds were actually received by the
Any claimant asserting a 503(b)(9) claim must certify that the goods were solbusiness.	d in the ordinary course of the debtor's
Do not send original documents. Attached documents may be destroyed after available, explain. If the documents are voluminous, attach a summary.	
9. Date-stamped copy: To receive an acknowledgement of the filing of your claim in a self-addressed, stamped return envelope along with your original c	claim, submit a copy of your proof of laim.
10. Signature: Check the appropriate box.	
☐ I am the creditor.	
I am the creditor's authorized agent.	
☐ I am the trustee, or the debtor, or their authorized agent (see Bankruptcy	Rule 3004).
☐ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Ru	le 3005).
I declare under penalty of perjury that the information provided in this claim knowledge, information, and reasonable belief.	is true and correct to the best of my

Print name: JMMU OFFICK Title: AMMIN. PNANCE AUDITORY Company: MICHOLA WARLAND INC Address and telephone number (if different from notice address above):	(Signature) (Date)	18/18/18	
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).

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 <u>January 21, 2019</u>. 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 <u>January 21, 2019</u>, 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)Claim No: 150Status:MICROTEK MEDICAL INCOriginal FiledFiled by: CRPO BOX 2487Date: 12/21/2018Entered by: Intake3COLUMBUS MS 39704-Original EnteredModified:

2407 D. 12/21/2010

2487 Date: 12/21/2018

Amount claimed: \$24577.91

History:

<u>Details</u> <u>150-</u> 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

<b>Total Amount Claimed*</b>	\$24577.91
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		