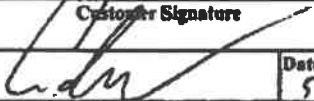




a waiver of any rights hereunder. If you fail to pay (within thirty days of invoice date) any freight, sales tax or other amounts related to the Equipment which are not financed hereunder and are billed directly by us to you, such amounts shall be added to the Payments set forth above (plus interest or additional charges thereon) and you authorize us to adjust such Payments accordingly. If you are required to report the components of your payment obligations hereunder to certain state and/or federal agencies or public health coverage programs such as Medicare, Medicaid, SCHIP or others, and such amounts are not adequately disclosed in any attachment hereto, then Stryker Sales Corporation will, upon your written request, provide you with a detailed outline of the components of your payments which may include equipment, software, service and other related components. You acknowledge that you have not received any tax or accounting advice from us. You agree that you shall upon request from us, promptly provide to us a copy of your most recent annual financial statements and any of your other financial information (including interim financial statements) that we may request. You authorize us to share such information with our affiliates, subsidiaries and Assignees. This Agreement, any schedules hereto, any attachments to this Agreement or any schedules and any express warranties made by Stryker Sales Corporation constitute the entire agreement between the parties hereto regarding the Equipment and its use and possession and supersede all prior agreements and discussions regarding the Equipment and any prior course of conduct. You waive all rights to any indirect, punitive, special or consequential damages in connection with the Equipment or this Agreement. There are no agreements, oral or written, between the parties which are contrary to the terms of this Agreement and such other documents. **YOU AGREE THAT THIS IS A NON-CANCELLABLE AGREEMENT AND WAIVE TRIAL BY JURY**

I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS AGREEMENT FOR CUSTOMER

Customer Signature	
Signature: 	Date: 5-26-17
Print Name:	
Title:	

Edward W. Lomicka
Vice President and Treasurer

Accepted By Stryker Flex Financial, a division of Stryker Sales Corporation	
Signature: 	Date: 5/11/17
Print Name:	
Title:	

Auden Schreiner
Contract Specialist

Agreement #0110027030

~~13773~~

ASSIGNMENT OF AGREEMENT

This Assignment dated effective as of January 25, 2018 by and between Clarksdale HMA, LLC (hereinafter called "Assignor") and Clarksdale Regional Medical Center, Inc. d/b/a Northwest Mississippi Medical Center (hereinafter called "Assignee").

Whereas, Assignor entered into a Short Form Conditional Sale Agreement No. 0110027030 (hereinafter called the "Agreement"), with Stryker Flex Financial, a division of Stryker Sales Corporation (hereinafter called "Lessor") on or about May 26, 2017. The Agreement provides for payment of 36 monthly payments of \$965.23.

Whereas, the Agreement is by its terms assignable only with the prior written consent of Lessor and Assignee desires to acquire the rights thereto and is willing to assume all of the obligations of Assignor under the Agreement as herein provided.

Now, Therefore, in consideration of the foregoing premises and mutual obligations hereinafter set forth, which are hereby acknowledged to be good and valuable, it is agreed as follows:

1. Assignor hereby assigns to Assignee effective as of January 25, 2018, all of Assignor's right, title and interest in and to the Agreement. This Assignment shall not release Assignor from its obligations under the Agreement.
2. Subject to the execution by Lessor of the Consent to Assignment set forth below, Assignee hereby assumes and covenants to pay all remaining unpaid monthly payments of the Agreement and perform all of the other obligations of Assignor under the terms and conditions of the Agreement.

Assignor: Clarksdale HMA, LLC

Assignee: Clarksdale Regional Medical Center, Inc.
d/b/a Northwest Mississippi Medical Center

By: [Signature]

By: [Signature]

Print Name: Charles H. Hester Jr

Print Name: Charles H. Hester, Jr

Title: CFO

Title: CFO

Consent to Assignment

Stryker Flex Financial, a division of Stryker Sales Corporation, hereby consents to the assignment of Assignor's right, title and interest in the Agreement to Assignee and hereby agrees to all of the terms thereof. This consent shall not constitute a release of the Assignor and/or Guarantors, if any, from any liability under the Agreement.

Stryker Flex Financial, a division of Stryker Sales Corporation

By: [Signature]

Ryles Koble
Documentation Specialist

Dated: 2/14/18

1901 Romance Road Parkway
Portage, MI 48902
t: 888-308-3146 f: 877-204-1332
www.stryker.com



January 25, 2018

Clarksdale HMA, LLC
1970 Hospital DR
Clarksdale, MI 38614

Re: Assignment of Short Form Conditional Sale Agreement No. 0110027030 (the "Agreement") by and between Clarksdale HMA, LLC and Stryker Flex Financial, a division of Stryker Sales Corporation

To Our Valued Customer:

We have been asked to consent to the transfer of the above captioned Agreement. Please have the enclosed Assignment of Agreement signed, dated and returned to us. Please note that we will not accept 3rd party assignment forms.

The \$100 processing fee has been waived.

The Agreement must be current and not otherwise in default in order for us to sign the consent.

The enclosed original signed Assignment must be received by us before our consent can be issued. Normally, we are able to return the signed consent to you in approximately two weeks.

If we do not receive the enclosed signed Assignment within 60 days after the date of this letter, the Assignment will be void.

Sincerely,

Rylee Koole
Documentation Specialist



**Exhibit A to Short Form Conditional Sale Agreement Number 0110027030
Description of Equipment**

Customer Name: Clarksdale HMA, LLC
Delivery Address: 1970 HOSPITAL DR, CLARKSDALE, Mississippi 38614-7202

Part I - Equipment/Service Coverage (if applicable)

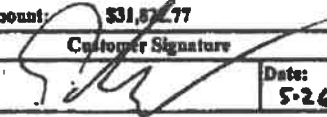
Trade-Up/Buyout:

Part Number	Trade-Up/Buyout Description	Quantity
9999-999-999	Buyout of Equipment Rental Agreement I-3133	1

Total Trade-Up/Buyout: \$31,822.77

This Exhibit A includes all equipment originally listed on Exhibit A to agreement #I-3133 plus all additional, new equipment listed above

Total Financed Amount: \$31,822.77

Customer Signature	
Signature: 	Date: 5-26-17
Print Name: Edward W. Lomicka	
Title: Vice President and Treasurer	

Accepted By Stryker Flex Financial, a Division of Stryker Sales Corporation	
Signature: 	Date: 6/1/17
Print Name: Auden Schreiner	
Title: Contract Specialist	

Agreement Number 0110027030

1901 Romance Road Parkway
Portage, MI 48902
t: 888-308-3146 f: 877-204-1332
www.stryker.com



January 25, 2018

Clarksdale HMA, LLC
1970 Hospital DR
Clarksdale, MI 38614

Re: Assignment of Short Form Conditional Sale Agreement No. 0110027030 (the "Agreement") by and between Clarksdale HMA, LLC and Stryker Flex Financial, a division of Stryker Sales Corporation

To Our Valued Customer:

We have been asked to consent to the transfer of the above captioned Agreement. Please have the enclosed Assignment of Agreement signed, dated and returned to us. Please note that we will not accept 3rd party assignment forms.

The \$100 processing fee has been waived.

The Agreement must be current and not otherwise in default in order for us to sign the consent.

The enclosed original signed Assignment must be received by us before our consent can be issued. Normally, we are able to return the signed consent to you in approximately two weeks.

If we do not receive the enclosed signed Assignment within 60 days after the date of this letter, the Assignment will be void.

Sincerely,

Rylee Koole
Documentation Specialist



**Exhibit A to Short Form Conditional Sale Agreement Number 0110027030
Description of Equipment**

Customer Name: Clarksdale HMA, LLC
Delivery Address: 1970 HOSPITAL DR, CLARKSDALE, Mississippi 38614-7202

Part I - Equipment/Service Coverage (if applicable)

Trade-Up/Buyout:

Part Number	Trade-Up/Buyout Description	Quantity
9999-999-999	Buyout of Equipment Rental Agreement I-3133	1

Total Trade-Up/Buyout: \$31,822.77

This Exhibit A includes all equipment originally listed on Exhibit A to agreement #I-3133 plus all additional, new equipment listed above

Total Financed Amount: \$31,822.77

Customer Signature	
Signature:	Date: 5-26-17
Print Name:	
Title: Edward W. Lomicka	

Vice President and Treasurer

Accepted By Stryker Flex Financial, a Division of Stryker Sales Corporation	
Signature:	Date: 6/1/17
Print Name: Auden Schreiner	
Title: Contract Specialist	

Agreement Number 0110027030

3775



To. CLARKSDALE REGIONAL MEDICAL CENTER, INC ("Customer")

Re: The Contract ("Contract") referenced on Exhibit A annexed hereto, by and between Stryker and Customer, and the equipment, software and services, as applicable, which is the subject of such Contract ("Equipment").

STRYKER HEREBY GIVES NOTICE TO CUSTOMER THAT THE CONTRACT, AND ALL OF STRYKER'S RIGHTS AND INTERESTS WITH RESPECT TO THE PAYMENTS SET FORTH BELOW, HAVE BEEN SOLD, ASSIGNED AND TRANSFERRED TO DE LAGE LANDEN FINANCIAL SERVICES, INC ("DLL").

Stryker hereby directs Customer to make all further payments of obligations payable under the Contract directly to DLL at the following address

PO Box 41602
Philadelphia, PA 19101

*Please notate either the invoice number or contract number in the memo section of the check.

(or at such other address as DLL from time to time may notify Customer at Customer's above address or such other address of which Customer has given DLL notice), except with respect to the following payments: NOT APPLICABLE.

Stryker agrees that payment to DLL will relieve Customer of its obligation to make such payments to Stryker pursuant to the Contract and all such payments must be made to DLL until DLL advises Customer otherwise.

All notices and other correspondence to DLL (other than payments) shall be addressed to it at 1111 Old Eagle School Road, Wayne, Pennsylvania 19087 10167-0062, Attention: Portfolio Management, or to such other address as DLL may notify Customer from time to time.

Please have an authorized officer execute the acknowledgment below and return an executed copy of this letter to DLL. The parties hereto agree that this Acknowledgment may be executed in counterparts.

YOU MAY RELY UPON A PHOTOCOPY OF THIS NOTIFICATION IN LIEU OF THE ORIGINAL.

Acknowledged as of this
10 day of OCT 2018

STRYKER SALES CORPORATION

By 

CLARKSDALE REGIONAL MEDICAL CENTER, INC

Its: Devon Ivy
Controller

By _____

Receipt Acknowledged

Its: _____

DE LAGE LANDEN FINANCIAL SERVICES, INC

By 

Its: Senior Litigation & Bankruptcy Specialist